INFORMATION MANAGEMENT STRATEGIES THAT REDUCE UNCERTAINTY ABOUT IDENTITY AND GENETIC FAMILY HEALTH HISTORY FOR ADULT ADOPTED CHILDREN

by

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Written under the direction of
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ABSTRACT OF THE DISSERTATION

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Being adopted has the power to change the ways in which people see themselves, their relational roles, and their family. For adopted individuals, identity is unique as it is constructed over time and must include an understanding of what it means to be adopted. In the first part of this study, through interviews, I examine the narratives of adopted individuals as they describe the construction of their identity and the roles their adoptive families play in shaping their sense of self. Specifically, I focus on questions about one’s identity that may arise as a result of being adopted and how, if present, that uncertainty affects their understanding and enactment of a personal identity. Through interviews, I examine the narratives of adopted individuals as they describe the construction of their identity and the roles their adoptive families play in shaping their sense of self. Twenty-two adopted adult individuals were interviewed. Interviews were analyzed using a thematic analysis approach followed by open and axial coding to identify pertinent categories to answer the research questions. Results indicated three competing voices on identity for adopted individuals, the presence of reasons for uncertainty in adopted
individuals, and how the presence of identity uncertainty has shaped the individual and familial outcomes. In addition, through post hoc analysis, additional results reflect on the evidence of adopted individuals’ struggles of identity gaps. The second study focuses on the ways in which adopted individuals manage questions they have about their genetic family health history (GFHH) through different information management strategies. Through a nationwide survey, this study applies the theory of motivated information management to examine the processes involved in uncertainty and information management with regard to GFHH of adopted individuals. Proposed hypotheses were analyzed using structural equation modeling to predict four different information management strategies. Results provide mixed support for proposed hypotheses. Consistent with the theory, results indicate that uncertainty discrepancy about GFHH is associated with an array of emotions. All tested emotions except hope, in turn, tend to predict negative outcome expectancies; however, associations between emotions and efficacy assessments are less consistent. Predictions of associations between negative outcome expectancies and efficacy assessments are largely consistent across all models. Finally, negative outcome expectancies consistently predict uncertainty management strategies of information seeking and information avoidance, but not acceptance and support seeking; whereas efficacy assessments were not significant predictors of any uncertainty management strategies. The theoretical and practical implications of each study’s findings are discussed.

KEYWORDS: adoptive identity, family health history, genetic family health history, identity uncertainty, information management strategies, theory of motivated information management
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DEDICATION

To my Heavenly Father

For all the grace and blessings beyond measure

To my parents

For teaching me perseverance and for the endless support

To adopted individuals

For opening up your hearts and sharing your stories
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CHAPTER ONE

Families fulfill many of the most important social, relational, and developmental needs that individuals have. Parents play a critical role in socializing children to understand appropriate behaviors and adapt to cultural and interpersonal norms (e.g., Epp & Price, 2008). Often the most central relationships that young people have are with parents, siblings, and other close family members (e.g., Cigoli & Scabini, 2006). Perhaps most crucial, families help to shape people’s sense of self (e.g., Crocker et al., 2003) and serve as a vital source of information about one’s background, history, and heritage (e.g., Hogg & Abrams, 1988). In families formed by adoption, some of the important functions of the family can become more complex. Research suggests that adoptive families can face unique challenges that potentially complicate familial interactions or socialization processes (e.g., Galvin, 2006). In addition, some adopted individuals may experience difficulty making sense of their experiences, establishing a cohesive sense of self, and reconciling information gaps (e.g., Grotevant, 1997). Two fundamental processes that may be particularly complex for adopted individuals are the formation of personal identity and the acquisition of information controlled by their birth parents. Consequently, identity formation and information seeking about genetic family health history (GFHH) can give rise to uncertainty for adopted individuals. This dissertation has two primary aims. First, I investigate the ways in which adoption shapes identity for individuals and the potential for identity uncertainty in this context. Second, I explore the ways adopted individuals manage uncertainty about their GFHH and the strategies they employ to cope with unknown information.
Identity is said to have five main functions. Identity provides (a) an understanding of the self or who a person is as an individual, (b) a meaning and direction for individuals, (c) a sense of control and the ability to make decisions about one’s present and future selves, (d) a sense of consistency between one’s beliefs, commitments, and values, and (e) recognition of future potential selves (Adams & Marshall, 1996). Identity is also conceptualized through the different roles individuals perform (Stryker, 1968). An individual’s sense of self is also shaped through group memberships (Hogg et al., 1995), where individuals make evaluative connotations that inform the way they should think, feel, and behave in accordance with group norms and beliefs. By engaging in social interactions with various social groups, individuals develop conceptions of the self (Hecht & Faulkner, 2000). Research also recognizes that a sense of self-worth is one of the multiple facets involved in strengthening an individual’s identity. A sense of self-worth and self-esteem is rooted in the relationships individuals possess with their family members (Crocker et al., 2003) and through social groups. These interpretations of who they are as an individual provide a source of knowledge of the perceptions, attitudes, and behaviors that reflect their self-image.

Adoption amplifies the already complex nature of identity formation. An adopted individual is required to integrate their adoption experience as a part of their personal narrative (Grotevant, 1997) no matter when adoption-related information is discovered. In developing their identity narratives to include adoption, individuals are forced to compare and contrast their views with non-adopted individuals to embrace the influence of adoption in their lives (Von Korff et al., 2010). With increased potential to find and engage with their biological families, as well as their adoptive family, adopted
individuals are more likely to be confronted with challenges in integrating complex aspects of their identity (e.g., Dunbar & Grotevant, 2004; Grotevant & Von Korff, 2011). Not all individuals are able to negotiate the complexities surrounding their adoption as they develop their identity. When questions or doubts arise about their identity, adopted individuals may experience identity uncertainty.

Uncertainty is defined as a lack of confidence in one’s perceptions of interpersonal episodes and/or relationships (Theiss, 2018). When people are uncertain, they lack sufficient knowledge, information, or context to be able to accurately interpret messages or to adequately plan their own behavior (Berger & Calabrese, 1975). Uncertainty has been studied in research about relationship development (Knobloch & Solomon, 1999), information management (Brashers, 2001; Checton & Greene, 2012), crisis management (Afifi & Weiner, 2004), health conditions (Brashers et al., 2004), relationship appraisal (Knobloch & Solomon, 1999), experiences of anxiety (Gudykunst, 1998), and message production and processing (Knobloch et al., 2007). For adopted individuals, uncertainty may manifest as questions or doubts about their personal identity, their ability to express a consistent identity, and the consistency of their identity with norms in their adoptive family. The questions that arise for adopted individuals about their conception of self can be described as identity uncertainty. When individuals experience inconsistencies between their perceived identity and the expectations and norms of particular social groups to which they belong (such as family), they may experience identity gaps and upheaval to their sense of self. Individuals are especially likely to experience confusion about their sense of self when confronted with information
or expectations that disrupt the formation or enactment of desired identities (Peterson et al., 2003).

In addition to the uncertainty individuals may experience related to their identity, adopted individuals may also face questions about their biological health related information. Research reports that even non-adopted individuals are faced with questions and doubts about how much health-related information they should seek through conversations with family members or genetic testing (Rauscher, 2017). Specifically, adopted persons have shown an increased desire to gain health-related ancestral information (Grotevant et al., 2013) through whole genome sequencing (e.g., Prince et al., 2015). This is particularly the case for adopted individuals who have become parents and have younger children with multiple health conditions (Dodson et al., 2015). Unique to adopted persons, an emphasis is placed on when and how to seek family health information (Strong et al., 2017) and the motivations behind information management.

**Goals of the Dissertation**

This dissertation focuses on adopted individuals and the uncertainty they experience about their identity and family health history as a result of their adoption. In addition, the study seeks to determine the strategies adopted individuals employ to manage uncertainty about these issues. Therefore, this dissertation involves two studies designed to accomplish these primary goals – (1) explore adoption as an experience that shapes identity and identity concerns, and (2) explicate the processes of information management about GFHH in adopted individuals.

The first goal of this dissertation is to examine the ways adoption shapes an individual’s experience and expression of identity. Specifically, the first part of this
dissertation seeks to explore how experiencing adoption and being a part of the adoptive family shapes adopted individuals’ understanding of their identity, the way they enact their identity, and the potential for uncertainty about their identity. In addition, I articulate the ways in which interpersonal and family communication plays a role in managing adopted individuals’ identity uncertainty. Most importantly, I uncover the ways in which the possible presence of identity uncertainty shapes personal and perceptions of family outcomes for adopted individuals.

The second goal of this study is to identify the ways in which a lack of hereditary health information in adopted individuals shapes their understanding of health-related concerns. More specifically, I unveil the ways in which the absence of GFHH information prevents adopted individuals from understanding their health risks and seeking comprehensive and informed health care. Drawing on the theory of motivated information management (Afifi, 2010), I explored the potential for uncertainty discrepancy in adopted persons’ desire for information about family health history and the information management strategies they employ to manage their uncertainty in this context. Specifically, I investigated four possible information management strategies that may be relevant in this context: (a) information seeking, (b) information avoidance, (c) acceptance, and (d) support seeking. Identifying the strategies adopted individuals enact may suggest alternative explanations for how they resolve uncertainty about their possible health risks.

I hope to provide not only scholars, but any individuals who have a role in adoption processes, are a part of an adoptive family, or thinking of adoption for their family, with insight into adopted individuals’ experiences firsthand. Moreover, I hope
that the results of this dissertation help to build a wider knowledge base about the complexities of adoptive families and how we may be able to provide better support for the adopted individuals’ understandings of their sense of self, and more importantly, their search for GFHH.

**Preview of the Dissertation**

To achieve these goals, I examine the key scholarly work surrounding adoption, identity, family health history, uncertainty, and information management. Chapter two provides an overview of how identity is manifested in individuals by explicating two foundational perspectives on identity – social identity theory and identity theory. Next, I expound on how communication plays a role in developing, enacting, and maintaining the core aspects of individual identity. I continue the chapter by addressing adoption as a context to study identity and the ways in which adoption can complicate identity formation. This section details the literature describing “adopted identity” and the possible social outcomes it presents. Finally, I propose the concept of identity uncertainty for adopted persons as a salient context for understanding a particular type of uncertainty.

In chapter three, I start by providing a detailed overview about family health history and the core principles that explain the ways in which it is communicated to family members. I then explore the research that has been done to demonstrate why GFHH is a pertinently salient context for adopted individuals. Subsequently, I provide an overview of four theoretical perspectives on uncertainty and the strengths and weaknesses for theory application in the context of family health history. Finally, chapter three presents hypotheses guided by the logic of the theory of motivated information to investigate associations among uncertainty discrepancy, outcome expectancies, efficacy
assessments, and information management strategies in addressing uncertainty about genetic health history for adopted individuals.

Chapter four provides a description of the methods and results for the interview study of this dissertation. To capture the ways in which adopted individuals experience identity negotiation, and the possibility of identity uncertainty, I used semi-structured guided interviews. After a description of the procedures and sample, I describe the analyses and results of this study. I begin by restating and summarizing the key findings of themes that were gathered. Then, I delve deeper into each of the resulting themes and the experiences of the interview participants. Finally, I present additional post hoc analyses that gave rise to an additional theme that was not initially examined as a research question.

In chapter five, I start by describing the methods for the second study of this dissertation. I provide a detailed explanation of the sample, procedures, and measures used to test the theory of motivated information management. Following this, I provide the results of this second study. I begin by summarizing preliminary analyses that look at bivariate correlations and compared means on all variables. Then, I report the results of the structural equation models that examine information management strategies for adult adopted individuals’ GFHH.

The final chapter provides a discussion of findings across both studies. In chapter six, I begin by reviewing the key findings of the interview study and consider the implications the results have on identity research. Further, I discuss the theoretical and practical contributions of the interview study. Then, I highlight the key results of the survey study and recognize the implications the quantitative results have on adopted
individuals’ information management about GFHH. I further discuss the theoretical and practical contributions of the survey study. Finally, I highlight the strengths and limitations of the dissertation and point to future directions for research on identity, identity management, and adoptive families.
CHAPTER TWO

Families have been formed legally through adoptions in the United States for at least a century (Grotevant et al., 2005). Around 135,000 children are adopted in the United States each year (National Center on Adoption and Permanency, 2014). Additionally, according to the United States Census, approximately one out of every 25 families with children have an adopted child (United States Census Bureau, 2014). Even with the prevalence of adoption in the United States, the understanding of how adopted individuals’ identity is shaped by this experience is still unclear. Identity development is an important process that all individuals experience; however, the degree to which adopted individuals experience various complex questions about their identity (e.g., Miller et al., 2000) have not been deeply explored. This chapter sets out to explore the dynamics surrounding adopted individuals within their families and to identify markers of identity uncertainty that may arise for these individuals. To this end, I begin by reviewing literature that explicates identity and the role of identity in individuals’ lives. I review perspectives of identity as presented in different areas of research. Then, I review the adoption literature across multiple fields to discuss the conceptualization of adoption and how identity is formed and understood by adopted individuals through family interaction. I then present an explication of identity uncertainty that may arise when individuals are faced with questions and doubts about who they are as a person. Specifically, I discuss how being an adopted individual affects the conceptualization of an individual’s identity and the potential for identity uncertainty in this context. Finally, I present research questions to guide the purpose of the first study.
Identity in an Individual

Identity is defined as the way an individual views him or herself (e.g., Bailey, 2003; Hecht et al., 2004; Hogg & Abrams, 1988; Stryker & Burke, 2000; Tajfel & Turner, 1986). Identity has been viewed from two main perspectives: the sociological perspective and the psychological perspective. The sociological perspective suggests that identity reflects the roles individuals perform and the part society plays in influencing individuals’ sense of self (Stryker, 1968; Stryker & Burke, 2000). The psychological perspective suggests that identity is defined as a social construction of the self-concept that provides meanings for an individual (Tajfel & Turner, 1986). Scholars agree that identity is best described when both perspectives are included, so that identity is defined as a construction of the self, based on the perceptions of what the self is like, formed through social interactions (see Stryker & Burke, 2000). Through continued new experiences, relationships, and roles, identity is continuously reconstructed to reflect all aspects of the self.

Identity is not a static, stable sense of self, but rather an ongoing, dynamic process that individuals use to orient themselves with others and the surrounding world (e.g., Berzonsky, 2008). Through daily interactions, relationships, and roles, individuals manifest multiple identities that each come with a unique set of behavioral expectations (Loftus & Namaste, 2011). Individuals also encompass multiple identities simultaneously to reflect their conceptions of self, while fitting their conceptions to various relationship roles. Finally, every individual’s identity is developmental (Shotter, 1993); identity becomes constructed through personal experiences across time. Thus, there is an
expectation that an individual’s relationship roles and interpersonal encounters help to create, maintain, and reveal identities.

**Sociological and Psychological Perspectives of Identity**

Research on identity has a long tradition that began with Cooley (1902) and Mead (1934). The earlier definitions of identity have historically expressed identity as a way an individual is viewed by others. Identity has been conceptualized as the “looking glass self” in order to describe how individuals view themselves through the eyes of others (Cooley, 1902). Subsequently, the concept was used to define the self as being “I” and “me” by incorporating the attitudes and responses of others toward the self (Mead, 1934). The “I” is explained as the reflective self or “the answer which the individual makes to the attitude which others take towards him when he assumes an attitude toward them” (Mead, 1934, p. 177) while the “me” is the acting self or “the definite organization of the community there in our own attitudes” (Mead, 1934, p. 178). Together, they establish a personality in social experiences (Mead, 1934). More contemporary socio-psychological theories of identity have focused on the social nature of identity (i.e., identity is constructed as a result of society; Tajfel & Turner, 1986) and as individualistic identities (i.e., identity is constructed within an individual; Stryker, 1968). Social identity theory (Tajfel & Turner, 1986) and identity theory (Stryker, 1968) are theories that explicate the sociological and psychological perspectives of identity, and the person-in-context framework (Adams & Marshall, 1996) examines identity through the combination of both perspectives.

**Social Identity Theory**
The social identity theory recognizes that both the personal and social aspect of identity exist (Tajfel & Turner, 1986), but focuses more on the social aspect. Personal identity is the conception individuals have about their self; however, social identity emphasizes identification with membership in particular social categories, such as gender, race, or ethnicity. As a result, social identity is the conception that the groups to which individuals belong attach meanings to characteristics they possess. An individual becomes a member of a social group when they develop shared acknowledgement and understanding of values the group carries (Hogg & Abrams, 1988). The group provides defining characteristics for the group and its members (e.g., nationality, political affiliations, sports teams). For example, “Korean” and “American” are identities that are salient to an ethnically Korean-rooted individual who was born and raised in the United States. For this individual, the traditions carried out in the ethnically Korean family system he or she is a part of define the characteristics in the self that enact the culture of South Korea (i.e., bow to show respect to individuals who are older). On the other hand, the American culture developed in the same individual through social schemas outside the family allow the same individual to identify with characteristics of any other individual born and raised in America (i.e., address elders with respect verbally – “Mr.” or “Mrs.” – without specific actions). In other words, there is an unspoken recognition that associates the “Korean” with a specific behavior as part of a greeting and “American” with a general verbal greeting. Specifically, for the Korean culture, there are expectations that the “bowing” behavior is to reflect and evaluated as showing respect for others. As a result, social identity describes and evaluates an individual’s attributes as a member of social groups.
Social identity theory implies that individuals view themselves as members of certain social groups and, therefore, compare themselves to individuals who are considered members of other social groups. When an individual strongly identifies with a particular group, he or she maintains a greater attraction to the group as a whole (Hogg & Hardie, 1992) and the possibility of becoming a member of a group with contrasting characteristics becomes low (Hogg & Abrams, 1988). In most cases, however, individuals are born into preexisting social groups (Hogg & Abrams, 1988). Simultaneously, each individual has his or her own history; the distinct combination of group memberships in social groups and the social identities that reflect these memberships create that individual’s self-concept, which can be unique to that person (Hogg et al., 1995). In order to maintain their social identities, individuals share their attitudes, knowledge, and history of the group to which they view themselves to have membership. Group memberships are explained to dictate how an individual thinks, feels, and behaves; however, when a group members’ behaviors do not reflect the group’s expectations, an experience of disconnect may be evident (Hogg et al., 1995). Furthermore, as a result of the feeling of disconnect, an individual’s self-concept may be affected (Tajfel & Turner, 1986). The experiences within different social groups influence the individual’s self-concept and identity, whether it be negative or positive; an individual’s social identity is maintained through one’s membership in various social groups (i.e., Hogg & Abrams, 1988; Hogg et al., 1995; Tajfel & Turner, 1986).

Identity Theory

Stryker’s (1968, 1980) identity theory (see also Turner, 1987) proposes that it is through individuals’ behaviors, in accordance with their roles, that define their identity.
This theory explains these behaviors in terms of an existing relationship between the self and society. Based on symbolic interactionism, social behaviors are affected by society through its influence on the self (Mead, 1934). In addition, the self is multifaceted (Stryker & Serpe, 1982) in that it encompasses the multitude of identities that individuals adopt as a result of the different roles they occupy within society (e.g., Hogg et al., 1995; Stryker & Serpe, 1982; Turner, 1987). The three major components of identity theory are (a) role identities, (b) identity salience, and (c) identity commitment.

*Role identities* are defined as self-conceptions or self-discussions used to understand one’s social position in the social structure (Hogg et al., 1995), which help individuals distinguish their behavior in relation to their roles in society. Through the feedback received from social interactions, individuals develop their role identities (Burke & Reitze, 1981). When individuals feel comfortable with the role they have taken on and these role identities are confirmed, they become salient (Stryker, 1968). The second component, *identity salience*, is the probability that an identity will be enforced within specific situations (Stryker, 1987). Identity salience depends on the degree to which individuals perceive a particular identity to be significant as opposed to other identities (Hogg et al., 1995). Since identity salience is confirmed through interactions, it is associated with psychological well-being and self-worth (e.g., Reitzes & Mutran, 2004; Thoits, 1991). *Identity commitment* is the final component of identity theory, which suggests the degree and strength of individuals’ relationship to others is dependent on their role identity; it is measured by the costs of losing meaningful relationships should their particular identity be abandoned (Stryker, 1968). The theory posits that the identity salience reflects the commitment to the role relationships requiring that identity;
therefore, “commitment shapes identity salience [which] shapes role choice behavior” (Stryker & Burke, 2000, p. 286). There are two primary dimensions of identity commitment: extensiveness and intensiveness. Stryker (1968) describes extensiveness as the number of relationships based on a particular identity and intensiveness as the depth of these relationships.

This section discussed the two primary sociological and psychological theories of identity. Both social identity theory (Tajfel & Turner, 1986) and identity theory (Stryker, 1968) provide understanding of how identity is considered as a result of social interactions and relational roles. The following sections discuss how identity is contextualized in and through communication and the foundational theory where communication is salient, as well as the core characteristics of identity itself.

**Identity in and Through Communication**

Neither social identity theory (Tajfel & Turner, 1986) nor identity theory (Stryker, 1968) address the importance and prevalence of interpersonal communication in the development and expression of identity. How identity is developed and maintained through interpersonal interactions must be considered. The communication theory of identity (Hecht, 1993) expresses the role of interpersonal communication in forming identities.

**Communication Theory of Identity**

The communication theory of identity (Hecht, 1993) points to the individual and social nature of identity that is interconnected through four layers, creating a holistic concept of self. This perspective states that identity is understood and constructed through personal beliefs about the self, as well as the interactions that comprise personal
relationships and social groups. The theory suggests that individual identity includes four interconnected layers: (a) the personal layer, (b) the enactment layer, (c) the relational layer, and (d) the communal layer (Hecht, 1993; Hecht et al., 2004). The personal layer of identity refers to one’s self concept, self-image, and sense of being. The enactment layer of identity refers to the ways in which identity is expressed through behavior and actions and exchanged through communicative interactions (Jung & Hecht, 2004). The relational layer of identity refers to the ways in which individuals develop a sense of identity based on their relationships with others around them (Jung & Hecht, 2004). Finally, the communal layer of identity states that identity is determined through the different group memberships individuals have (Hecht et al., 2004).

In this sense, none of the frames exist independently and are considered to be interconnected with each other (Hecht et al., 2004). All four layers can be expressed individually or in any combination; as such, these four layers may operate in cooperation with or in opposition to each other (Hecht & Faulkner, 2000). Individuals may perceive an identity gap if they experience a discrepancy between or among the identity layers (Hecht et al., 2005). An example of a personal-enacted identity gap could be manifested when the existence of negative stereotypes about a certain ethnicity may prompt individuals to mask their true ethnic selves to become a socially acceptable person (e.g., Drummond & Orbe, 2009). Thus, the communication theory of identity highlights how communication can play a role in the development and maintenance of identity in individuals.

Core Assumptions of Identity
The above sections point to different aspects or dimensions of identity; however, they share several base assumptions about the nature of identity. Both social identity theory (Tajfel & Turner, 1986) and identity theory (Stryker, 1968) provide sociological and psychological frameworks for understanding identity, whereas the communication theory of identity (Hecht, 1993) emphasizes the role of communication in people’s expression of self. Through these frameworks, we can understand that (a) identity arises from group memberships, (b) identity arises from relationships, (c) identity is multifaceted, and (d) identity is revealed through communication.

Identity is based on individuals’ identification as member(s) of a social group and can therefore be shared among the group (e.g., Hecht & Faulkner, 2000; Tajfel & Turner, 1986). Individuals inherently take on the identity of a group or community to which they belong. The second assumption is that identity is influenced by the personal relationships individuals have. Identity is developed through social interactions within different relationships and these different social interactions allow individuals to develop different facets of themselves (e.g., Hecht & Faulkner, 2000). Third, since individuals are a part of multiple groups and have different types of relationships, identities develop to have multiple facets based on their conceptions of self and their personal characteristics (e.g., Hecht & Faulkner, 2000; Tajfel & Turner, 1986). Finally, the communication theory of identity points to the ways in which individuals reveal their identity through communication. More specifically, through the enactment of specific behaviors and verbal communication, individuals disclose and express their identity (Jung & Hecht, 2004).

Identity and Adoption
The first goal of this dissertation is to explore the ways that adoption shapes individuals’ experience and expression of their identity. Specifically, the first part of this dissertation explores the ways in which being adopted shapes individuals’ identity and the ways in which it is enacted. In addition, I aim to provide insight into the potential for adopted individuals to experience identity uncertainty, as well as the role of communication in managing uncertainty about identity and the self.

Adoption is viewed as a way persons can create ties between family members that may not have the same genetic configuration (Seligmann, 2013). Adoption provides familial ties for individuals who are not being parented by their birth mother or father. The definition of family is no longer stuck in the outdated framework of blood ties, heterosexuality, and “normative” lifestyles. Adoptive parents come from different backgrounds, economic situations, nationalities, sexual orientations, relationship statuses, etc. Ultimately, adoptive families are intentional and are brought together by belief, by will, by practice, and most of all by love (Rampage et al., 2003). Rampage et al. (2003) say a bias is revealed in the words referring to “natural” or “real” parents (p. 210). Even though adoptive families may encounter unwanted attention or scrutiny, the human relationships created between the parties may be stronger than blood ties.

Currently in the United States, many different types of parents – surrogate parents, gay parents, single parents, stepparents, and adoptive parents – exist, and, these types of families have become very common. The Administration on Children, Youth and Families estimates 63,123 domestic adoptions were finalized with public agency involvement in the fiscal year of 2018 (October 1, 2017 – September 30, 2018; United States Children’s Bureau, 2019). In addition, during this same time period, and additional
4058 adoptions were intercountry (e.g., children coming from outside the United States; United States Department of State - Bureau of Consular Affairs, 2019). These numbers do not reflect the true total number of adoptions since data outside child welfare (foster care) system and intercountry adoptions are the only numbers being systematically collected. Adoptions occurring through private agents are not required to be reported (United States Children’s Bureau, 2019). Thus, these estimates are likely an undercounting of the number of adoptions finalized annually in the United States. Although it is difficult to have a clear picture as to exactly how many children are adopted every year and what type of family they are now a part of, these numbers suggest that adoption is prevalent in the United States as a way to construct family ties.

**Adopted Identity**

Adopted individuals develop identity in the same way that non-adopted individuals do; however, they must contend with added complexities in their layers of identity as they attempt to incorporate additional interpersonal roles or make sense of potential differences between their personal identity and that of their adoptive family (e.g., transracial adoptions might call for individuals to enact identities consistent with their own racial and ethnic group, as well as their adoptive family’s racial and ethnic practices) (Dunbar & Grotevant, 2004). Most importantly, identity formation and expression can be particularly challenging for adopted individuals who have incomplete and ambiguous information regarding their genealogy (each adopted individual’s level of information may differ). In the absence of information about biological roots, identity development for adopted individuals can become complicated and may contribute to identity confusion (Grotevant & Von Korff, 2011). The navigation of these possible
challenges can determine an adopted individual’s overall well-being, self-esteem, and satisfaction with his or her adoption (Dunbar & Grotevant, 2004).

Erikson’s (1963, 1968) constructs of identity have become the leading tool used to help researchers understand how identity and personality develop between adolescence and adulthood (Waterman, 1982; Berzonsky, 2008). Individuals differentiate and assimilate themselves within society, thus they become both unique and similar to others (Erikson, 1968). Through experiences that include, but are not limited to, psychological, social, historical, and/or developmental changes, individuals may be faced with confusion about who they are. Through identity development, individuals immerse themselves in critical reflection. As they critically reflect different perspectives, individuals investigate the facets of their personal identity they commit to or reject to define their self. Accordingly, identity development continues over the course of several years, largely during adolescence (Erickson, 1968), and happens in a cycle (Marcia, 1993). Consequently, identity is not a fixed, static state, although older adults experience a more stabilized sense of self.

For adopted individuals, the identity development process is much more complex. Adopted persons may experience a sense of loss over a birth parent (even if they have never met), which can lead to grief and confusion (Powell & Afifi, 2005). In addition, adopted individuals are confronted by what their adoption means for their sense of self, their biological family, and their adoptive family’s feelings about the adoption (Colaner & Kranstuber, 2010). Adopted persons also encounter existing stigmas about adoption and adoptive families, thus developing an adoptive identity associated with their adoption status, despite negative perceptions that may exist (Meisenbach, 2010).
Societal Outcomes for Adopted Children

There is disagreement regarding the relative adjustment of adopted children in societal situations. Brodzinsky (1993) found different patterns in adjustment, between non-adoptive and adoptive children, beginning at school age. In most cases, the parents and teachers shape the differences in outcomes for adopted and non-adopted children (Brodzinsky, 1993). In this study, adopted children showed less social competence and more behavioral problems when compared to non-adopted children. Whereas adopted boys were found to have lower success rates in school and higher rates of uncommunicative behaviors, aggression, and delinquency, adopted girls were found to have lower rates in social interaction and school success and higher rates in social withdrawal, depression, and cruelty (Brodzinsky, 1993). The social outcomes for adopted children may stem from the complicated identity development processes; however, outcomes may differ depending on personal circumstances.

Specific research states that no adopted child enters their new family without already dealing with an uncontrollable event (Johnson, 2002). Vroegh (1997) found that the development of adopted children is overall very similar to that of non-adopted children, but after studying adopted children longitudinally, specifically from transracial adoptions, she points to various possible factors (such as race, parent and sibling relationships, and friendships) that can contribute to adjustment issues. For example, older children, who retain clear memories of the conditions that contributed to disruptions in their birth family and the placement process, showed differences in development (such as, but not limited to, behavior problems, social deficits, attachment issues, and cognitive delays) later in life (Johnson, 2002).
The above section discussed adoption generally and provided evidence for the prevalence of adoption among families in the United States. Research demonstrates that there are not significant discrepancies in identity development between adopted individuals and non-adopted individuals, but some subtle differences may emerge over time. Identity evolves as a result of the environment in which individuals grow. When provided secure familial ties, whether through adopted or biological family systems, individuals are able to develop a strong sense of self. Finally, this section discussed the social outcomes for adopted individuals and demonstrated that although some differences may exist between adopted and non-adopted children, they are not as prevalent as it may seem. Therefore, one of the considerations for adopted individuals is to understand how their individual identity is developed and managed. Thus, the next section describes the literature on identity development and management in adoptive families and examines identity uncertainty as a construct that adopted persons may encounter.

Identity Development and Management in Adoptive Families

Researchers have established that adoptive parents play an imperative role in the construction of identity in adopted children by establishing an open family environment where information sharing about their adoption is encouraged (Wrobel et al., 2003). Specifically, Wrobel et al. (2003) state that the motivation for family communication about adoption is the adoptee’s curiosity, usually during the adopted child’s school years. Adopted individuals may develop questions about their origin, their biological family, or how they differ from others; these questions tend to encourage adopted children to approach their adoptive parents to gather more information (Wrobel et al., 2003). These
questions include experiences of uncertainty, which plays a prominent role in the entire adoption experience (Powell & Afifi, 2005).

Communication between adoptive parents and their adopted children is the most important factor in their ability to develop a coherent adoptive identity, even in the presence of uncertainty (Brodzinsky, 2006). Nontraditionally formed families are more dependent on communication to create and maintain their personal and family identities (Galvin, 2006); thus, adoptive families are intrinsically discursive. For adoptive families, communication inherently replaces blood ties and becomes imperative for the family’s livelihood (Suter, 2008). This communication helps to form the family identity and essentially plays a role in adopted individuals’ understanding of the family they belong to. Continued communication performs several important functions in adoptive families, such as describing the process of adoption, constructing and maintaining relational and familial bonds despite genetic restrictions, and determining the inclusion or exclusion of birth family members (Grotevant et al., 1999). In the end, the adoptive parents play a prominent role in helping their adopted children manage uncertainty about their identity and develop a cohesive adoptive identity.

Identity formation and development for adopted individuals can be separated into an intrapsychic context, relational contexts, and interaction with contexts outside the family. The *intrapsychic component* comprises of the cognitive and affective processes that are involved in establishing one’s adoptive identity (Grotevant et al., 2000). The importance of identity formation for adopted individuals is particularly important because many of the aspects of adoption do not concern adopted individuals’ decision-making, rather adopted individuals must come to terms with the situation in which they are
placed. The *relational contexts* refer to the characteristics (e.g., degree of openness; Grotevant et al., 2000) that exist within the adoptive family. For example, the different openness structures (e.g., whether the adoptive family and birth family have contact; openness about adoption experience narrative, etc.) will affect adopted persons’ relational features outside the family and their adoption experience (e.g., pleasure, satisfaction). Relational contexts within the adoptive family and with others outside the adoptive family are important because a value is placed on the sharing of and comprehension of the adoption at different levels (Grotevant et al., 2000). The *interactions with contexts outside the family* are the social experiences adopted individuals have non-family members. The definitions these social partners place onto the adopted person through social interactions will play a role in the development of their identity (Grotevant & Von Korff, 2011). Adopted children’s identity development is a process that encompasses perceptions of various factors that may not be present for individuals within the nuclear family unit (e.g., perception of the adoption, closeness in adoptive family). Given that many of the relationships formed in adoptive families are not chosen by the adopted child (because most adoptions occur while the adoptee is too young to make one’s own decisions about the family), understanding how the decisions made for the adopted individual affect their identity is important.

**Identity Uncertainty**

Uncertainty is not limited to sources stemming from a particular context, person, or relationship, but can also arise in the context of ongoing, day to day interactions. Adopted children may come to have uncertainty about their identity despite feeling confident about their representation within the family unit. Although comfortable with
themselves and their role in the adoptive family, the unsure nature of their connections to
a different biological heritage and questions about the opinions or perceptions of
outsiders can affect adopted children’s confidence and view of self. Contextualizing the
different ways in which uncertainty can affect identity formation and identity change may
help to explain any associations between individual identity, adoptive identity, and
uncertainty. Identity uncertainty can be conceptualized as questions or doubts about an
individual’s conceptualization of the self and their relational roles. According to Erikson
(1968), when individuals experience an identity crisis, society pressures them to acquire
an identity. When such instances occur and individuals are forced to embrace
characteristics in their identity that may not align with what they would like, feelings of
uncertainty may arise.

Previous research has shown that individuals who cope with infertility have
encountered questions about their femininity or masculinity or their view of family (e.g.,
Corbett, 2018; Hanna & Gough, 2016; Li et al., 2019). Similarly, when individuals
experience deviations from the norms of expected roles (e.g., family identity,
professional identity), they may encounter upheaval in the characteristics that make up
their understanding of who they are. Specifically, if an individual is presented with
information about their self (e.g., they are a blended family, adoption, foster care) that
disrupts their desired identities, the upheaval to their sense of self and confusion about
their identity could be detrimental to psychological well-being (e.g., Peterson et al.,
2003). Through learning experiences, norms, and values, individuals construct identities
that are represented and enacted to relate to the groups who have influenced their
identity. If this process is not carried out the way it is expected to individuals may
experience uncertainty about who they are and what identity groups they may belong to, which is more prevalent in family contexts.

Uncertainty-identity theory (Hogg, 2007; 2010; 2012) encompasses the relationship between uncertainty and an individual’s social identity. The theory suggests that people are motivated to reduce uncertainty about the perceptions, attitudes, and behaviors that reflect their self (Hogg, 2007; 2010). Uncertainty is not always perceived as a negative construct (Knobloch, 2010). Accordingly, the mere presence of uncertainty may be reflected in an individual’s actions to seek out more information or to further engage in other group memberships to reduce their unclear sense of self (Brashers, 2001). Furthermore, uncertainty-identity theory offers a motivation for group identification. Due to the uncertainties surrounding their view of self and related constructs, individuals are more willing to adjust their surroundings, assimilate with others they feel comfortable with, and adapt characteristics within these groups to reflect as their own (Hogg, 2009; 2012; Grant & Hogg, 2012).

The core assumption of uncertainty-identity theory is grounded within social identity theory, which suggests that individuals use social interactive processes as a motivation to identify with groups and reduce their uncertainty about their self (Hogg, 2000; 2007). The theory assumes that group identification can effectively reduce uncertainty about the self, as well as uncertainty about how others behave, because our characterizations about the self arise in relation to social interactions (Hogg, 2010). Therefore, when individuals identify with a specific group, they reduce and protect themselves from uncertainty. Research has shown that individuals are motivated to effectively reduce their uncertainty in relation to their identity by identifying with highly
entitative groups, such as religious groups (Hogg et al., 2010), but may also lead to group and societal extremism through social identity and self-categorization processes (Hogg & Adelman, 2013).

Similarly, the concept of a “spoiled identity” refers to circumstances in which there is a discrepancy between one’s actual identity and their ideal or desired identity (Greil, 1991). When individuals feel there is a discrepancy, individuals may describe the situation as an intolerable identity threatening situation (Greil et al., 1988). When a specific role or identity is particularly salient or desirable, such as that of being a mother, barriers to the attainment of that identity can be difficult to manage (Loftus & Namaste, 2011). There is no doubt that uncertainty plays a role in the identity formation and change of individuals; however, the effects may significantly differ depending on particular individual circumstances. Due to the importance of identity and the development of self for an individual, the presence of family identity, identity change, and contextual circumstances can influence feelings of disorder in the view of self.

For adopted individuals, a feeling of disconnect may be inevitable when social interactions define them as being “different.” Moreover, in some cases, the lack of information about their biological roots may create a sense of uncertainty over the identity they believe represents who they are (March 1994; 1995). A multitude of complex factors influence individuals’ identity development and self-concept. Adoptees face differences in comparison to their adoptive family including, but not limited to, their ethnicity and cultural affiliations, appearances, and personalities (Dunbar & Grotevant, 2004). In addition, the influence of their biological heritage and their adoptive families are key in the identity development process (e.g., Grotevant et al., 2000; Grotevant &
With missing or unclear information about their genealogical roots, adopted persons are at risk for confusion about their identity (Dunbar & Grotevant, 2004). Adoption researchers have laid out the groundwork for understanding how being an adopted person affects their identity (e.g., Grotevant, 1997). However, gaps exist about the effect of adoption on feelings of identity uncertainty. It is important to gather knowledge on how adopted persons reconcile the different aspects of their identity which coalesce into a strong sense of self. Therefore, the first study in this dissertation addresses the following research questions:

**RQ1:** How do family norms and practices shape personal identity for adopted individuals?

**RQ2:** In what ways, if any, do adopted individuals experience identity uncertainty?

**RQ3:** How does identity uncertainty shape individual and family outcomes?

**Conclusion**

In this chapter, I reviewed the body of literature on identity, adoption, and identity uncertainty. I demonstrated that adoption has the potential to complicate identity formation and introduce identity uncertainty. I posed three research questions designed to investigate the formation of identity for adopted individuals, the potential for identity uncertainty for adopted individuals, and the individual and family outcomes of identity uncertainty in adoptive families. The second goal of this dissertation is to examine how adopted individuals manage uncertainty about their GFHH. In the next chapter, I review the literature on family health history and discuss the challenges adopted individuals may face in obtaining information about their GFHH. I also present theories of uncertainty and
uncertainty management and describe their applicability to this context. Finally, I draw on the logic of the theory of motivated information management to derive hypotheses regarding the information management strategies adopted individuals may employ to cope with uncertainty about their GFHH.
CHAPTER THREE

This chapter begins by explaining the importance of family health history and how communication plays an important role within families in regard to family health history. Further, I specifically describe how the lack of access to biological family information increases uncertainty about GFHH for adult adoptees. The possible lack of GFHH information for adoptees increases questions about the probability for developing specific chronic diseases (e.g., type 2 diabetes, breast cancer) and anxiety about the health problems that might be passed down to their own children. In addition, I examine theoretical perspectives of uncertainty and the assumptions they have about managing uncertainty. In addition, I elaborate on strengths and weaknesses of each theory and how the theory of motivated information management provides the best framework in the context of GFHH information management for adopted persons. Finally, I explicate the theory of motivated information management to explore the relationship between variables in the context of GFHH information management by providing hypotheses to be tested in this context.

**Importance of Genetic Family Health History**

The Centers for Disease Control and Prevention (CDC) defines *family health history* as a “record of the diseases and health conditions in your family” (Centers for Disease Control and Prevention, 2019). In addition, family health history reveals different components that are important in determining risk factors for individuals for a variety of illnesses such as cancer, heart disease, and diabetes (Yoon et al., 2009). For many individuals, family health history can provide significant information associated with an individual’s risk for chronic diseases and in most cases is quite accurate in conveying
pertinent health information essential to individuals’ health management (Yoon et al., 2009). In addition, when providing health care, patients should be viewed in the context of their family background (Rich et al., 2004). Family health history plays an important role for individuals seeking comprehensive healthcare. Health care professionals benefit from insight about the family health history of their patients so that they can anticipate potential health issues or diagnoses. Reported family health history can ensure that the individual is monitored, tested, and treated properly (especially in situations where there is a history of chronic illness).

Not only this, but advancements in medical technology, such as genetic testing that provides information about the risk of developing certain diseases, point to the importance of family health history. Because family health history is an important tool that helps individuals understand their risk for specific diseases, having this knowledge encourages aggressive genetic screenings earlier than those whose family health history do not show risk (Chivers Seymour et al., 2010; d’Agincourt-Canning, 2001). Knowledge about family health history also allows individuals to alter everyday behaviors to deter the onset of potentially inherited health risks. More importantly, sharing pertinent health information from their family health history with health professionals make it possible for health care providers to provide individualized care (Guttmacher et al., 2004; Yoon et al., 2004; Yoon et al., 2003; Yoon et al., 2002) and to clarify any misconceptions about hereditary disease risks (Alspach, 2011).

In many cases, family health history is information that is often shared from generation to generation amongst family members. However, not all individuals are equipped with the proper knowledge of their family health history. Although nearly 96%
of individuals understand and believe family health history is important, only 30% have actively sought out family health history information (Yoon et al., 2004). For the most part, until a close relative or individuals themselves are diagnosed with a disease, many are unaware they have a family history for that condition (Foster et al., 2002; Weiner & Durrington, 2008). The lack of awareness about possible health conditions may be a result of circumstances (e.g., adoption, fostering, displacement), different barriers to accessing information (e.g., unsure where to seek for information), lack of prior family health history information, misinformation about family members’ health conditions, and/or lack of communication within the family (Bowen et al., 2004; Ford et al., 2002). In addition, as older generations pass health history information to second- and third-generation family members, the accuracy of information about hereditary disease can vary and the veracity of the information can deteriorate over time (Kelly et al., 2007). Thus, there are several barriers that prevent accurate and fulsome sharing of information about family health history.

**Family Health History Communication**

Information about family health history is useful in risk assessment of prevalent disease (e.g., heart disease, diabetes, cancer). It is imperative to develop an understanding about the gatherers, disseminators, and blockers of health information to ensure that accurate family health history is disseminated within families who present high risk (Koehly et al., 2009). Research has shown that especially in young adults, it is imperative to properly educate individuals by increasing their knowledge and awareness about the importance of knowing one’s family health history (Smith et al., 2015). Because family health history is an essential element to prevention of some chronic diseases (e.g., heart
disease, diabetes, cancer) of family members, developing an understanding of the communication processes about this information within relationships is important. The combination of having frequent contact among family members and higher perceived levels of closeness will promote the sharing of family health history information (Ashida et al., 2013). Older family members, in particular, play a critical role in sharing pertinent family health history (Ashida et al., 2013). Important to note, family health history assessment is only possible within the social context of family. In addition, the information should be shared between all family members regardless of age where and when it is deemed necessary. This increases the probability that family health history information is used properly to facilitate healthy behaviors; sharing pertinent information with others helps decrease the unknown possibility of carrying a preventable health concern.

Research on minority families provides a look into the importance of family situational contexts that may play a role in family health related communication. Research on family health history explores the communication behaviors (especially the rates and predictors of communication) among Latino young adults regarding cancer (Corona et al., 2013) and the contextual factors (e.g., relationship characteristics, self-efficacy) that promote discussions about family health history (Rodríguez et al., 2016). This research discovered that it is impossible to ignore the cultural characteristics of the families, just as much as the norms of each social context. Even though specific cultural norms, such as perceived connectedness to culture groups and religiosity and acculturation, did not lead to higher discussions of family health history or actively collecting information from family members, individuals were more likely to share and
receive information about health risks if they perceived this to be a culturally appropriate conversation (Corona et al., 2013). In many cases where individuals felt it was culturally appropriate, conversation frequency was increased. Previous research also suggests the important implications of contextual factors for shaping conversations regarding family health history (Rodríguez et al., 2016). Based on the assertions made by social cognitive theory (Bandura & Estes, 1977) and the health belief model (Rosenstock et al., 1988), having greater self-efficacy will help individuals engage in health-promoting behaviors. Accordingly, researchers found that perceived self-efficacy is a strong predictor of family health history communication (Rodríguez et al., 2016).

The most common barriers to acquiring a comprehensive family health history are uncertainty about the level of information individuals want about their family health history (e.g., Baptiste-Roberts et al., 2007), emotions attached to information seeking (e.g., McAllister et al., 2007a), and the myriad outcomes that can result after communicating with family members (e.g., Gaff et al., 2007; Peterson, 2005). Some individuals have stated that knowing all they can about their family health history is a positive experience because of the increased awareness of life saving preventative treatment needs and the ability to implement specific lifestyle changes at an early stage of life (Baptiste-Roberts et al., 2007; Koehly et al., 2009). For these individuals, they will actively seek out pertinent information and continue communication about their family health history. In contrast, there are also individuals who are hesitant to seek family health history information because they fear the possibility of discovering they are at high risk for debilitating and/or deadly diseases (Cox & McKellin, 1999). For these
individuals, uncertainty is more likely to be maintained by avoiding any information about their family health history.

Knowledge about family health history, as well as disclosing health information with other family members, can be associated with feelings of hurt, guilt, blame, fear, anger, and anxiety (McAllister et al., 2007a; Wilson et al., 2004). When these emotions are present, individuals can either become more discouraged or cautious when making decisions about managing information about their family health history. Finally, information seeking about family health history can be influenced by the possible outcomes that may arise as a result of having conversations (Rauscher & Hesse, 2014). Research has shown that families often consider having conversations about family health history as being positive because it can create open conversation about disease risk to enable family members to seek out medical screenings to prevent treatable diseases (Forrest et al., 2007; Gaff et al., 2007; Peterson, 2005). Others have reported that families experience relational benefits such as feeling closer, increased and improved communication and support, and higher appreciation of their relatives (Van Oostrom et al., 2007). Unfortunately, not all conversations are positive. Some individuals refrain from having conversations because they would rather protect other family members from knowing they have such a disease running in the family (Forrest et al., 2003), or as a result of privacy concerns (Alspach, 2011). Research has also reported negative effects of having family health history conversations such as increased guilt, unwanted and unexpected changes to familial relationships, and increased communication difficulties (Van Oostrom et al., 2007). Additional negative effects included increased family tensions, isolation, and increased difficulty in parent-child communication (McAllister et
Thus, there are both benefits and potential drawbacks to engaging in conversations about family health history.

**Family Health History and Adoption**

As described above, there are many ways that family health history can play a role in improving preventative measures for individuals, but there are other features that may affect the availability of family health history among individuals. Adoption brings forth a host of unique issues for adoptees related to identity and health. For some of these concerns, genetic testing can provide adoptees with a source of helpful insight about their possible health issues. Genetic testing has been shown to provide useful information about family health history (Evans et al., 2013; Heald et al., 2012; May et al., 2015; Prince et al., 2015). Whole genome sequencing has gained increased interest, especially by those parents who have younger children with multiple health conditions (Dodson et al., 2015). Although parents had concerns about test accuracy or the possibility of learning about untreatable conditions, they indicated positive attitudes about whole genome sequencing their children (Goldenberg et al., 2013; Sapp et al., 2014). More specifically, adoptive parents expressed both positive and negative attitudes about whole genome sequencing. While some parents felt sequencing would help fill gaps in their children’s GFHH, other parents expressed concerns that the results they receive would compromise their children’s future autonomy and privacy (Crouch et al., 2015).

A high number of adoptees (86%) have shown an increased rate of seeking genetic testing in comparison to non-adoptees (32%) and have identified their motivation for testing to be health information (Baptista et al., 2016). Because adoptees experience a higher number of reported health problems in comparison to non-adopted individuals,
their interest in hereditary health information is not surprising (Bramlett et al., 2007; Jones et al., 2012; van der Vegt et al., 2009). Adoptees have a high desire to gain health related, heritage information (Grotevant et al., 2013), and their lack of access to desired hereditary information can be interpreted as a health disparity (May et al., 2016a; 2016b). Hereditary information provides individuals with knowledge that is crucial for reproductive and other central life planning; the lack of this essential information in adopted individuals warrants that this circumstance should be considered a health disparity (May et al., 2016a). The presence of this health disparity can be somewhat mitigated if genetic testing is completed in a targeted, careful manner (May et al., 2016a; 2016b). Seeking GFHH is a unique circumstance for adoptees because they need to determine whether they should and, if so, how to seek out pertinent information (Strong et al., 2017). In addition, the motivation that lays behind their information management practices is also unique to their situation.

**Theoretical Perspectives on Uncertainty**

Uncertainty is a common experience for all individuals seeking information about family health history, but individuals who are adopted and do not have access to information about their birth family can experience more significant uncertainty. In its earliest renditions, uncertainty has been described as an averse cognitive state, making it difficult to plan for or anticipate the communicative results of an interaction (e.g., Berger, 1979; Berger & Calabrese, 1975). Uncertainty can stem from ambiguity in perceptions of the self or others, which explains the inability to predict conversational actions or outcomes (Berger & Calabrese, 1975). Within interpersonal contexts, uncertainty generally reflects two distinct conceptualizations: (1) a perceived inability to predict the
behaviors, attitudes, or outcomes of an interaction, or (2) a perceived inability to understand the meanings behind particular behaviors, attitudes, or outcomes. Uncertainty is often described as being an uncomfortable cognitive state that individuals want to reduce as much as possible (Berger, 2005), but recent research has characterized uncertainty as a dynamic cognitive state that individuals need to manage based on contextual factors (Afifi & Afifi, 2009).

Scholars have argued that uncertainty may be an important cognitive experience that predicts a multitude of communicative phenomena. Uncertainty has been linked to information seeking (Berger & Calabrese, 1975), information management (Brashers, 2001), experiences of anxiety (Gudykunst, 1998), and relationship appraisal (Knobloch & Solomon, 1999). Uncertainty can also exist contextually, as individuals may be uncertain about their relationship (Knobloch & Satterlee, 2009), their marriage (Knobloch, 2008), or even intercultural encounters (Gudykunst & Nishida, 1984). In addition, prior research looks at uncertainty in specific contexts. Relational uncertainty is defined as a relationally specific uncertainty about perceptions of self-involvement, partner involvement, and the relationship as a whole (Knobloch & Solomon, 1999). In addition, uncertainty has been associated with a number of communicative and cognitive outcomes, including intimacy (Solomon & Knobloch, 2002), openness (Theiss & Knobloch, 2013), and depression (Knobloch & Delaney, 2012). Uncertainty has also been conceptualized in other specific contexts. Illness uncertainty has been defined as the degree to which an individual has doubts about the outcomes and issues facing their particular health diagnosis (Checton et al., 2012). Uncertainty has also been looked at through mediated contexts, such as the influence of computer-mediated-communication on interpersonal interaction (Ramirez et
al., 2002). Uncertainty can exist as situated within a marriage (Knobloch, 2008), and can also exist across family contexts (Petronio & Caughlin, 2006).

This section explicates a few of the foundational theories that conceptualize uncertainty. Uncertainty reduction theory (Berger & Calabrese, 1975), problematic integration theory (Babrow, 1992; 1995; 2001), uncertainty management theory (Brashers, 2001), and theory of motivated information management (Afifi & Weiner, 2004) will be discussed, followed by an analysis of the strengths and weaknesses of each.

**Uncertainty Reduction Theory**

Uncertainty reduction theory is one of the most fundamental conceptual frameworks that explain communicative behaviors within initial interactions between strangers (Berger & Calabrese, 1975). The theory describes that due to the lack of information and experience with others in new interactions, individuals are unable to anticipate the behaviors of new acquaintances. Uncertainty reduction theory derives from a socio-psychological tradition where uncertainty is explained to stem from the self, another individual, or the social circumstance (Berger & Calabrese, 1975); therefore, uncertainty rises from an inability to predict or explain events that occur as a result of a social interaction.

Using Altman and Taylor’s (1973) social penetration theory as a foundation, uncertainty reduction theory broadly outlines three phases of initial interaction transitions: (a) the entry phase, (b) the personal phase, and (c) the exit phase. The first phase, the entry phase, is explained to feature a structured and predictable interaction where conversations consist of basic, rule-bound, and superficial information. In the personal phase, communication extends beyond the initial, superficial and expands the
breadth and depth to include disclosure of personal and private information. Lastly, in the exit phase, interaction partners determine whether or not to continue the relationship and continue future interactions. Uncertainty is considered both cognitive and behavioral. Cognitive uncertainty arises when individuals are unsure about their own beliefs or the beliefs of others, whereas behavioral uncertainty arises when individuals are unsure about their own actions or the actions of others. Thus, uncertainty is present when individuals lack information about their communication partner or the context for the interaction (Berger & Calabrese, 1975). Individuals are motivated to engage in interaction and seek information to reduce uncertainty and predict future behavior (e.g., Berger, 1997; Berger & Gudykunst, 1991).

Initially, to discuss the interrelated nature of uncertainty, communication and cognition, the theory unravels seven axioms (Berger & Calabrese, 1975). The initial proposed axioms associate uncertainty with seven interpersonal communication variables – (a) verbal communication, (b) nonverbal expressiveness, (c) information seeking, (d) intimacy, (e) reciprocity, (f) similarity, and (g) liking (Berger & Calabrese, 1975). The theoretical axioms suggest that uncertainty decreases verbal and nonverbal communication, increases information seeking and reciprocal communication, and decreases intimacy, similarity, and liking (Berger & Calabrese, 1975).

After the fundamental elements of uncertainty reduction theory were outlined, scholars have done research to support the features of the theory. Three situational instances were outlined to explain individuals’ desire to reduce uncertainty – (a) deviation when expectations are violated, (b) future interaction anticipation (e.g., when individuals expect future interactions to ensue, uncertainty reduction is motivated), and
(c) resource control (when costs and benefits are determined, uncertainty reduction is motivated; Berger, 1979). Furthermore, additional research highlighted three coping strategies of uncertainty: (a) information seeking, (b) action planning to achieve goals (before and during interactions), and (c) hedging to prevent negative outcomes from happening (Berger et al., 1989). Other research tested the basic foundational tenets of the uncertainty reduction theory (e.g., Berger, 1979; Kellerman & Reynolds, 1990) and have applied the theory to initial intercultural interactions (e.g., Gudykunst, 1995).

When the theory’s principles were applied to contexts beyond the initial interaction, such as intimate or romantic relationships, scholars found a need for modification (e.g., Knobloch & Solomon, 2002; Berger, 1987; Parks & Adelman, 1983; Planalp & Honeycutt, 1985). Mixed support for uncertainty reduction theory has found communication is limited by anxiety, regardless of uncertainty (e.g., Gudykunst & Nishida, 2001), uncertainty motivation is linked to attributes like outcome valence (e.g., Sunnafrank, 1990), and uncertainty reduction occurring in computer-mediated contexts is similar to face-to-face interactions (Gibbs et al., 2011). In addition to the initial axioms, scholars have included communication networks and dyadic processes (Parks & Adelman, 1983) to associate that as uncertainty decreases, shared networks (acquired through dyadic relationships) increases.

Overall, uncertainty reduction theory presents us, first and foremost, its heuristic value as a strength. As one of the foundational theories that identifies uncertainty as an important construct in interpersonal communication, theories have further explored uncertainty’s role in developing newer theories (e.g., anxiety/uncertainty management theory, relational uncertainty). Another strength is the theory’s clear, deductive structure
laid out in its axioms and theorems. This clear nature allows scholars to conduct definitive and specific tests of the theory. However, because of the focus on initial, interpersonal interactions, it is harder to apply to developed relationships (e.g., family relationships) or to communication episodes marked by specific, in-depth topics (e.g., health-related communication).

**Problematic Integration Theory**

The problematic integration theory was originally developed by Babrow (1992, 1995, 2001) in order to explain the link between individuals’ evaluations of interpersonal information and decision-making. This theory does not assume that uncertainty is an undesirable and negative state that an individual wants to reduce, but rather focuses on individuals wanting to understand and make sense of the situations they experience in order to make inferences about those episodes (Babrow, 2001; Babrow & Matthias, 2009). Two dimensions are central to shaping the inferences people make about their experiences. The *probabilistic orientation* refers to judgments about the likelihood of a particular outcome, which can be seen as doubtful, possible and/or probable, or certain. The *evaluative orientation* refers to assessments of the possible valence of a particular outcome, which can be positive or negative, desirable or undesirable. In the evaluative orientation, the assessments are determined from a mixture of social, cognitive, and cultural sources (Babrow & Matthias, 2009) but also cultural influences when events are deemed negative or undesirable (Babrow & Striley, 2014).

These two orientations are considered to be interdependent aspects of sensemaking, such that the probability of a particular outcome can shape the evaluation of that condition, and the value attached to an outcome can influence its perceived
probability (Babrow, 2001). The two orientations are considered inseparable and occur together in every assessment that is made (Babrow, 1993). This interdependence is referred to as *problematic integration*, which occurs when there is incompatibility between individuals’ beliefs and the assessments that are made. Problematic integration, or the incompatibility, brings about tension in the communicative and behavioral decisions of individuals.

Problematic integration theory also emphasizes the common dilemmas that may arise in sensemaking of the surrounding environment and one’s experiences within it. The most frequently noted dilemma about one’s experiences and the sensemaking of the situation is uncertainty (Babrow, 2001). Problematic integration theory (Babrow, 2001) points to two types of uncertainty: ontological uncertainty (questions about the order and nature of the world around an individual) and epistemological uncertainty (questions about the nature, structure, and reliability of information and knowledge). *Ontological uncertainty* arises as a result of conceptions of the world, such as complexity of random influences on turn of events. *Epistemological uncertainty* arises out of challenges in a person’s knowledge of the world, such as insufficient or inconsistent information. These two uncertainties are interrelated within social situations and therefore inform the individual in making sense of messages and then to select appropriate responses. These complex sensemaking circumstances create problematic integration (Babrow, 2001; 2005).

According to problematic integration theory, when individuals have uncertainty about a specific outcome, the perceived value of a specific outcome, and/or a large discrepancy between expected and desired outcomes, integration (interdependence of the
probabilistic and evaluative orientations) becomes more difficult (Babrow, 2001; 2005). In addition, the theory posits that there are four different types of problematic integration (Babrow, 2007) – (1) divergence, (2) ambiguity, (3) ambivalence, and (4) impossibility – that are outlined by the theory. Divergence is experienced when a discrepancy between an individual’s desired outcome and what is likely to occur; more specifically, a conflict between an individual’s beliefs and expectations. This happens when both orientations are polarized; for example, someone would like their parents to accept their decision to leave their church, but their parents may never do so. Ambiguity is experienced when individuals have uncertainty about either orientation. When individuals are unsure about the unknown, such as whether the outcome will be positive or negative, uncertainty increases. Ambivalence arises when individuals need to choose between two equally attractive but exclusive outcomes. For example, when high school seniors are facing a decision about which college to attend (e.g., local, in-state where friends are going vs. college on the opposite coast without anyone they know), ambivalence about equally weighted, probable outcomes occurs. Lastly, impossibility occurs when there is certainty that a specific outcome will not result. When the probability of a highly evaluated outcome is low, such as landing a dream job at a company, but the company recently closed down, individuals experience impossibility.

These four types of problematic integration shape messages and meanings within interpersonal contexts. Babrow (2001) explains that while problematic integration theory has been applied to a variety of different phenomena, it is widely used as a lens to investigate the relationships between uncertainty and communicative behaviors. Ultimately, problematic integration theory proposes the following: (1) uncertainty is not
always negative, (2) uncertainty does not have a single meaning, (3) uncertainty reduction is not always achievable, (4) a particular resolution in response to uncertainty is not always final, and (5) the cause of integrative dilemmas may not always be identifiable or singular (Babrow, 2001). According to the theory, all objects of thought, including uncertainty, have to be evaluated to determine whether they should be considered negative or positive. Secondly, the misconception that uncertainty has a single, homogenous meaning is contested (Babrow, 2001). In addition, problematic integration theory argues that the reduction of uncertainty may not be attainable, even if individuals gain sought after information. Therefore, some forms of uncertainty may not be resolvable. Although it may be impossible to resolve all sources of uncertainty, the theory posits that even with a resolution, not all verdicts are final. Once a resolution is reached, continued management of uncertainty may involve reappraisals if specific emotions are not attended to with the original resolution (Babrow, 2001). Finally, the theory points out that the cause of a problematic integration is not always identifiable or a result of a single cause. Since integration permeates different experiences of an individual, the foci of integration may encompass various events.

Problematic integration theory has been applied to a variety of contexts where uncertainty about health information and individual identity are salient, such as the uncertainties of African American women in relation to cancer risk communication (Cohen, 2009) and the meanings that are created and applied in ongoing conversations about identity during interviews with young Chinese Americans (Shi & Babrow, 2007). Similarly, in the social construction of risk, problematic integration plays a role because troublesome dilemmas increase the likelihood of fragile resolutions (Babrow, 1992;
Russell & Babrow, 2011). In the case of cancer risk communication, probabilistic and evaluative beliefs about cancer arose among these women – beliefs included worry about the prevalence, uncertainty and ambivalence about cancer, fear of death due to cancer, fear and uncertainty of cancer treatments (e.g. pain, surgery), costs accompanying diagnosis, uncertainty about initiating and implementing communication about cancer, and the fear of burdening family. Although these beliefs were present in these individuals, the participants discuss that even though the situation brings uncertainty and discomfort, it was a necessary and productive moment to discuss a topic that is related to cancer risk (Cohen, 2009). The theory has also been applied to assess the tensions that exist for elderly patients and providers in regard to coping through serious illness (Hines et al., 2001). The problematic integration theory interpretation is that difficulties (e.g. competing information from sources, interpreting the reliability of messages) exist in uncertainty management when confronted with cancer risk communication. In addition, for Chinese American young adults, through reappraisals of evaluative orientations, ambiguity, inconsistencies and uncertainties about their identities can be resolved and develop meaningful messages about who they are (Shi & Babrow, 2007). These adolescents who seem well-integrated in their bicultural selves still experience problematic meanings in the face of new experiences and meanings that are created. Similar to these circumstances, for adopted individuals, when faced with uncertainty about their GFHH, problematic integration may provide an explanation about the role of communication. Overall, problematic integration presents us with the strength of understanding and creating meanings about different aspects that individuals are presented with
throughout life. One major strength of problematic integration theory is that it provides an explanation about the associations between objects and their meanings, as well as sensemaking of one’s experiences in life. This allows individuals to apply past experiences and meanings created to future decisions about various uncertainties that may arise. Sensemaking provides development of knowledge about the experiences that occur within life. As a result, individuals are able to decrease some of the uncertainties they may have about diverse contexts and increase positive communicative behaviors that are suited for that context. Another strength of this theory is the argument that all experiences of uncertainty automatically lead to the desire to reduce it. Rather, as an example of uncertainty management theories, problematic integration theory posits that individuals decide on communicative behaviors based on the environmental and situational contexts the uncertainty is presented within. The biggest limitation of problematic integration theory is in its complexity. The complexity, therefore, makes it difficult to completely operationalize and measure the theory to use in application. Problematic integration theory is used as a framework of analyzing rather than an actual operationalization of the different propositions it makes. Another aspect of the theory that can be considered a limitation is that sense-making and meaning are based highly on an individual’s definition of culture; therefore, meanings are very individualistic which limits generalizability of experiences.

**Uncertainty Management Theory**

Uncertainty management theory originated to explain the different experiences between uncertainty that arose in health and illness situations. More importantly, uncertainty management theory discusses two important aspects of uncertainty – (1)
emotional responses to uncertainty and (2) strategies that are used to manage uncertainty (Brashers, 2001). Emotional responses refer to negative or positive emotions that arise when individuals face uncertainty and as a result of these emotional responses, individuals gain motivation to seek information. Unlike earlier frameworks that characterize uncertainty as an undesirable state and suggest individuals seek information to reduce it, uncertainty management theory explains that individuals have different levels of tolerance for uncertainty depending on the anticipated outcome (Brashers et al., 2000). This theory points to the distinction between actual uncertainty (i.e., the level of one’s current uncertainty) and desired uncertainty (i.e., the level of uncertainty one prefers to have). Uncertainty management theory recognizes that a discrepancy exists between the preferred and actual information state (Brashers, 2007).

In addition, the theory describes the behavior of actively increasing uncertainty in particular situations where the presence of uncertainty was hopeful. The biggest notable aspect of uncertainty management theory is that new information may reduce, maintain, or increase uncertainty for an individual (Brashers, 2001; Theiss, 2018). Uncertainty can be interpreted as an opportunity or as an obstacle. As a key principle of the theory, uncertainty is described to take different forms but also stem from different sources (Brashers & Hogan 2013; Brashers et al., 2003; Bylund et al., 2012). When individuals feel that an existing uncertainty encourages optimism and alternative outcomes do not exist, individuals will want to maintain the uncertainty they are experiencing (Brashers, 2001); therefore, uncertainty management theory explains that individuals will work to maintain, or even increase, the uncertainty being experienced. Additionally, information can be uncertainty provoking (Brashers, 2001). Uncertainty management theory posits
that because uncertainty is a cognitive state, individuals work to adjust their uncertainty to a desired level (Hogan & Brashers, 2009).

There are three main aspects highlighted by Brashers’ (2001) uncertainty management process: (1) experience and the meaning of uncertainty, (2) various appraisals of uncertainty, and (3) communicative responses to uncertainty. The theory explains that individuals experience more uncertainty during more complex and probabilistic situations. Uncertainty is explained to be the highest when there is a 50 percent chance of an event occurring but is considered to be the lowest when there is a zero or 100 percent chance of an event occurring (Brashers, 2001). Additionally, the theory points to the importance of cognitive appraisals of uncertainty and the emotional responses individuals experience. Individuals use their emotional responses to appraise their uncertainty; when anxiety (or other negative emotions) are produced as a result of uncertainty, the situation is viewed as a threat while when excitement or hope is produced, the situation is viewed as an opportunity (Brashers, 2001; Brashers, 2007; Brashers et al., 2000). The second aspect, uncertainty appraisals, refer to the emotional responses and cognitive appraisals of uncertainty. As an extension to this reasoning, the uncertainty management theory posits that dependent on the uncertainty appraisal, individuals determine which uncertainty management strategies or communicative responses are appropriate for the situation. As a result of the uncertainty appraisal, individuals will try to reduce uncertainty or increase uncertainty; information is viewed as a tool to manipulate uncertainty in either direction (Brashers, 2001; Brashers, et al., 2000). In other words, for example, individuals may reduce, maintain, or increase their uncertainty through information seeking practices.
Overall, uncertainty management theory explains that not all uncertainty is considered harmful and that individuals have the ability to determine the level at which they feel comfortable experiencing uncertainty. This explanation allows scholars to research uncertainty as it lies within multiple situations. It also helps understand the role uncertainty has in health contexts (e.g., Brashers et al., 2003, Bylund et al., 2012), organizational contexts (e.g., Thau et al., 2009), and interpersonal contexts (e.g., Herovic et al., 2019). Therefore, uncertainty management theory provides a foundation in understanding how uncertainty plays a role in all types of contexts and relationships. Especially in discussing information management strategies for adoptees with regard to GFHH, uncertainty management theory can be foundational in describing the role of uncertainty in this context.

**Theory of Motivated Information Management**

The theory of motivated information management also recognizes the role of information in managing uncertainty, suggesting that individuals may seek additional information or ignore specific information in order to control their uncertainty (Afifi, 2010). Most importantly, this framework posits that when individuals experience a discrepancy between the amount of uncertainty they have about a situation and the amount of uncertainty they wish to have, individuals will experience emotional reactivity which motivates them to resolve the discrepancy (Afifi, 2010). Theory of motivated information management is comprised of a three-phase process that individuals go through when evaluating the existing uncertainty and making decisions regarding information management.
To begin, the *interpretation phase* encompasses the individuals’ assessments of the level of uncertainty and the corresponding emotions (Afifi & Weiner, 2004; 2006). This first phase involves the assessment of uncertainty discrepancy. *Uncertainty discrepancy* is defined as the difference between the desired level of uncertainty and the actual uncertainty an individual is experiencing (Afifi, 2010). This uncertainty discrepancy can produce a variety of both positive and negative emotional responses (Afifi & Morse, 2009). In other words, if an individual feels more uncertainty than they would like, they could feel anxious about the unknown or hopeful about the variety of possibilities for which uncertainty allows; whereas if an individual feels more certainty than they would like, they could feel relieved about the lack of doubts or concerned about a definitively bad outcome. Emotional reactions to the uncertainty discrepancy shape individuals’ evaluation of the situation.

In the *evaluation phase*, individuals assess the costs and benefits of information management (i.e. information seeking) (Afifi, 2010). Within this phase, individuals make two types of assessments: outcome assessments and efficacy assessments. *Outcome assessments* reflect individuals’ perception of the potential pros and cons that come from seeking information about the issue (e.g., cost-benefit analysis) (Afifi, 2010). *Efficacy assessments* reflect individuals’ confidence in their ability to gather the information needed to manage their uncertainty discrepancy and cope with it (Afifi, 2010). According to the theory of motivated information management, three specific efficacy judgments are relevant to information seeking practices – (1) communication efficacy (2) coping efficacy, and (3) target efficacy (Afifi, 2010; Afifi & Weiner, 2004). *Communication efficacy* refers to individuals’ appraisal that they have the skills necessary to successfully
enact information seeking behaviors. In other words, it is the ability to communicate strategically in order to manage information. *Coping efficacy* reflects individuals’ beliefs about whether or not they are able to cope with the information they find. It is the capacity of coping for an individual. *Target efficacy* involves appraisals of whether or not the information provider (i.e., target) has the ability and willingness to provide the sought-after information. It can also be described as the perception that the target, or information provider, will be able to share information that reduces an individual’s uncertainty discrepancy.

Based on the efficacy judgments, individuals enter the *decision phase*, which includes the choice and enactment of an information management strategy (Afifi & Weiner, 2004). There are three different strategies for information management – (1) information seeking (Afifi et al., 2004a), (2) information avoidance (Afifi & Afifi, 2009), and (3) cognitive reappraisal (Afifi & Weiner, 2004). With *information seeking*, individuals may anticipate positive outcomes and have a strong efficacy to obtain information (Afifi et al., 2004a). For individuals who have a positive efficacy assessment and outcome expectancy, information seeking strategies, using either direct or indirect methods, will be used to manage their levels of uncertainty (Afifi, 2009). *Information avoidance* occurs when individuals anticipate negative outcomes and have a low efficacy to obtain information (Afifi & Afifi, 2009). Opposite of information seeking, individuals who have a negative efficacy assessment and outcome expectancy will generally avoid information, especially if it is perceived as harmful or damaging, to address their uncertainty discrepancy. Finally, *cognitive reappraisals* happen when individuals change their mindset in order to reduce the uncertainty discrepancy or perceived level of
importance (Afifi & Weiner, 2004). When there are limited options for information management, individuals reassess their uncertainty to determine whether their desired level of uncertainty is reflective of their emotional state and to which extent they need to reduce their uncertainty discrepancy (Afifi & Weiner, 2004).

The theory of motivated information management is considered a concurrent process between the information seeker and the information provider – both are expected to analyze situational contexts and outcomes (Afifi, 2010; Afifi & Robbins, 2015). When an information seeker enters a specific phase, the information provider enters the same phase of the information sharing process. Especially when the evaluation phase is entered, while the information seeker makes efficacy assessments about their ability to gather information to reduce their uncertainty discrepancy, the information provider must make efficacy assessments about their ability to provide the seeker with information that is helpful (Afifi & Robbins, 2015). In addition, the information provider must determine if they can cope with the outcome of providing the seeker with information, even if the information they are sharing has a negative outcome. The provider also must assess whether they are able to provide information as well. This assessment is important when the information they must provide the seeker is considered private or may have consequences for others. Once these assessments are made by the provider, they enter the decision phase to conclude if they will convey or decline information at the request of the seeker (Afifi & Robbins, 2015).

The theory of motivated information management has been applied to a variety of health-relation communication contexts, including the ways in which individuals seek sexual health information (i.e., sexual transmitted infection (STI) status) from sexual
partners (Afifi & Weiner, 2006; Dillow & Labelle, 2014). More specifically, researchers were interested in the likelihood of engaging in safe sex (e.g., condom usage) being affected by the way individuals engaged in sexual health information seeking with partners about STIs (Afifi & Weiner, 2006). Consistent with the assumptions of the theory, individuals who had an uncertainty discrepancy and reported experiencing anxiety, were more likely to employ information seeking strategies. The theory of motivated information management has also been applied to the ways family communication about organ donation can influence an individual’s decision to become an organ donor (Afifi et al., 2006), and how information management strategies are used in parent-child conversations about elder care (Fowler & Afifi, 2011). In the case of organ donation, the importance of the issue causing the uncertainty discrepancy plays a role in the ways that family members employ information seeking strategies. Specifically, researchers found that communication and efficacy assessments were powerful in an individual’s decision to discuss organ donation with family members (Afifi et al., 2006); positive family discussions increased the likelihood of organ donation while negative perceptions of family attitudes decreased the likelihood. Similarly, in parent-child conversations of elder care, adult children’s information seeking about their parents’ preferences for elder care, the immediacy (e.g., how urgent it is for the elder care to be arranged) will determine the communicative behaviors. This application speaks particularly strongly to the importance of factors (e.g., adult children’s perceptions about their ability to communicate with their parents about caregiving) that will facilitate or inhibit information seeking strategies (Fowler & Afifi, 2011). In each of these applications, individuals experienced uncertainty discrepancy and described the
interpretation, evaluation, and decision phases to determine the most effective information management strategy for that particular situation. A large array of research applying the theory of motivated management has looked at how the outcome and efficacy assessments predict the behaviors of individuals seeking information in the context of relational experiences.

Overall, the theory of motivated information management presents us with the strength of understanding the process between an individuals’ decision to seek or not to seek information in order to maintain uncertainty. One major strength of this theory is that it provides an explanation about the associations between uncertainty discrepancy experienced by individuals and the information seeking practices they employ. The complicated process individuals work through to gather information or ignore information in order to reduce, increase, or maintain their uncertainty is best explained through the theory of motivated information management. As a result, scholars have been able to better understand the situational and contextual circumstances in which individuals decide to increase communicative behaviors to manage uncertainty. Another strength of this theory is the focus on the role of efficacy in information management. The theory of motivated information management posits that individuals make efficacy assessments in an information environment to determine if their communicative behaviors are effective, whether the information can be handled well, and if the provider is able to truthfully share the pertinent information. In the context of seeking family health history, the theory of motivated information management provides a pertinent framework to apply.
Uncertainty and Information Management about Genetic Family Health History for Adopted Individuals

Genes play a crucial medical role when determining risk for common health problems in individuals (Williamson, 1998), because many health conditions (aside from trauma or poor lifestyle choices) have a genetic component (Monsen et al., 2000). Adopted individuals face challenges about their genetic history as they do not always have the access to details about their birth family. One of the most influential outcomes of an individual’s health is that of inherited genes and disease disposition. For some, approaching the topic of family health history with other family members is difficult due to the perceived probably of negative responses (Forrest et al., 2003), fear of the information that may be gathered, or the perceived inability to cope (coping efficacy) with ongoing conversations about family health history (Hovick, 2014). Although some research has shown that individuals report relational benefits through the discussion of family health history (Van Oostrom et al., 2007), studies have also shown that people often avoid having these discussions to protect other family members (Forrest et al., 2003) or to avoid possible harm to family relationships (Rauscher & Hesse, 2014). Although adoptees are not the only population where GFHH is limited, they are one of the most clearly identifiable.

Legal barriers may prevent access to GFHH for many adoptees. If at least one of the adoptee’s biological parents have filed for nondisclosure, adult adoptees do not have the ability to obtain any information about the biological parents (Hollinger, 2002). These nondisclosure agreements are put in place to protect the biological parents’ rights while preventing adoptees from capturing birth family history. In the past, it has been argued
that the biological medical background was not released because of an individual’s potential inability to obtain health insurance. If an insurance company becomes aware of an adult adoptee’s genetic risks as a result of the birth family’s medical history, health or life insurance could be difficult to obtain (Blair, 1992). This lack of GFHH may cause an adopted person to live in fear of undisclosed medical conditions (e.g., Nugent, 1992; May et al., 2016a). More importantly, adopted individuals have a cognitive need to know whether or not they are at risk for serious medical conditions.

Recently, for these individuals who lack access, genetic testing has been able to provide useful information on GFHH (Evans et al., 2013; Heald et al., 2012; May et al., 2015; Prince et al., 2015). Specific to this context, research has examined the attitudes adoptive parents have about genetic testing for their adopted children (Crouch et al., 2015; May, 2015), as well as the attitudes of the adopted individuals themselves (Strong et al., 2017). For most adopted individuals, whether, when, and how to seek GFHH, which has been reported to be the motivation to seek out and contact biological family members (Strong et al., 2017), may be out of their locus of control. Adopted individuals have a desire for hereditary information, especially regarding health (Grotevant et al., 2013), and this lack of information has been regarded as a health disparity (May et al., 2016a).

As a result of lack of ability to openly and easily access health history, adopted individuals are faced with questions and concerns prompting feelings of uncertainty. Their situational circumstances (e.g., lack of contact with birth family) also affect their efficacy judgments about their ability to obtain information about their GFHH. Adoption
is therefore a context in which discussion about the motivations behind GFHH information management is valuable.

The second study of this dissertation looks to investigate the justifications and processes of GFHH information seeking and management for adopted individuals. The lack of GFHH knowledge may influence adopted individuals’ decision-making process regarding information management, as explained by the theory of motivated information management (Rauscher & Hesse, 2014). Prior research examined how family communication about a particular issue influences the information management process (Afifi et al., 2006). Therefore, the application of the theory of motivated information management to understand decision-making processes about GFHH communication is suitable.

**Uncertainty Discrepancy as a Predictor of Emotion**

Individuals and families engaging in GFHH conversations will often face an uncertainty discrepancy about how much they want to know and how much they already know about their family health history (Rauscher & Hesse, 2014). For adopted individuals, the lack of direct access to information about their GFHH may increase the likelihood for experiences of uncertainty discrepancy. Prior research demonstrates that adopted individuals have a high desire to acquire hereditary information, especially if it provides them health related information (Grotevant et al., 2013). The theory of motivated information management states that an *uncertainty discrepancy* arises when an individual becomes aware of an important issue for which they desire to have either more or less uncertainty than they currently have (Afifi & Wiener, 2004) and that these discrepancies provoke emotions. Previous research has affirmed that certain experiences
will elicit mixed emotions (e.g., Rauscher & Hesse, 2014). The joint presence of positive and negative emotions will inform an individuals’ information management decisions. In a study looking at the context of financial uncertainty among couples, anxiety and optimism were seen to be salient (Fowler et al., 2018). When individuals experience uncertainty but they believe there is a positive outcome, they experience hope and optimism (Brashers, 2001). Hope and optimism have been argued to be overlapping constructs and therefore particularly employed when testing the theory of motivated information management (Afifi & Morse, 2009).

Specifically, applications of the theory of motivated information management have found that having an uncertainty discrepancy is positively associated with anxiety (e.g., Afifi et al., 2004b; Rauscher & Hesse, 2014). In addition, uncertainty discrepancy is also positively associated with interest in information management (Rauscher & Hesse, 2014), while happiness and pride are negatively associated with uncertainty discrepancy (e.g., Fowler & Afifi, 2011; Rauscher & Hesse, 2014). In relation to their family health history, individuals experience mixed emotions (e.g., Chivers Seymour et al., 2010; d’Agincourt-Canning, 2001). Considering uncertainty management and the presence of emotions are key in adopted persons’ motivation to manage GFHH information, I propose the following hypothesis:

**H1a:** For adopted individuals, the level of uncertainty discrepancy about GFHH is positively associated with anxiety, sadness, anger, and guilt.

**H1b:** For adopted individuals, the level of uncertainty discrepancy about GFHH is negatively associated with interest and hope.
Emotional Responses as Predictors of Outcome Assessments

As outlined by the theory of motivated information management, regardless of the valence, emotional responses to an uncertainty discrepancy will affect the judgments made by individuals about their motivation and ability to seek information to alleviate the discrepancy. More specifically, the perception of the emotions influences the outcome expectancies and efficacy assessments (Afifi & Weiner, 2004). However, when the perceived emotion reaches a high level, information seeking behaviors may actually be disrupted (Afifi & Weiner, 2004). Research has suggested that individuals may not engage in information seeking if they expect it will produce unwelcome information or produce an undesirable relational outcome (Afifi & Robbins, 2015). Especially for adopted individuals, efforts in attaining GFHH information may produce unwelcome information (e.g., discovering worrisome information, deterministic capacity of the genetic information; Strong et al., 2017) or possibly undesirable relational outcomes as a result. Similarly, some individuals refrain from discussing family health history with family members in order to protect other members from knowledge about a disease that runs in the family (Rauscher & Hesse, 2014), because they have concerns about how sharing that information will affect the other. Afifi and Morse (2009) have posited that experiencing negative emotions leads individuals to make negative outcome assessments while experiencing positive emotions will lead individuals to make positive outcome assessments. Accordingly, this study proposes the following:

H2a: Adopted individuals’ perceived anxiety, sadness, anger, and guilt about their uncertainty discrepancy is positively associated with negative outcome expectancies.
H2b: Adopted individuals’ perceived interest and hope about their uncertainty discrepancy is negatively associated with negative outcome expectancies.

H3a: Adopted individuals’ perceived anxiety, sadness, anger, and guilt about their uncertainty discrepancy is negatively associated with assessments of (a) communication efficacy, (b) coping efficacy, and (c) target efficacy.

H3b: Adopted individuals’ perceived interest and hope about their uncertainty discrepancy is positively associated with assessments of (a) communication efficacy, (b) coping efficacy, and (c) target efficacy.

**Outcome Assessments as Predictors of Efficacy Assessments**

The theory states that positive outcome expectancies lead to higher overall efficacy assessments, whereas negative outcome expectancies lead to lower overall efficacy assessments. Feelings of efficacy have been a function of emotions. Specifically, individuals in positive emotional states exhibit higher levels of self-efficacy, whereas individuals in negative emotional states exhibit lower levels of efficaciousness (Afifi & Morse, 2009). The theory of motivated information management posits three specific efficacy assessments – communication efficacy, coping efficacy, and target efficacy. As stated previously, *communication efficacy* refers to the ability to use communication to enact information seeking strategies (Afifi & Weiner, 2004). *Coping efficacy* refers to the ability to cope with the expected outcomes of information management (Afifi & Weiner, 2004) pragmatically and emotionally. Broadly, *target efficacy* is comprised of two dimensions – (a) target ability and (b) target honesty. In other words, will the target (i.e., information provider) have the capability to provide information about the topic and will they provide truthful information (Afifi & Weiner, 2004). These efficacy assessments
mediate outcome expectancies and directly impact the decisions of information strategies used for management.

Previous research suggests that several factors exist that may lower outcome expectancies for family health history information search. Age gaps, lower family closeness, losing touch, and not getting along with family members have explained inhibition in information seeking practices (Green et al., 1997). Active family health history information seeking is also complicated by the family communicative environments, as well as the seeker’s age and sex (Campbell-Salome et al., 2019). Families that stress hierarchy and homogeneity in their beliefs inhibit collection of family health history, whereas families with open communication environments allow for active information collection (Campbell-Salome et al., 2019). In contrast, family members who may act as information providers may keep health conditions secret to avoid blame, or if they believe specific health conditions are private and/or taboo topics to discuss (e.g., Hamilton et al., 2005; Mellon et al., 2006; Vandelreur et al., 2008). When individuals perceive more favorable outcomes as a result of communication about family health history, they are expected to feel increased efficacy to seek information. Therefore, I propose the following hypothesis:

**H4:** Adopted individuals’ negative outcome expectancies are negatively associated with assessments of (a) communication efficacy, (b) coping efficacy, and (c) target efficacy.

**Outcome Expectancies and Efficacy Assessments as Predictors of Information Management Strategies**
Individuals may partake in passive (e.g., observations), or active (e.g., directly asking a question) strategies to reduce uncertainty, and these strategies can also vary in intensity (Berger & Calabrese, 1975). Furthermore, gathered information through engaging in passive strategies may motivate an individual to continue to seek information from various other sources (Berger & Gudykunst, 1991). Uncertainty management suggests that by acquiring information successfully results in the ability to better predict the context of uncertainty (Bradac, 2001) and their environment (Brashers, 2007). Specifically, the theory of motivated information management proposes (a) information seeking, (b) information avoidance, and (c) cognitive reappraisals, as information management strategies. As argued by the theory of motivated information management, outcome expectancies and efficacy assessments impact the decision of which information management strategy to use in order to manage the uncertainty that is present (Afifi & Weiner, 2004). In other words, through cognitive reappraisals and efficacy assessments, individuals will be able to successfully seek and manage information through effective and quality communication (Afifi, 2010).

When an individual assesses their outcome expectancies and each of the efficacies as being elevated and positive, expectations are to use information seeking as an information management strategy. In situations where individuals anticipate positive outcomes and have a strong efficacy to obtain information (Afifi et al., 2004a), they are more likely to find information through different channels. For many adopted individuals, the intent to gather family health information is perceived as crucial as they move forward with building their own families, even if it is through genetic testing (Strong et al., 2017). For the sake of their family and potential children, adult adopted individuals
are more willing to incorporate strategies to understand their medical backgrounds. Individuals may also reach out to specialists about genetic testing or seek out their adoption agency to find information about the birth family. In line with this reasoning, I propose the following hypothesis:

**H5a**: Adopted individuals’ negative outcome expectancies are negatively associated with information seeking.

**H6a**: Adopted individuals’ (a) communication efficacy, (b) coping efficacy, and (c) target efficacy are positively associated with information seeking.

Broadly speaking, avoidance is the act of choosing to withhold information about certain topics (e.g., Afifi et al., 2007). The act of avoidance helps individuals to avoid unwanted communication which can lead to distress (Brashers et al., 2000). In situations that involve taboo or complex topics, avoidance allows for saving face, reduced conflict, and to protect the relationship from distress (e.g., Caughlin & Golish, 2002). Avoidance may also be advantageous in response to stress within certain circumstances where an attempt to shield involved parties may exist (e.g., Goldsmith & Domann-Scholz, 2013). Research has also pointed to negative consequences of engaging in avoidant communication. Avoiding certain topics can make them appear as more taboo than they truly are (Vangelisti, 1994) but may also increase the likelihood of demand/withdraw communication patterns (Caughlin & Scott, 2010; Afifi & Schrodt, 2003). Specifically, in health-related communication, individuals have carried out information avoidant conversations with partners about their cancer prognosis and conditions (e.g., Jeong et al., 2016; Zhang et al., 2012) or about their HIV diagnosis (e.g., Brashers et al., 2000; Brashers et al., 2004). *Information avoidance* is considered effective when an individual
is comfortable with their level of uncertainty and the presence of uncertainty does not provoke stress (Brashers, 2007). For those who have positive outcome expectancies, and positive efficacies, it is less likely for individuals to engage in information avoidance. When individuals believe seeking information is too risky, as a result of evaluations of outcome assessments and efficacy beliefs, the probability of avoiding information is more likely (Afifi & Weiner, 2004). In the case of adopted individuals, although direct access to their hereditary health background is not readily available, with the willingness to understand the risks they may have, including cancers, if they have developed high levels of efficaciousness, information avoidance will not be the information management strategy that is employed. In order to gain more genetic health information so that they are more aware when pursuing their own family and children (e.g., Strong et al., 2017), their levels of efficacy may be deemed high and feel the need to gain family health history information. In lieu of this reasoning, I propose the following hypothesis:

**H5b**: Adopted individuals’ negative outcome expectancies are positively associated with information avoidance.

**H6b**: Adopted individuals’ (a) communication efficacy, (b) coping efficacy, and (c) target efficacy are negatively associated with information avoidance.

The theory of motivated information management also posits that in circumstances that do not allow for information seeking or information avoidance, individuals may engage in cognitive reappraisals about the uncertainty itself and their desired level of uncertainty (Afifi & Weiner, 2004). The theory places cognitive reappraisals within the decision phase, where individuals decide strategically what information management strategies should be used (Afifi, 2009; Afifi & Weiner, 2004).
Acceptance can be described as a goal within cognitive reappraisal (McRae et al., 2012) and both acceptance and cognitive reappraisal have been shown to reduce distress and behavioral avoidance (Wolgast et al., 2011). Acceptance has been described as an emotion regulation strategy (Szasz et al., 2011), where an individual has a willingness to take in an event or situation as it is (Hayes et al., 1999). More specifically, although acceptance is not a strategy used to alter emotions, it helps individuals cope with emotions that are being experienced (Kohl et al., 2012). The strategy of acceptance has helped cancer patients in coping with their uncertainty about their prognosis (e.g., Politi et al., 2007), coping with chronic pain (Veehof et al., 2011), and also in treatment of obsessive-compulsive disorders (e.g., Twohig et al., 2006).

Much of the literature utilizing the theory of motivated information management has overlooked cognitive reappraisal as part of information management strategy decisions. Instead, empirical research extending the theory of motivated information management focused specifically on information seeking and information avoidance as management strategies (e.g., Fowler & Afifi, 2011; Lancaster et al., 2016). Despite the lack of support for cognitive reappraisals in the application of the theory of motivated information management, cognitive reappraisals, mainly the use of acceptance, can function as a strategy for when circumstances do not allow for individuals to utilize information seeking or avoidance. As individuals grow older, they may discover specific health related information as a result of health diagnoses or regular doctor visits. For adopted individuals, actively seeking information through genetic testing benefits them to identify and fill any gaps in their GFHH (e.g., May, 2019). On the other hand, the lack of information and avoiding gaining this information may keep individuals from setting life
goals (e.g., May & Grotevant, 2018). Specific to these individuals, appraisals of communication efficacy (they feel they have the ability and skillset to communicatively access pertinent information), coping efficacy (can manage the information they gather), and target efficacy (have a trustable source that can provide true information; e.g., genome testing) increase the likelihood individuals are more willing to seek out genetically related health information. Therefore, with positive outcome expectancies, and high levels of efficacy assessments, individuals have the ability to gain GFHH, whether it is available through genetic testing, will reduce the likelihood for adopted individuals to simply accept their current circumstances. According to this logic, I propose the following hypothesis:

**H5c**: Adopted individuals’ negative outcome expectancies are postively associated with acceptance.

**H6c**: Adopted individuals’ (a) communication efficacy, (b) coping efficacy, and (c) target efficacy are negatively associated with information acceptance.

A final possible strategy for coping with uncertainty discrepancy is seeking social support, though it has not been investigated in the context of the theory of motivated information management in the past. *Social support seeking* is defined as communication between a receiver and provider in an effort to reduce anxiety and stress about a particular situation (Albrecht & Adelman, 1987; Cutrona & Russell, 1990). More significantly, five primary types of social support have been identified – (a) informational support, (b) emotional support, (c) network support, (d) tangible support, and (e) esteem support (Cutrona & Russell, 1990). *Informational support* is defined as communication that provides information to help a person cope. *Emotional support* is communication
that focuses on someone’s emotions and on providing help to make a person feel much better. *Network support* is defined as an individual supplying information about someone within their network to help with someone cope with their situation (i.e., introducing a friend to the specialist you have seen in the past). *Tangible support* is an action that provides help through practical aid (i.e., picking up groceries for a friend who broke a leg and cannot currently drive). Finally, *esteem support* boosts an individual’s self-concept by pointing out positive qualities (i.e., telling a friend that since he/she is a good student, one bad grade will not hurt them).

Research on support shows it is used more as a means of coping with situations that are anxiety provoking and stressful (e.g., Cutrona & Russell, 1990; Jones & Wirtz, 2006). More specifically, studies show that individuals are able to buffer their stress through received support (e.g., Auerbach et al., 2011; DeGarmo et al., 2008; Raffaeli et al., 2013). Social support has also been associated with increased family well-being (Armstrong et al., 2005), has been characterized as a source of kinkeeping in families growing apart because of different circumstances (Leach & Braithwaite, 1996), and acts as a means of motivation to enhance health-related behaviors (Lewis et al., 2006). Therefore, by seeking support, adopted individuals may not need to strategically reduce the uncertainty they have about their GFHH. In situations of GFHH, adopted individuals may seek support through support groups of other adopted individuals who have experienced similar situations or from their adoptive family. The adoptive family has the ability to support the adopted individual whether or not they know their genetically related health history or not. When adoptees have positive outcome expectancies and high efficacies, they are more likely to seek support in different forms to help reduce
uncertainty about their hereditary health information. Following this logic, I propose the following hypothesis:

**H5d**: Adopted individuals’ negative outcome expectancies are negatively associated with support seeking.

**H6d**: Adopted individuals’ (a) communication efficacy, (b) coping efficacy, and (c) target efficacy are positively associated with seeking support.

The proposed hypotheses are summarized in Figure 1. As a starting point, I expect that for adopted individuals, the level of uncertainty discrepancy about GFHH is positively associated with anxiety, sadness, anger, and guilt (*H1a*) but negatively associated with interest and hope (*H1b*). In turn, the presence of perceived anxiety, sadness, anger, and guilt about the adopted individuals’ uncertainty discrepancy is expected to be positively associated with negative outcome expectancies (*H2a*). In contrast, the presence of interest and hope about the adopted individuals’ uncertainty discrepancy is expected to be negatively associated with negative outcome expectancies (*H2b*). Consistent with the logic of the theory of motivated information management, I anticipate that perceived anxiety, sadness, anger, and guilt about the uncertainty discrepancy is expected to be negatively associated with assessments of (a) communication efficacy, (b) coping efficacy, and (c) target efficacy (*H3a*). On the other hand, perceived interest and hope is expected to be positively associated with assessments of (a) communication efficacy, (b) coping efficacy, and (c) target efficacy (*H3b*). I then propose that negative outcome expectancies will be negatively associated with assessments of (a) communication efficacy, (b) coping efficacy, and (c) target efficacy (*H4*). Next, I expect that negative outcome expectancies would be negatively
associated with (a) information seeking (H5a) and (b) support seeking (H5d), but positively associated with (c) information avoidance (H5b) and (d) acceptance (H5c).

Finally, I propose that assessments of (a) communication efficacy, (b) coping efficacy, and (c) target efficacy will be positively associated with information seeking (H6a) and seeking support (H6d), but negatively associated with information avoidance (H6b) and acceptance (H6c).
CHAPTER FOUR

This chapter describes the methods and results for the semi-structured interview study completed to address the research questions regarding the formation of identity and the potential for identity uncertainty in adult adopted individuals. The first study in this dissertation used semi-structured, guided interviews of adult adopted individuals to better understand their construction of identity, role of the family in constructing identity, and potential for identity uncertainty. Participants were recruited using a snowball sampling method. Requests for participants were posted through announcements on social media platforms, to social media groups dedicated to adoptees, and to listservs for professional academic associations. Individuals who participated in the study were also asked to refer other adopted individuals who may be interested in being interviewed.

Eligibility to participate in the study required that individuals meet the following eligibility criteria: (a) between the ages of 18 and 35, (b) be legally adopted as a minor through domestic or international adoption, (c) have access to an Internet connected device, and (d) be able to speak and understand English. Legally adopted individuals do not include those in foster care (including those still living in foster care or “fost-adopted”), or those adopted by a stepparent, by a grandparent, or any other relative. Any legally adopted individuals were able to participate if their adoptive parents were single, married same-sex, married opposite-sex, or partnered. To assess the research question, purposive (Merriam, 2014) and snowball sampling (Creswell, 2007) was utilized to recruit participants until interview data reached saturation (Bowen, 2008). Age criteria focused on adopted individuals who are within emerging adulthood, which is considered the peak time period for individuals’ identity development and management, as well as
the period when consideration of building their own families occurs. Purposive sampling was a suitable approach as I needed to reach a specific population or identify a distinctive experience to ensure data was rich with pertinent information (Devers & Frankel, 2000). Snowball sampling was appropriate in situations where participants were willing to share information for this interview study with others in their social network who also met the eligibility criteria.

Participants

Twenty-two participants were interviewed for this study. The sample consisted of 2 males, 19 females, and 1 who identified as gender fluid; the age of the participants ranged from 22 to 34 years (\( M = 29.0 \) years, \( SD = 3.70 \) years). The participants predominantly identified as Asian (45.5%) and Caucasian/White (36.4%). The remaining four participants identified as Hispanic or Latino (4.5%), African American (4.5%), and Other (9.1%). The two participants who identified as other specifically wanted to identify as “Greek” and “American” rather than categorize themselves into a commonly general category. All participants were given pseudonyms to use for reference purposes. See Table 1 for interview participants’ demographic information.

Procedures

The recruitment announcement instructed individuals who were interested in being interviewed to contact me through email to determine a suitable time for an interview lasting between 60-90 minutes. I conducted interviews on Zoom so that the participant and interviewer could see each other during the conversation, but only the audio was recorded from the call and used for analysis. Before the start of the interview, informed consent process was conducted for participation and audio recording.
Participants received a $30 Amazon gift card as compensation for participation in the interviews.

Interviews were guided by specific, predetermined questions with deviation only when asking participants for clarification, additional information, or as a follow-up inspired by interview responses (Kyale & Brinkman, 2008). The interview included general questions about demographic information (e.g., age, family status), including questions about their adoption. Following this, participants were asked questions about their experience with their adoptive family, such as the structure of the family as well as qualities of the relationships in the family with regard to openness, closeness, satisfaction, etc. Next, participants were asked about how their experience being adopted has shaped their identity and sense of self, as well as any uncertainty they have about their identity as a result of being adopted. Then, participants were asked about their views about their uncertainty about their GFHH and personal health as a result of being adopted. Finally, questions asked how the presence of uncertainty has implications for their view of self and how they enact their identity. When necessary, follow-up questions were asked throughout the interviews to gather more information from interviewees. Interviews ranged from 32.57 to 88.00 minutes ($M = 63.78$ minutes, $SD = 16.08$ minutes). See Appendix D for the structured interview protocol.

Positionality Statement

As an Asian, female scholar, who strives to provide a visual representation of diverse backgrounds and cultural experiences of participants. I work to embrace and amplify diverse perspectives. Although not an adopted individual myself, I commit to recognize all narratives and experiences as being important and significant in
understanding how adoption unfolds within each individuals’ lives. I am grateful for adopted individuals instilling trust within me as a researcher and being willing to share their most personal experiences.

**Data Analysis**

Once all interviews were completed, each interview was transcribed verbatim. The initial transcriptions were completed using Otter.ai, an artificial intelligence transcription service. Once initial transcripts were completed, I reviewed transcriptions by comparing them to the audio recordings of the interviews to make revisions so that transcriptions reflected recordings verbatim. The transcriptions ranged from 13 to 25 pages in length ($M = 18.95$ pages, $SD = 3.42$ pages). The data were analyzed using a thematic analysis approach (Braun & Clark, 2006), followed by open and axial coding (Strauss & Corbin, 1990). First level of coding involved initial readings of transcriptions focusing on categorizing and summarizing information for each research question (Saldana, 2013). Following the first level coding of transcripts, I assessed overlap and broader connections between initial categories utilizing open and axial coding to determine broader themes. The broader themes were categorized further to reflect which themes answer each research question.

**Interview Results**

Three research questions framed the interview study. The first research question asked how family norms and practices shape personal identity for adopted individuals. Results indicated themes that largely reflected three competing forces on identity for adopted individuals: (1) openness vs. closedness of family communication about adoption, (2) integration vs. separation of birth and adoptive identities, and (3)
embodiment vs. disconnect with regard to the adoptive identity as part of the self. The second research question asked how adopted individuals experience identity uncertainty. Results indicated themes that reflect the presence of uncertainty for adopted individuals due to: (1) unknown birth family information and birth family ambiguity, (2) inconsistency with adoptive family, and (3) the expected self vs. true self. The final research question asked how the presence of identity uncertainty has shaped individual and familial outcomes. Results indicated themes that reflect the way adopted individuals’ identity uncertainty shapes individual and family outcomes in the following ways: (1) implications of reunion and its effect on the adoptive family and adopted individuals, and (2) implications of strong adoptive family relationships despite curiosity about birth family. In a post hoc exploration of interview data, I also examined responses for evidence of adopted individuals’ struggles with gaps in their identity. Specifically, identity gaps reflected inconsistencies or discrepancies in the ways that adopted individuals attempt to balance competing aspects of their identity.

Opposing Forces on Identity Formation in Adopted Individuals

The first research question asked how family norms and practices shape personal identity for adopted individuals. Themes largely reflected three opposing dimensions on identity for adopted individuals: (1) openness vs. closedness of family communication about adoption, (2) integration vs. separation of birth and adoptive identities, and (3) embodiment vs. disconnect with regard to elements of the birth or adoptive identity.

Openness vs. Closedness

The first dimension, openness vs. closedness, refers to the extent to which adoptive parents and family share information about the adoption with their child. More
specifically, this perspective focuses on the adopted individuals’ view on whether their adoptive parents and family have done a sufficient job in providing pertinent information about their adoption and the role of familial communication in identity management and negotiation for adopted individuals. Openness reflects a tendency for the family to freely share details and openly discuss any information that was available about the adoption. In some of these instances, participants described how their adoptive parents made sure to have continuous conversations for as long as the participants could remember – their adoption was never taboo and the adoptive parents shared stories of how the adoptive family came to be from the moment communication was possible. For these participants, the ability to partake in conversations at any given time allowed them to explore any potential questions they might have regarding who they are as an individual and/or the situational circumstances surrounding their adoption. Closedness reflects the different ways in which adopted individuals were unable to have conversations with their adoptive parents or adoptive family regarding any aspect of their adoption. Specifically, these participants described that they didn’t have the ability to gather any information related to their birth family or circumstances surrounding their adoption from their adoptive parents or adoptive family in any shape or form, which contributed to increased uncertainty about their identity. See Table 2 for additional quotes reflecting openness and closedness.

Sharing information with adopted children about the nature of how they became part of the family has consistently been foundational to their growth and development (e.g., Grotevant, 1997). Consistent with this logic, many participants expressed the importance of having conversations with their adoptive family about the process of their
adoption and the ways those conversations shaped their identity. One participant described the relationship and conversations with her adoptive parents by saying:

But I'm definitely close with them. And that I don't remember them telling me. So they must have started those conversations with me really young, which, of course, is what the literature and the research pretty much supports is starting those conversations as young as you can, and as openly as you can. So I mean, I don't really remember ever not knowing that I was adopted, which is, which is cool. And, you know, the more that they shared with me, the older that I got, it made me feel closer to them, I guess (Sarah).

Sarah explains that the conversations she remembers were initiated at a young age where she doesn’t completely remember when they started. As a result, she felt that she was able to grow closer to her adoptive family through continuous conversations and the ability to ask questions about different aspects and in turn strengthening her own personal identity narrative.

Another participant described how conversations have always been open by stating:

Well, my family's very healthy and always talked about adoption very openly, and realistically. And that's why I'm so passionate about adoption… And my sister and I didn't always get along growing up. But now we're best friends, we're just siblings. And my parents were just, I mean, they're awesome. And we talk all the time, I call my mom at least once a week… And I think it's really cool that we're [my sister and I are] also both so open about adoption, because I was thinking
about this, like, in the thousand different ways my life could have gone… my parents were always talking about adoption (Madison).

Similar to the participant above, Madison speaks to the importance of early onset and continuous communication regarding adoption. Being from a multi-adoption family, she discusses how the communication set in place by the adoptive parent early in life allowed for her to have these conversations with her sister, who is also adopted. As a result, she described how she still speaks to her adoptive parents at least once a day. Both of these participants expressed that they consider the continued conversations as an important part of their healthy relationships with their adoptive families. They focused on the crucial necessity of consistent communication between the adoptive family and the adopted individual for developing relational closeness and making the adoption a less taboo or stigmatized aspect of their personal identity and experience.

In addition, participants highlighted how adoption conversations were not only initiated by the adopted individuals themselves but by the adoptive parents. Specifically, adoptive parent-initiated communication opened up an atmosphere for questions and further clarification of information about their adoption to the best of the parents’ abilities. A specific example is when a participant stated, “But growing up, I think it was always our parents who initiated it to be like, here's what we have, here's who you are, here's where you're from. These are things we've gotten back from brought back from the country. And they kind of just talked to us about it that way. And they initiated it and allowed us to ask from that” (Lisa). For this participant, the focal point of having the parents initiate communication with the adopted individual was essential for continued open conversations surrounding any part related to the adoption. As a result, she felt that
she was able to go to her adoptive parents and initiate conversations if she felt that there was anything she was curious about.

Similarly, instances in which adopted individuals requested to view their adoption paperwork were among specific examples where adoptive parents continued conversations and did not hide anything specific regarding the adoption. One participant speaks to how “my parents and I have looked at my file, I took my file, or I took Russian in college to read more of my file” (Madison) in order to discover information about the birth family and their cultural background. In these instances, the adoptive parents wanted to be open and honest about the information contained in the paperwork they had from the adoption process, so that the information they knew and had would be the same information the adopted individual had as well. By sharing the paperwork, the adopted individual would be able to co-own adoption information and make her own decisions about whether to seek more information or be content with the details that were available. Thus, these examples show that the experiences of adopted individuals who engage in open conversations were able to communicate about a large breadth of topics but also in depth whenever and however possible.

On the other hand, several participants also discussed being a part of an adoptive family climate where conversations regarding their adoption were considered taboo. Specifically, closedness reflects ways in which adopted individuals felt they were unable to approach the adoptive parents and adoptive family to have any conversations surrounding any aspect of their adoption. Particularly, one participant discussed the ways in which conversations surrounding her adoption occurred by saying:
they never really talked about it. I think. Looking back at I think my parents just wanted us to feel normal. Now thinking about it. Now. I don't know if not talking about it, what made it normal. But I think my parents kind of just it is what it is, and they will not talk much about that. I don't think that they wanted to talk about it, I'm guessing and even when I asked them about it, when I told them I reached out to the agency. My mom said, Well, why did you need to do that? And I told her, I was just curious and wanted to know, my dad said, Oh, that's great. And that was that (Donna).

For this participant, there was not an open outlet to ask questions and receive information about the adoption, so she felt brushed off and that her adoptive parents were disinterested in helping her learn more about herself and her background. Although Donna understands now that the lack of these conversations may have been to help her adjust to the adoptive family sooner and feel as though nothing was different, the inability to ask the adoptive parents about the adoption caused her to seek information from the adoption agency. The lack of communication about the adoption prevented her from adjusting quickly at a young age and led to the lack of adoption related communication as she got older, even though she felt she was ready to hear it. Therefore, the only solution to finding information about the biological family they longed for was to seek out another approach.

Another important aspect of closedness that participants reflected on involved the inability to ask any questions about their adoption or birth family. Participants specifically discussed that they were not able to search for any information and when they were able to ask any questions, they were faced with repercussions and emotional
stress. One specific instance where a participant was suppressed by adoptive parents from gathering adoption information explained, “I always wanted to like find them much sooner. But again, whenever I asked questions, you know, it was how dare I hurt my mom like that? I always felt like my feelings were put on the backburner” (Amy). This participant was not allowed to ask questions because the adoptive parents created a narrative that such inquiries caused emotional stress for the adoptive mother with disregard to the emotions of the adopted individual herself. As a result, the focus and concern was not centered on the adopted individual’s needs but on those of the adoptive parents, which created expectations for the adoptee to forego learning more about her biological roots in the interest of protecting the feelings of her adoptive parents.

Particular to these cases, participants discussed that they no longer felt it was possible to continue discussions about their adoption and/or birth family, which stifled their communication with their adoptive parents as a whole. They found conversations, as time went on, were limited to general greetings and check-ins without breadth or depth of any topics that could illuminate the adoptee’s background and inform their understanding of the self. When a participant was asked how often he spoke with his adoptive family, he replied simply saying “holiday and family gatherings” (Chase). The participant explained there was no consistent contact unless it was vital. This lack of open and continuous conversations altered the relationships with the adoptive family, causing a natural drift apart, which has implications for the relational roles the adoptee was comfortable performing.

For adopted individuals, the presence of an open conversation nature is particularly influential in identity formation and management. Prior research on adoption
highlights the importance of open and honest conversation (e.g., Brodzinsky, 2006) since individuals take on identities as a result of social groups and interactions (e.g., Hecht & Faulkner, 2000), particularly where the adoptive parents play a prominent role in constructing and maintaining the relational and familial bonds (Grotevant et al., 1999). Rooted in these relational and familial bonds with family members is an individual’s sense of self-worth and self-esteem (Crocker et al., 2003). Knowing that the identity development is confusing for adopted individuals since important biological information is missing (Grotevant & Von Korff, 2011), the conversational atmosphere set by the adoptive parents can become foundational for adopted individuals’ identity negotiations.

**Integration vs. Separation**

The second dimension, integration vs. separation, focuses on the importance and availability of the birth culture for the formation of adopted individuals’ identity. More specifically, this perspective focuses on the adopted individuals’ reflections on the availability of information about their birth culture and the extent to which they were encouraged to embrace their birth culture as part of their identity. This theme is specifically relevant to those adult adopted individuals who had a different birth culture that that of their adoptive family. Integration reflects the efforts put forth by the adoptive parents and the adoptive family to integrate birth culture into the lives of the adopted individuals. Largely, ‘birth culture’ encompasses language, traditions, holidays, or information about the birth country through possible outlets such as culture camps or language schools. Participants explained that although it might be limited, having any type of opportunity allowed them to explore different aspects of a culture they might not otherwise know, and in this process, they could address any questions about who they are
as part of that ethnic culture. Conversely, *separation* reflects a lack of resources or effort put forward by the adoptive parents or adoptive family in regard to the inclusivity of birth culture throughout their lives, or an outright effort to prevent exploration of the adopted child’s birth culture. For these participants, they expressed levels of uncertainty about their biological roots making it difficult for them to fully reflect on who they are as an individual. As a result, the adopted individuals felt that they needed to be shown more about their birth culture to embrace their identity in full, even if the availability was limited. See Table 3 for additional quotes reflecting integration and separation.

With regard to the theme of *integration*, some individuals described significant efforts by their adoptive family to familiarize themselves and the adopted child with elements of the birth culture and embrace it as an important part of the adopted child’s identity. One specific example was how the adoptive family sent the participant to several culturally related camps and activities throughout their entire childhood.

But growing up, I think it was always our parents who initiated it to be like, here's what we have, here's who you are, here's where you're from. These are things we've gotten back from brought back from the country. And they kind of just talked to us about it that way. And they initiated it and allowed us to ask from that (Kimberly).

For this participant, the adoptive parents initiated the growth of a birth culture knowledge base and were active in providing different information and items from the adopted individuals’ birth culture. In doing so, the adoptive parents encouraged curiosity and interest in the birth culture and displayed a willingness to engage their adopted child in discussions about their background. Another participant described how their adoptive
parents made a small effort to maintain some ties to their birth culture, but that efforts at full integration of the culture into her identity were lacking. The participant stated:

for example, when I was a kid, my adoptive mother always like, she, it's not that she made no effort to keep me connected to my culture. But it definitely wasn't. It wasn't prominent, it wasn't there was no like conversation about like, how I come from a different culture and background and all those things, right. So we would go to like Greek festivals, like once a year. And that was kind of like her way of trying to keep me in the Greek community by like, Oh, we go to these Greek festivals (Michelle).

This participant found more significant cultural integration through a friend’s family who shared the same culture as her birth family, but her experiences did not go beyond integrating the general outline of a birth culture. Although the adoptive parents were not extremely knowledgeable about Michelle’s birth culture, her mother worked to get her involved in whatever Greek cultural events were happening in the community and to show her that the community was present locally to the best of her ability.

Conversely, separation reflects lack of effort or resources put forward by the adoptive parents and adoptive family to introduce the birth culture to the adopted individual. In these cases, individuals felt a greater need to know and understand their birth culture, as the lack of information shared or given to them resulted in doubts or questions about who they are as an individual or where they come from. In particular, one individual discussed the lack of resources that her adoptive parents had, which forced the separation of their birth and adoptive family cultures.
So the elements of cultural education, race education, identity education, all of those things were really missing. But not because they didn't love me, but because they didn't have the resources or the education themselves, in terms of they weren't aware, like the adoption agencies and make them aware of any of those things, that those things would be important or impactful (Samantha).

In Samantha’s case, the lack of information shared with her about her birth culture was not reflective of a lack of love on the part of the adoptive parents, nor were they intentionally withholding information. In this instance, even if the adoptive parents wanted to provide more education about the birth family culture of their adoptive daughter, they were not able to. Samantha stated that in the adoption process, the adoption agency did not provide sufficient information or education about the importance of sharing birth culture information in helping shape the adoption narrative of the child. Lacking information about the birth culture, although not an intentional omission, still stirred questions for her about her background and how to incorporate the birth culture into her identity.

In another example, a participant describes how being adopted by white parents did not allow for the development of the Hispanic culture of her birth parents. For one, the main hindrance was the location in which the adoptive family lived – the predominant white culture did not provide too many opportunities to learn about their Hispanic, let alone any other culture. The participant explains,

But I grew up in a pretty, like predominantly white community. So, there weren't a ton of like, of those opportunities close by or at home or a lot of racial mirrors…white parents can’t teach me about Hispanic culture. White parents
can’t teach me Spanish, or at least mine can’t. You know, so there’s a lot I think. I think values wise, I’m definitely like, aligned with my Hispanic peers. I think. I don’t speak Spanish (Helen).

For Helen, not only did the location where she lived affect the lack of Hispanic culture development, but the adoptive parents did not think it was necessary to instill biological culture into Helen. Therefore, there was no search by the adoptive parents to provide an ethnical or language education.

**Embodiment vs. Disconnect**

Finally, the last dimension that emerged revealed individuals’ perceptions that adoption is a significant part of how they understand and express their identity to the world, versus forming an identity that is independent of their adoption and family circumstances. *Embodiment* suggests that adopted individuals are provided with opportunities to integrate their adoption narrative and the adoptive family identity into their own. For these individuals, the adoptive family played a significant role in defining the adoptee’s identity, encouraging them to feel fully integrated in the family and identifying with family norms and interpersonal roles. In particular, participants who were able to embody the characteristics of their adoptive family expressed more happiness with regard to their identity and more satisfaction with the adoption itself. On the other hand, the feeling of *disconnect* reflects adopted individuals’ sense that they are distinct and dissimilar from the adoptive family. Another aspect where participants discussed feeling a disconnect is when they felt there was emotional drift from the adoptive family, sometimes as a result of a toxic adoption experience. Specifically for these individuals, the feeling of disconnect comes from the lack of emotional and mental
connections with the adoptive parents and/or family. These participants described lack of connection with the adoptive family stemming from the adoption narrative the parents set forth about the adopted individual and the adoption process in “becoming a family.” See Table 4 for additional examples of the embodiment vs. disconnect theme.

As previously noted, *embodiment* occurs when adopted individuals are given opportunities to integrate adoptive family identity and adoption narrative into their own sense of self. For these individuals, being able to embrace adoptive family identity increased feelings of happiness. In particular, one participant described her experiences of adoption by saying:

Yeah, I mostly am [satisfied without birth family contact and being adopted]. I feel like I have this conversation with a lot of people, because they're always really intrigued. That's pretty much everyone's first question when you tell them that you're adopted. But I'm, like, really close with my family. And I have a really large extended family as well, and like tons of aunts, and uncles, and cousins and all that stuff. So I never really felt like I was missing out on anything in that sense...Like I don't really have a lot of like negative feelings or like, feelings of confusion or identity tied to it...so like, I don't have any disconnect there. And I'm also white and my adoptive parents are white. And like... there was never any question of like, am I related to them (Karen).

Karen was able to embrace her adoptive family identity due to perceived similarities between herself and the family, feeling as though she belonged with them, never feeling as though she was missing out on what could have been if she were not adopted. She also explains that the two most central parts of her identity that have been instilled in her is
that she is “a daughter and sister” (Karen), which highlight the prominence of the relational roles she performs within her adoptive family as a core aspect of her personal identity.

Another participant acknowledged the importance of embracing the adoptive family identity and focusing on the feeling of belonging to the family by talking about the positive relationship she has with her adoptive family.

yeah, my, my mom and dad, I'm actually really close to. Yeah, we have a really good relationship. So it's not any different than any of those other kids. Um, that's really all I know, is that they, they're my family. You know, it's like, it's a different feeling that what other people have, but it really doesn't matter to me, you know, because that they're all I know (Emily).

For this participant, since the adoptive family is the only family she knows, she chooses not to focus on what she does not know. For her, being adopted did not matter because she has embraced the adoptive family without a doubt or question. Her embracing the adoptive family as her own and as the central part of her family identity allows her to focus on what she knows and has in life allowing her to build and strengthen the relationships rather than move away from them.

In contrast, several other participants expressed a *disconnect* with their adoptive family, usually as a result of what they perceived to be a toxic adoptive experience. In these cases, participants revealed the nature of being forced to feel “grateful” and including this as an important narrative to explain their adoption story. One participant explained how even though there were general conversations about her adoption, she was met with a resistant narrative.
But like back then, like, it's not like my adoption wasn't talked about, like, yes, it was a very open, like, I don't look like them, like, yes, I'm adopted. But any more than that I was met with the dominant narrative of like, ‘You should be grateful. We're in America…’ but I know that sometimes she would say things like, almost like, I should be grateful for her for adopting me (Michelle).

This participant was confronted with her adoptive parent’s expectation that she needed to be thankful that she has the life she was given. More importantly, she was forced to understand that what was decided for her was the best choice and that any conversation beyond that unwelcome. These circumstances created further disconnect making it difficult for the participant to embrace the adoptive family identity into her own.

The theme of disconnect was also manifest in participants accounts that they generally did not fit in or identify with their adoptive family. In these cases, the adoption and their experiences in the adoptive family created a sense of being “othered” because they did not share similar characteristics or common traits with their family. Consequently, feelings of difference and delineation from the family was a prominent feature of their individual identity as an adoptee. One participant stated:

I've always been comfortable about talking about my adoption. Um, just because I've always identified as being othered. I was, I never felt a part of my family. I never felt that I fit. I knew I was loved, like so. So I think that's a huge and a very important delineation, you can know that you're loved and have love for the people around you while simultaneously feeling unable to fit and not readily identify with those people. And, you know, a lot of a lot of transracial adoptees would identify as the same, but even just in a more apparent way, because at least
I'm passing, um, I look a little bit of like, each one of my parents that people will be like, okay, that's a good 50/50 shot there (Alexa).

This participant acknowledges that there is a distinction between emotional attachment to the adoptive family and identification with the adoptive family. Although they felt affection for their adoptive family members, they didn’t really feel like they belonged.

A second participant shared a similar story of disconnect, indicating little support from the adopted family and little desire to incorporate them in his life.

I say they just like it's distant in general, like, they're not really involved in the day to day they're not very connected with, with my life overall…they're not people that I rely on for, like advice or support, or, like, they're there, they just don't hold that positionality for me…the level of engagement has failed to really meet the threshold of like, for me, at least in terms of feeling like connected or close with them (Peter).

Specifically, this participant alludes to the important nature of complete disconnection from their adoptive family. The adopted individual explains that mutually, both the adoptive family as well as the adopted individual do not engage deeper than any acquaintance would causing a separation between them. The information that is shared is sparse and limited and the development of the relationship is no longer important.

The results showcase the formative role that adoptive parents play in shaping an adopted individual’s identity. As the dimensions exhibit, there is a clear difference between affirmative and adverse experiences encountered as adopted individuals. As seen in the examples, those who have affirmative experiences reflected on the ways how their identity was developed and maintained through a variety of sources – open
communication within the adoptive family, opportunities to explore their birth family ethnic culture, and yielded freedom to ask questions about their adoption. In contrast, those who have adverse experiences explained that they needed to seek answers about who they are and where their roots from sources outside their adoptive family. A significant denouement from the results of this study is the need to explore the concept of identity uncertainty. If an individual is presented with information about their self (e.g., they are a blended family, adoption, foster care) that disrupts their desired identities, the upheaval to their sense of self and confusion about their identity could be detrimental to psychological well-being (e.g., Peterson, et al., 2003). Aforementioned research shows that a multitude of complex factors influence individuals’ identity development and self-concept. Adoptees face differences in comparison to their adoptive family including, but not limited to, their ethnicity and cultural affiliations, appearances, and personalities (Dunbar & Grotevant, 2004). In addition, results point to the notion that influence of their biological heritage and their adoptive families are key in the identity development process (e.g., Grotevant et al., 2000; Grotevant & Von Korff, 2011). With missing or unclear information about their genealogical roots, adopted persons are at risk for confusion about their identity (Dunbar & Grotevant, 2004). Therefore, the questions or doubts adopted individuals may experience is an area that must be continued to be examined.

**Adult Adopted Individuals’ Uncertainty Concerns**

The second research question asked how adopted individuals experience identity uncertainty. Results indicated themes that reflect the presence of uncertainty for adopted individuals as a result of (1) unknown birth family information and birth family
ambiguity, (2) inconsistency with adoptive family, and (3) the expected self vs. true self. As a result of experiencing confusion about their sense of self when met with information that disrupts the desired identity (Peterson et al., 2003), adopted individuals may encounter identity gaps and upheaval to their sense of self. In turn, these inconsistencies may give rise to doubt or uncertainty about who they are as an individual.

The first theme reflects increased uncertainty for adopted individuals as a result of unknown information about their birth family and any ambiguity that exists between the information they were presented with and what was found after being in reunion. For these individuals, the lack of information and clarity about their origin caused confusion and increased the number and type of questions they wanted to ask about their birth family. More importantly, participants also described how obtaining information from the birth family is difficult even when questions are asked. In some instances, it was a result of language barriers, but for others it was a difference in culture. No matter what questions, or how the questions were asked, sometimes participants were met with a lack of understanding of the “why” behind asking such questions.

The second theme reflects on participants’ experiences discovering that they are inconsistent with others in their adoptive family. For some participants, these simple inconsistencies may be a result of physical features, but for others they began to question whether the reason behind the inconsistencies they discovered was a result of the genes they received from their birth parents. The final theme reflects how the participants had to make judgments and question the difference between the expected self, versus their true self, that are important for their identity. Specifically, participants who were from international and/or interracial adoptions, worked through questions regarding how to
encompass their racial and ethnic identities as a part of their whole identity when they are expected to ‘act’ a part of their adoptive family and the identity they hope to embody. See Table 5 for additional quotes for each theme described in this section.

**Identity Uncertainty Stemming from Unknown Birth Family Information**

In the first theme reflecting feelings of uncertainty for adopted individuals, participants described ways in which information about their birth family information was unavailable, ambiguous, or inconsistent with the information they already had. This could be a result of translational issues if international documents were translated from the original language to English, but also as a result of the birth family guarding information from the adopted individual. One participant talked about the translational issues by stating:

> So, my file was pulled. The information was a little bit different than what my parents were given. I don't know if it's a translation issue. Because everything that my parents were given was literally all in Korean. So, they hired somebody to translate the whole thing (Olivia).

For Olivia, she assumed that the individual who was hired to translate the entire document was not able to fully replicate all the details properly. Therefore, even though she has “documentation” that summarizes her origin, she is still uncertain about her biological roots. Similarly, another participant stated:

> As much as I don't know how much I want to learn about my birth family, just knowing like, just wanting to know where I came from - if I have siblings, like if any of my other siblings, if they do exist, were adopted as well. Like, what their story is just kind of wanting to learn more about my own history. Like, it's just
one thing that I'm always like, hmm, it would be interesting to know, but at the same time, I'm like, like where I'm at with my life. Like, I couldn't ask for anything else (Kimberly).

For Kimberly, the lack of information she had about her biological family increased her interest in learning at least the basics. She described how having this basic information would enable her to better understand her own history. As a result, Kimberly has questions and uncertainty about her identity.

Another participant shared a similar circumstance about the lack of information beyond the narrative provided to the court at the time of the adoption from the adoption agency. For this participant, because he is unable to find further information and there is a lack of contact from the birth parents, he speculates what they might be like. He describes the situation by stating:

So, I have my parents’ names and ages. And then I had the narrative that was provided to the court as created by the adoption agency. Everything else would be speculative in terms of, you know, like half siblings, those sorts of things. What I've been told is that there are suspicions that my birth mom has started a new family with someone else. And based on correspondences, where they've sent letters, or they've had phone calls, and other people have answered, or other people have been present for those in the past. But other than that, they would all be pure speculation, nothing, no information, explicit information that I can concretely say at this point (Peter).

Peter’s description sheds light on how circumstances may not allow for access to the information that would help answer the underlying questions that he has. Without these
answers to questions he is curious about, he experiences uncertainty about who he is.

Another participant experienced the opposite of Peter, saying:

And I'm one who is at reunion. And … you may not get that information. And it is really frustrating. And I ask, and I ask, and I ask, and they know, they know that I have health problems… But I don't think they really understand why I need it. And it would be great to know like [if] I have neurological problems, and [if] I have digestive problems and have allergy problems. So those three things would be really, really great to know. But they just go, you're still young, why, why you need to do it. And they just pass it off and do whatever. So that's really frustrating (Sophia).

Sophia explained that although she has contact and is in reunion with her biological family, she still experiences uncertainty about her identity. For Sophia, she was hoping to get answers directly from her biological family, especially about important genetic health information, but her biological family did not understand her need to reduce her uncertainty about potential health risks.

**Identity Uncertainty Stemming from Differences from Adoptive Family**

This next theme describes participants’ perceptions of the ways in which they feel that the traits and characteristics they consider central to their identity tend to differ greatly from those of their adoptive family. Participants described their reflections on the various ways they are different from their adoptive family separate from physical features. One participant described the difference by saying:

So, I'm very emotional, like my EQ is probably significantly higher than theirs. I would almost suggest that like my dad might be on the autism spectrum. And my
mom is not far behind. So like, my need for attention, my need for physical touch, my need for validation and to talk about things in the process things out loud, is so inverse to their need to not do anything which creates a rift… I really want these things, how come no one else wants them? or How come I'm not good enough to have them want them from me? And so, you internalize that. And you wonder is that because I'm adopted and not theirs. And I would also say that they're very reserved, they're very pragmatic, I am more of a risk taker, I'm outgoing, I like being with people. My parents if they could live inside would never leave. You know, like that kind of thing. So like, we're just not the same (Alexa).

The natural instinct Alexa describes for wanting to be validated and shown love through physical touch was not innate or instinctive for the adoptive parents. As a result, Alexa internalized the lack of affection and placed blame onto herself when she was younger. In addition, Alexa described other personality differences between herself and her adoptive parents. Another participant described a similar situation in which she is overall more sensitive than other members of her family. She states:

I think that I tend overall to be much more sensitive than everybody else in my [adoptive] family. I have a real tendency to wonder if things are personal, you know, to take it take criticism very poorly. And to let it really knock me down. I also think that I'm much more of a questioner about things. So just wanting to look at every single possible aspect of it. That's not something that's super predominant in my family. And uh maybe a desire to be a little bit separate… To be pretty self-conscious of that. But I think the things that stick with me the most
is that my extended family has a real tendency to talk about like, hereditary traits, oh, they look like so and so that person acts just like so. And so, you get that, you know, characteristic or whatever, from uncle, whoever. And so that was always something that really highlighted for me kind of being on the outside of that because that obviously didn't apply to me in any in any circumstance (Samantha).

An important thing that Samantha speaks about is that this sensitivity she has may be a result of extended family focusing on traits that others have that are hereditary and common to the adoptive family. Therefore, when aspects of her identity are categorized as “other and different,” she needs to make sure that she does not take it too personally and just let it be. This amplifies the contrast for Samantha and increases uncertainty.

Another participant also indicated that there is always some uncertainty about whether parts of the personality are a result of innate nature or a result of adoption. For Michelle, she identifies that she puts in extra effort to try and be different from her adoptive mother hoping to clarify the parts of her identity that are important. She states:

It's hard because like, my mother is super like, She's like a hypochondriac. And I'm like, the opposite of a hypochondriac. But I don't know if that's because I grew up with her being so paranoid, that then I internalize that as like, well, I'm going to be the opposite, right? … So then part of me is like, is that? Is that because I'm adopted? … Like all the things that I didn't like about my mother when I was a kid, like I try really hard not to be even though there are some things that I can see where like, I get worried about stupid shit sometimes, but like I think I got from my adopted father. Maybe. He's a smartass. I have always been a smartass. But I don't know, I wonder like, I don't know. But is that like normal for
all natural kids like, Oh, these are things like, I don't like about my parents, so I'm going make sure I don't do them when I'm older. I don't know… I just don’t know (Michelle).

Michelle further explains that in the end, being different from the adoptive parents causes confusion about the person she wants to embody and is struggling to find the answers within her circumstances. She also mentions that she feels that she is similar to her adoptive father but even so doubts herself as she describes it.

**Identity Uncertainty Stemming from the Expected vs. True Self**

The final aspect of identity uncertainty that adopted individuals described was related to the difference between their expected self and their true self. Their expected self is the image that others anticipate the adopted individual to carry, while the true self is the image the adopted individual wants to enact as their identity. One participant explained how these two opposing viewpoints exist about his manifestation of cultural aspects in his identity by saying:

I think I do take strong pride in being Korean, especially growing up, especially being in a sports space my whole life, especially like American football, where you hardly see any Asian people in general. So, I like to use that as a special platform to represent my Asian identity. Also, like, it is different when I was in Korea for the first time. First time in my life, I'm surrounded by people I look like. People assume I speak Korean. You know, I open my mouth. And I sound like I'm from Southern, whatever, Ohio, because that's where I was from. So that was definitely an identity shock. So now I'm trying to like rebalance my identity to find like, a good blend, because I'm not trying to like I guess overcompensate
for what I didn't have growing up for my cultural identity versus like, still trying to conserve what I did grew up with, because I still do I take pride in where I came from, where I grew up, and like, Southern culture that I was raised with (Chase).

For this participant, his focus is placed on trying to find a happy medium between embracing his cultural identity that was instilled in him by the adoptive family and the cultural identity that he was not able to keep as a result of the adoption. Chase further explained that he has pride in the Asian identity he was born with, even though he is still acclimating to it, and strives to use his platforms to express that it is an important part of his sense of self.

Similarly, another participant described the accessibility he had in choosing whether or not to attend cultural camps to help instill the biological cultural identity. Unfortunately, when the dates encroached on his ability to take part in sports – a central part of his identity – he made an active decision to choose sports. He described this in saying:

So I guess, so there were…they also have culture schools. And those usually conflict with sports. And so if I had to pick one than I usually picked sports. The culture camps – I try to think back like, I don't think I was ever forced to go. But it was kind of an expectation to go…I'm going to this, you know, culture camp for a few days, I'm like, I'm going to learn Korean and be like, super motivated about it, or, you know, I'm going to learn about the culture and language, or how to cook something. There wasn't this kind of proactive interest in that on my end. And it wasn't something that was continually encouraged, either before or after.
And so, it was kind of a very isolated thing. And seems kind of foreign and disconnected from my normal day to day life. So, I think growing up was kind of hard for me to, like, understand and take in what it was for me and kind of how to integrate that in and incorporate that (Peter).

His proactive decision to focus on sports and move away from the biological cultural identity he was lacking showcases how Peter decided to enact the true self that was represented in his affinity for sports.

**Individual and Familial Outcomes Resulting from Adult Adopted Individuals’ Identity and Identity Uncertainty**

The final research question asked how adopted individuals’ identity and identity uncertainty have shaped individual and familial outcomes. Results indicated that adopted individuals’ identity uncertainty is manifested in individual and familial outcomes in the following ways: (1) implications of reunion and its effect on the adoptive family and adopted individuals, and (2) implications of strong familial relationships despite curiosity. Prior research informs us that adopted individuals are faced with differences in comparison to their adoptive families and with missing or unclear information about their origins, adopted individuals are at risk for confusion about their identity (Dunbar & Grotevant, 2004). As a result, the presence of uncertainty about their sense of self in turn affect the way they relate to the family.

The first theme reflects the different implications of adopted individuals’ being in reunion with their birth parent(s) and/or birth family. Specifically, participants described how being in reunion with their birth parent(s) affected their sense of self and motivated them to reflect on their understanding of their personalities and/or cultural assumptions.
they hope to integrate into their identity. The second theme captures the tendency for adopted individuals to stay grounded in their adoptive family, despite being curious about their biological roots. More importantly, they discuss how strong their relationships with members of the adoptive family were and that although questions exist about their origin, it did not deter them from feeling as part of their adoptive family. See Table 6 for additional quotes reflecting the themes in this section.

**Effect of Biological Family Reunion**

The first theme describes the implications of when adult adopted children are in reunion with birth parents or family members. For some participants, having somewhat of a consistent communication line open with their birth family has led to discovering ways in which they manifest traits in their personality and imagine what would have been different in their lives if they had not been adopted. One participant stated:

And I always wonder if, you know, just because of looking at my adoption background, you know, be I would have been the first born in Korea. And you know, when I visit my family in Korea, I'm the first, I'm the oldest. And it's such a different feeling than here in the US. I'm the youngest. I'm the youngest sibling and the youngest cousin. It's so different … I'm so shy and quiet. And that in Korea, it's pushed in such a different role. They want me to be the leader, they want me to lead everything they want me to. And my family in Korea is very loud, too. They're very loud and outgoing. And I always say, if I hadn't been adopted, if I would have been loud and outgoing and had more confidence, it had that identity of being a big, you know, natural leader. Whereas here, I'm more naturally a follower. And that's just something. I've always followed my brother,
I've always just followed what he's done. You know, he, he wanted to do karate. So I did karate, he wanted to do taekwondo. I did taekwondo, he did basketball, I did basketball. Everything he did, I did. And I just followed him all along. And that was also why I didn't explore my adoption until later on. So I was a follower. And so then, you know, looking at my adoption story and family in Korea, again, I would have been the oldest and just always be pushed in that leader role... I think, what if I had been a leader, what I have been a natural leader, what would I have done in my life? (Sophia).

For Sophia, her reflection is about the underlying nature of her personality. Once in reunion, she discovered that her shyness and quiet nature was a result of her adoptive family environment. As such, she would quietly follow along the path that her brother in her adoptive family took and as a result, she felt more like a follower than a natural born leader.

Similarly, another participant talked about how being in reunion changed their outlook on discovering their biological roots. The participant stated:

My parents, kind of, found out about me through connections. We didn't go through an adoption agency or anything like that … I think for adoptees being adopted is always in the back of your mind in some way, shape, or form. So, like, when I was growing up, I was very scared to be around a lot of Asians. The first time I saw a group of Asians staring at me, I was like, oh, my God, I need to run away right now. Like, you can't do it. Um, and when I went into like, Asian spaces, I was like, this is not feel comfortable, I don't like it, I need to go back to my whitewashed town or whatever. I'm now on the flip side of starting to embrace
it and learn more about it. Since the quarantine started, I've decided to get back into Mandarin. And this is the first time I've actually been passionate about it devoted the time to it … So, this is the first time like, I'm actually learning it, I really like it … [My biological origin] plays also a very big role right now in my life (Linda).

In this example, Linda describes how she had a lack of enthusiasm for learning about her birth culture and language. However, as she started her contact with her birth family and how it has developed over time, she recognized the importance of understanding, listening and speaking her native language. She continues to state that currently, being able to communicate with her biological parents and developing that relationship is the largest part of her identity and life.

The final example is from a participant who has been in reunion with her birth father for a longer period of time. In this example, the birth father believes that he should be treated similarly to her adoptive parents and that the participant should feel obligated to spend time with, and to want to experience life with the birth family. The participant explained:

I've been in reunion for 10 years [with my birth father]. He's like, these people raised you and it was great and whatever. But like, you're my daughter. So, he has a lot of respect for my adopted family, but he still recognizes himself as my father as well. And he's okay with me having two families. And so for him, he took offense to the fact that I didn't want to, like live with them, and like, want to call them all the time and this and that … So, when I graduated from high school, it was right after I'd met them, they like drove a van down and like, a bunch of my
family members came and like, we had a graduation party, and they were there. And it was cool. And it was like worlds colliding. And like, it was really cool. Um, but my mom met, didn't meet my birth mom, then she didn't come then which I was like, I don't actually care. Like, I really didn't care. But then my mom was going to Vermont, and then she ended up driving me up to and was like, I'll just drop you off. And so, then she like, met my birth mother, and whatever (Brittany).

Brittany indicated that the birth father recognizes the important role the adoptive family has played in her life. Nevertheless, the birth father was offended when she did not want to live with them. Currently, many of the birth family members and the adoptive family members have met each other and have begun to build a larger family unit.

**Strength in Adoptive Family Relationships**

The second theme reflects experiences of adopted individuals who, despite wanting to discover more information about who they are and their biological origins beyond the information they already had, their relationships with their adoptive family did not falter. In fact, adoptees indicated that nothing really changed for them because they had the strong foundational family in the adoptive family they were a part of. One participant described:

I did have like some slight information just from this like summary document that was like given to us by the adoption agency. So, I sort of like had enough background to know like, my heritage is, you know, like Slovenian, and Italian, or like, whatever it was, and like, I sort of had that information available to me …

Even when I was younger, just because I felt like it was such a normal thing. Like
I was just kind of like, ‘Oh, I'm adopted’ and like, that's, like, what my family looks like. So, I don't think that it I'm sure if I had, they would have been more than happy to like, delve into it. But it was just never something that like, affected me that much (Karen).

For Karen, she had a summary document that explained her biological heritage but was not provided with any additional information. She reflects on when she was younger and that although she knew she was not biologically related to the adoptive family, it did not change the meaning of family for her. Karen felt that she would be provided information if her curiosity grew but being adopted did not change anything about being a part of her adoptive family and that the relationships she had would not change. Similarly, another participant shared her experience about her own familial relationships by stating:

So everything I just said I feel like is definitely shaped by adoption. Because I mean, you have to think about the international like, I would have even been speaking a different language, probably, you know, I mean, it's just everything … inherently that the trauma thing just makes it so hard, [be]cause you just don't know… people say I have mannerisms. Like my mom, you know. So yeah, I would say singing and just like the speed at which I talk and walk and just kind of my like natural like, energy… I never felt outcasted or even just insecure about anything because my parents were just, my parents were so great and are so great … And my parents were just, I mean, they're awesome. And we talk all the time, I call my mom at least once a week (Madison).

In this instance, Madison describes that although she experiences trauma related to learning about her biological roots, having a strong relationship with her adoptive parents
allowed her to overcome the underlying curiosity. More specifically, she shows how she has overcome the circumstances and questions through consistent conversations with her parents and making sure that that relationship is not affected.

Finally, a third participant spoke about how over time, the relationship she has with her mother has changed. She stated:

My mother and I growing up had a terrible relationship. I was always angry at her, which for adoptees is not uncommon at all. Um, and now we are very close. And so now she and I like she, I recognize that, like, she'll never leave me literally. And I trust that, now, it took me into my 20s … And so, she and I are very close… So, I appreciated that even [though], you know, she's white, but I always was like, she was always working towards like understanding like racism and stuff like that. Did she do a great job? No, she could have done better (Brittany).

For Brittany, she acknowledges that her mother did what she could to provide as much exposure to her biological roots as possible, but it wasn’t enough to curb her desire to know more. She further explains that, growing up, her relationship with her mother was never strong; however, as she got older, she was able to understand that one example of personal trauma (i.e., being given up for adoption by her biological parent(s)) was not something that would happen again. Further, there is still work being done to strengthen her relationship with her mother as time moves forward.

Adopted Individuals’ Experiences of Identity Gaps

As a final step, I evaluated the interview data for evidence of gaps or discrepancies between the identity participants wanted and what was expected as an
adopted person (see Table 7). This theme encompassed the ways in which adopted individuals encounter a gap in their identity. The communication theory of identity (Hecht, 1993) states that an individual’s identity is multilayered and that the layers work in tandem. However, when there is a discrepancy between the layers, individuals experience an identity gap (Hecht et al., 2005). An important thing to note for this last theme is that participants described how they experience a gap because of individuals outside of the adoptive family. In these instances, participants revealed that they were met with situations that caused them to feel that that the identity they have known and developed becomes questioned. For many of these participants, the experience of identity gaps occurs due to the community in which they grew up or stems from questions strangers and acquaintances may ask. One participant describes her experience by saying:

One challenge may be, like, so I can experience racism and my parents can't.

…and I grew up, surrounded by really highly educated people, right? Like, my mom's a professor and I grew up with, like her group of friends, which, thankfully… they had more racially diverse friends because of the university, not the community, but because of the university. Um, [in some ways] I would say acquaintances of theirs, not friends, people, they know, you say hi to, um, would treat me differently when my white parents were around than when I would be, you know, just by myself in the community or out somewhere…And I think that understanding is really hard. I think in the current climate with so much police brutality, and like vulnerable populations…I'm growing up in a predominantly white community. But I also think, because they are educators, [they] have been a
lot more open to that than I think like typical white adoptive parents might be (Helen).

Helen indicates that since she grew up surrounded by highly educated individuals because her parents were educators and living in a predominantly white community led to experiences of racism because she was singled out as being different. She would identify herself as being a part of her adoptive family and take on the “white culture” that was created for her; however, because she did not have the same color skin, she had to grapple with who she was racially versus what she was taught to be. Another participant described the explicit conversations that lead to thinking about how to describe herself. The participant states:

I mean, it is like people will say like, ‘Oh, where are you from?’ And I'll say, you know, that's always it's always kind of a tough question, because I'll say ‘I'm from Greece. But I grew up in Vermont.’ But then sometimes I want to change that to ‘I'm Greek and I grew up in Vermont,’ right? Like, both are true. … I think I also struggle with that, like, of making that like, feel less, less important (Michelle).

For Michelle, she has managed to embrace her biological roots about being Greek, as well as the life she had growing up in Vermont. Although this was the case, she was met with the dilemma on word choice in describing her roots. She bluntly points to the struggle that although either choice of wording is true, the meaning of her response changes. Especially for Michelle, the identity gap exists because she is unsure what is most important to her in enacting her identity. She struggles with the communication about herself and the way in which she personally identifies.
One last example is a participant that discusses an identity gap that exists as a result of uncertainty that exists about their ethnic identity and what it means to embrace the features of the ethnic identity. The participant states:

Yes, I used to resent or not resent, but I wish things were different. I wish I would have been able to grow up with some sort of Korean community, or at least been able to learn the language because that's honestly been the hardest part. Like I have Korean American friends and I have Korean international friends. And I'm not like either, like there's usually very distinct differences … [and] I don't have a problem with international adoption. But I wish there was some accumulation of Korean culture that I could have experienced to at least have a glimpse of where I'm from, or what my original culture stands for (Chase).

In particular for this participant, not being able to enact behaviors, such as using chopsticks and speaking the Korean language, creates a rift in who they are as an individual. Chase specifically alludes to the notion that although he physically looks Korean, he is unable to fit into the Korean community. He further explains that it is not just about fitting into the Korean community, but that he is not able to identity as being Korean American because he does not reflect the same foundational traditions and spoken language that the Korean American individuals in the community possess. He is met with the acknowledgment that he is a Korean adoptee but the term “Korean” bears a weight on his shoulders when discussing his identity.

For participants, identity gaps became prevalent with the lack of knowledge about their biological culture, pertinent descriptive words for their biological roots, or lack of similar ethnic individuals in the immediate community. These circumstances required
participants to reevaluate how to incorporate all the different aspects together when there was not a clear molding of all characteristics. These results are important as they speak to how adopted persons are continuously working to resolve the most important features and negotiate a clear meaning of the self.
CHAPTER FIVE

This chapter describes the methods and results for the quantitative study. The second study in this dissertation conducted a nationwide, online survey of adult adopted individuals to assess their uncertainty about GFHH, their desire for more information about GFHH, the anticipated outcomes of seeking information about their GFHH, and the resulting uncertainty management strategies they are likely to employ to deal with their uncertainty discrepancy.

This study recruited participants through private online support groups for adoptees. Participants were required to be: (a) between the ages of 25 and 50; (b) legally adopted as a minor through domestic or international adoption; (c) not involved in foster care; (d) not adopted by a stepparent, grandparent, or any other relative; (e) have access to an internet connected device; and (f) be fluent in English. Legally adopted individuals do not include those in foster care (including those still living in foster care or “fost-adopted”), or those adopted by a stepparent, by a grandparent, or any other relative. Any legally adopted individuals were able to participate if their parents are single, married same-sex, married opposite-sex, or partnered. Eligibility criteria for age was set to consider a timeframe for when individuals begin to weigh importance of personal health, start having their own biological children, and/or are faced with health-related concerns.

Procedures

Moderators and/or administrators of online support groups for adoptees were asked to post recruitment announcements to their members. All interested participants were directed to an online Qualtrics survey. To begin, participants were asked to provide demographic information and describe the circumstances of their adoption, followed by a
series of Likert-type scales designed to measure uncertainty discrepancy, anxiety, outcome expectancies, efficacy assessments, and the extent to which participants utilize information seeking, information avoiding, acceptance or support seeking strategies. Participants received a $10 gift card to Amazon.com for completing the survey.

Participants

The sample consisted of 160 individuals (117 females, 42 males, and 1 intersex). Participants ranged from 25 to 50 years of age ($M = 33.65$, $SD = 7.06$). The participants ethnically identified as 55.8% Caucasian/White, 29.2% Asian, 9.1% African American, 7.8% Hispanic, 2.6% Native American, 1.9% Indian, and 1.3% Other. Participants reported being adopted between the ages of 0 – 6 months (49.4%), 6 – 12 months (9.1%), 1 – 5 years (38.3 %), and after 5 years of age (3.2 %). Among the participants, 27.3% stated they have contact with their birth mother, while 19.5% stated they have contact with their birth father.

Participants reported that their adoptive parents were married (60.4%), widowed (12.3%), divorced (11.7%), single (7.1%), in a civil union (4.5%), or engaged to be married or enter a civil union (4.0%). A majority (58.4%) also reported they have siblings in their adoptive family. Of those who reported having siblings, 77% of individuals had other adopted siblings and 44.4% had siblings biologically related to adoptive parents. Of the participants, 65 individuals (42.2%) were aware they have biologically related siblings. A small percentage (0.06%) of these participants reported they were adopted with their biological sibling together. In addition, another small percentage (0.06%) of participants reported they had a biological sibling that was adopted by a different
adoptive family. Finally, among the participants who were aware they have biological siblings, a majority (75%) of those siblings are living with at least one biological parent.

Measures

All scales were subject to confirmatory factor analysis to establish internal validity and unidimensionality of each measure (Kline, 2011). All scales provided an adequate fit to the data, as determined by the $\chi^2$ value, Comparative Fit Index (CFI) > .95, and Root Mean Squared Error of Approximation (RMSEA) < .08 (Kline, 2011). Composites for each variable were created by computing the average of the retained items from each scale.

**Uncertainty discrepancy.** The uncertainty discrepancy scale was measured using a modified version of Rauscher and Hesse’s (2014) uncertainty discrepancy about family health history scale. To capture the uncertainty discrepancy related to GFHH, an index was created calculating the difference between participants’ responses on two items: “How certain do you want to be about your genetic family health history?” and “How certain are you about your genetic family health history?” Participants responded to each item on a 6-point Likert scale ($1 = \text{strongly disagree}, 6 = \text{strongly agree}$) and difference scores with positive values reflected more uncertainty than is desired and negative values reflected less uncertainty than is desired.

**Emotions.** Consistent with previous tests of TMIM, anxiety was measured using Dillard and Peck’s (2001) 6-point Likert scale ($1 = \text{strongly disagree}, 6 = \text{strongly agree}$) that measures discrete emotions. Three items measured anxiety: “fearful,” “scared,” and “afraid” ($M = 1.65; SD = 2.04; \alpha = 0.78$). Dillard and Peck’s scale was also used to measure other emotions for examination in TMIM. Three items measured sadness:
“dismal,” “dreary,” and “sad” ($M = 3.06; SD = 1.33; \alpha = 0.60$). Four items measured *anger*: “angry,” “aggravated,” “irritated,” and “annoyed” ($M = 2.73; SD = 1.12; \alpha = 0.86$). Two items measured *guilt*: “guilty,” and “ashamed” ($M = 2.13; SD = 1.40; \alpha = 0.69$). Three items measured *interest*: “interested,” “inquisitive,” and “intrigued” ($M = 4.36; SD = 1.14; \alpha = 0.71$). Three items measured *hope*: “confident,” “hopeful,” and “optimistic” ($M = 3.05; SD = 1.45; \alpha = 0.81$).

**Outcome expectancy.** I developed items to measure the extent to which adopted individuals expect positive or negative outcomes when learning about their GFHH. The scale contains 10 items on a 6-point Likert scale ($1 = strongly disagree, 6 = strongly agree$). Items include (a) “Asking about my genetic family health history would make me uncomfortable,” (b) “Finding out about my GFHH would reveal information I can’t handle,” (c) “Talking about my GFHH would be challenging for me,” (d) “Asking about my GFHH would be embarrassing for me,” (e) “Finding out about my GFHH would hurt my relationship with my adoptive family,” (f) “Talking about my GFHH would be enlightening for me (reverse coded),” (g) “Finding out about my GFHH would help me understand myself (reverse coded),” (h) “Finding out about my GFHH would help me plan for my future (reverse coded),” (i) “Asking about my GFHH would reveal positive information about me (reverse coded),” and (j) “Talking about my GFHH would help my relationship with my adoptive family (reverse coded)” ($M = 2.68; SD = .83; \alpha = 0.75$).

**Efficacy assessments.** A modified version of Fowler and Afifi’s (2011) measure was used to measure communication efficacy, coping efficacy, and target efficacy, with items revised to reflect the GFHH context. All items were measured on a 6-point Likert scale ($1 = strongly disagree, 6 = strongly agree$). *Communication efficacy* was measured
with four items: (a) “I know what I need to say to successfully find information about my GFHH,” (b) “I believe I have the skillset to find information about my GFHH,” (c) “I am confident that I am able to ask the necessary questions to discover facts about my GFHH,” and (d) “I am able to approach the necessary individuals in order to find out information about my GFHH” ($M = 3.46; SD = 1.27; \alpha = 0.81$). Coping efficacy was measured with four items: (a) “I can cope with whatever information I find about my GFHH,” (b) “I’m sure I can handle it if I discover that I might be at higher risk for some diseases than I thought,” (c) “I can take it if no one really knows anything about my GFHH,” and (d) “I will be able to deal with any GFHH information that is shared with me” ($M = 4.60; SD = 1.06; \alpha = 0.73$). To assess target efficacy, participants were first asked to identify who they are likely to approach about their GFHH with response choices of (a) my adoptive parents, (b) my biological parents, (c) my healthcare provider, and (d) other. Participants were asked to reflect on the capability of their chosen person when responding to items measuring target efficacy. Six items were used to measure target efficacy: (a) “I believe they will be forthcoming about my GFHH if they have any knowledge,” (b) “I believe they would be completely honest with me about my GFHH if they have the knowledge,” (c) “I believe they will tell me everything they know about my GFHH,” and (d) “I believe they can provide me with the information I need about my GFHH” ($M = 4.18; SD = 1.25; \alpha = 0.78$).

**Uncertainty management strategies.** To measure the uncertainty management strategies, a modified version of Leustek’s (2018) scale was used to assess information seeking, information avoidance, and support seeking. Participants were instructed to indicate which uncertainty management behaviors they anticipated using to address their
uncertainty discrepancy about GFHH. All items were measured on a 6-point scale (1 = never, 6 = a great deal). Five items measured information seeking: (a) “Speak with my adoptive family about my concerns,” (b) “Look online for information about ways to seek GFHH information,” (c) “Reach out to specialists about getting genetic testing,” (d) “Actively reach out to groups or organizations to seek best ways to find GFHH information,” and (e) “Try my best to increase my knowledge and understanding about my uncertainty” ($M = 3.76; SD = 1.21; \alpha = 0.76$). Information avoidance was also measured with five items, including: (a) “Prevent myself from actively thinking about not knowing my GFHH,” (b) “Push any thoughts about not knowing my GFHH out of my head,” (c) “Avoid discussing not knowing my GFHH with my family and friends,” (d) “Stay away from things that remind me that I do not know my GFHH,” and (e) “Ignore my uncertainty about my GFHH when it comes up” ($M = 2.76; SD = 1.18; \alpha = 0.81$). Acceptance was also measured with five items, including: (a) “Try to learn to live with not knowing my genetic family health history,” (b) “Change the way I think about my genetic family health history to make it more positive,” (c) “Take each day one step at a time despite not knowing my genetic family health history,” (d) “Try to focus on what I do know about my genetic family health history instead of what I don’t,” and (e) “Be mindful of how uncertainty about my genetic family health history is affecting my life” ($M = 3.67; SD = 0.98; \alpha = 0.56$). Finally, support seeking was measured with five items: (a) “Seek support from support groups of individuals who have experienced similar situations,” (b) “Seek consolation from my adoptive family,” (c) “Visit support groups in person or online to be around others in the same situation,” (d) “Confide in friends and
family about my uncertainty,” and (e) “Be with friends and family to feel comforted by them” ($M = 3.28; SD = 1.12; \alpha = 0.76$).

**Results**

For this study, I expect that for adopted individuals, the level of uncertainty discrepancy about GFHH is positively associated with anxiety, sadness, anger, and guilt (H1a) but negatively associated with interest and hope (H1b). The presence of perceived anxiety, sadness, anger, and guilt about the adopted individuals’ uncertainty discrepancy is expected to be positively associated with negative outcome expectancies (H2a) while the presence of interest and hope about the adopted individuals’ uncertainty discrepancy is expected to be negatively associated with negative outcome expectancies (H2b). Next, I anticipate that perceived anxiety, sadness, anger, and guilt is negatively associated with assessments of (a) communication efficacy, (b) coping efficacy, and (c) target efficacy (H3a), but positively associated with assessments of (a) communication efficacy, (b) coping efficacy, and (c) target efficacy (H3b). I then propose that negative outcome expectancies will be negatively associated with assessments of (a) communication efficacy, (b) coping efficacy, and (c) target efficacy (H4). Next, I expect that negative outcome expectancies would be negatively associated with (a) information seeking (H5a) and (b) support seeking (H5d), but positively associated with (c) information avoidance (H5b) and (d) acceptance (H5c). Lastly, I propose that assessments of (a) communication efficacy, (b) coping efficacy, and (c) target efficacy will be positively associated with information seeking (H6a) and seeking support (H6d), but negatively associated with information avoidance (H6b) and acceptance (H6c).

**Preliminary Analyses**
As a starting point, I ran bivariate correlations among the variables in the study (see Table 8). Results indicated that uncertainty discrepancy was positively associated with anxiety, interest, coping efficacy, and information seeking, and negatively associated with hope, outcome expectancies, communication efficacy, and information avoidance. Anxiety was positively associated with sadness, anger, guilt, outcome expectancies, and information seeking, and negatively associated with hope, communication efficacy, coping efficacy, target efficacy, and information avoidance. Sadness was positively associated with anger, guilt, outcome expectancies, and support seeking, and negatively associated with communication efficacy, coping efficacy, and target efficacy. Anger was positively associated with guilt, outcome expectancies, and information seeking, and negatively associated with hope, and communication efficacy. Guilt was positively associated with outcome expectancies and support seeking, and negatively associated with interest, coping efficacy, and target efficacy. Interest was positively associated with coping efficacy, target efficacy, information seeking, and acceptance, and negatively associated with outcome expectancies. Hope was positively associated with communication efficacy, target efficacy, information avoidance, and support seeking. Outcome expectancy was positively associated with information avoidance, and negatively associated with coping efficacy, target efficacy, and information seeking. Communication efficacy was positively associated with target efficacy. Coping efficacy was positively associated with target efficacy, and negatively associated with information avoidance. Information seeking was positively associated with acceptance and support seeking. Information avoidance was positively associated with acceptance. Finally, acceptance was positively associated with support seeking.
Independent Samples \( t \)-tests. Next, I conducted independent samples \( t \)-tests to compare means on all of the variables for the male and female adult adopted individuals (see Table 9). Results of the independent samples of \( t \)-tests indicated that there were some differences between male and female adult adopted individuals. Males reported a slightly higher mean for hope (\( M = 4.03, SD = 1.15 \)) than did females (\( M = 2.85, SD = 1.29 \)). Males also reported a higher mean for information avoidance (\( M = 3.72, SD = 1.04 \)) than females (\( M = 3.77, SD = 1.29 \)). Lastly, males reported a higher mean for engaging in support seeking practices (\( M = 3.69, SD = .85 \)) than females (\( M = 3.12, SD = 1.18 \)).

I then conducted independent samples \( t \)-tests to compare means on all of the variables for the adult adopted individuals who had contact their birth mother and those who did not (see Table 10). Results of the independent samples of \( t \)-tests indicated that there were some differences between adult adopted individuals who have contact with their birth mother and those who did not. Those who did not have contact with their birth mother had a higher mean for feelings of guilt (\( M = 2.40, SD = 1.47 \)) than those who do have contact (\( M = 1.67, SD = 1.21 \)). Finally, individuals who had contact with their birth mother had a higher mean for communication efficacy (\( M = 3.90, SD = 1.33 \)) and coping efficacy (\( M = 4.89, SD = 1.05 \)) than those who did not have contact (\( M = 3.34, SD = 1.49; M = 4.47, SD = 1.05 \)).

Lastly, I conducted independent samples \( t \)-tests to compare means on all of the variables for the adult adopted individuals who had contact their birth father and those who did not (see Table 11). Results of the independent samples of \( t \)-tests indicated that there were some differences between adult adopted individuals who have contact with
their birth father and those who did not. Individuals who had contact with their birth father had a higher mean for target efficacy ($M = 4.79, SD = 1.05$) than those who did not have contact ($M = 4.08, SD = 1.24$). Finally, those who did not have contact with their birth father had a higher mean for engaging in support seeking practices ($M = 3.39, SD = 1.13$) than those who did ($M = 2.89, SD = 1.03$). Given that there were not widespread differences among these categories, they were not included as covariates in the structural equation model to allow for a more parsimonious model specification.

**Test of Hypotheses**

Hypotheses were tested using structural equation modeling with maximum likelihood estimation in AMOS 26. All variables in the model, except uncertainty discrepancy, were treated as parcels consisting of a latent variable, measurement error, and random error. Measurement error was calculated as $(1 – \alpha)/(\sigma)$ (Bollen, 1989). Uncertainty discrepancy was modeled as an observed variable with random error since the difference score constituted a single item measure. Separate models were run with each type of information management strategy as the endogenous variable. Despite efforts to model the efficacy assessments as a latent variable containing the three different types of efficacy assessments as factors to simplify the models, none of the structural models could be fitted when efficacy was modeled this way. Similarly, the discrete emotions that were measured in this study could not be collapsed into a single latent variable for positive or negative emotions to allow for more parsimonious model testing. Consequently, it was necessary to run separate models for each emotion – anxiety, sadness, anger, guilt, interest, and hope – and each efficacy assessment – communication efficacy, coping efficacy, and target efficacy – as predictors. Thus, a total
of 18 models were tested for each information management outcome. Model fit was determined by the $\chi^2$ value for the model, CFI > .95, and RMSEA < .08 (Kline, 2011).

**Models testing information seeking as a strategy.** The first set of models tested associations among the variables predicting information seeking as an uncertainty management strategy (see Tables 12 - 13). Only in the model including interest and coping efficacy did the hypothesized model provide an adequate fit to the data ($\chi^2 = 4.24$, df = 4, CFI = .99, RMSEA = .02). Across all other emotions, the hypothesized model did not initially provide an adequate fit to the data: anxiety (communication efficacy: $\chi^2 = 46.91$, df = 4, CFI = .37, RMSEA = .24; coping efficacy: $\chi^2 = 34.43$, df = 4, CFI = .90, RMSEA = .19; target efficacy: $\chi^2 = 33.46$, df = 4, CFI = .55, RMSEA = .20); sadness (communication efficacy: $\chi^2 = 47.89$, df = 4, CFI = .33, RMSEA = .25; coping efficacy: $\chi^2 = 33.45$, df = 4, CFI = .71, RMSEA = .20; target efficacy: $\chi^2 = 32.93$, df = 4, CFI = .54, RMSEA = .20); anger (communication efficacy: $\chi^2 = 53.85$, df = 4, CFI = .29, RMSEA = .26; coping efficacy: $\chi^2 = 37.38$, df = 4, CFI = .67, RMSEA = .21; target efficacy: $\chi^2 = 39.20$, df = 4, CFI = .44, RMSEA = .22); guilt (communication efficacy: $\chi^2 = 41.84$, df = 4, CFI = .43, RMSEA = .26; coping efficacy: $\chi^2 = 25.37$, df = 4, CFI = .81, RMSEA = .17; target efficacy: $\chi^2 = 26.87$, df = 4, CFI = .67, RMSEA = .20); interest (communication efficacy: $\chi^2 = 22.30$, df = 4, CFI = .79, RMSEA = .18; target efficacy: $\chi^2 = 11.71$, df = 4, CFI = .91, RMSEA = .12); and hope data (communication efficacy: $\chi^2 = 34.38$, df = 4, CFI = .57, RMSEA = .23; coping efficacy: $\chi^2 = 37.08$, df = 4, CFI = .76, RMSEA = .20; target efficacy: $\chi^2 = 28.72$, df = 4, CFI = .60, RMSEA = .21).

Across all models predicting information seeking, the path between each type of efficacy assessment and information seeking was nonsignificant and removed from the
model. Following the removal of the nonsignificant path, paths were added to the model one at a time based on modification indices until each of the models achieved a satisfactory fit.

In the models testing anxiety, sadness, and anger, two paths were added to the models to achieve satisfactory fit, including a direct path between uncertainty discrepancy and negative outcome expectancies, and a direct path between the emotion and information seeking. In addition, the models testing communication efficacy and target efficacy required an additional direct path between uncertainty discrepancy and the efficacy assessment. These modifications resulted in a satisfactory fit for all models testing anxiety (communication efficacy: $\chi^2 = 3.88$, df = 2, CFI = .97, RMSEA = .08; coping efficacy: $\chi^2 = 4.89$, df = 4, CFI = .99, RMSEA = .04; target efficacy: $\chi^2 = .93$, df = 2, CFI = 1.00, RMSEA = .00); sadness (communication efficacy: $\chi^2 = 3.91$, df = 2, CFI = .97, RMSEA = .08; coping efficacy: $\chi^2 = 3.41$, df = 3, CFI = .99, RMSEA = .03; target efficacy: $\chi^2 = .90$, df = 2, CFI = 1.00, RMSEA = .00); and anger (communication efficacy: $\chi^2 = 3.30$, df = 2, CFI = .98, RMSEA = .07; coping efficacy: $\chi^2 = 7.18$, df = 4, CFI = .97, RMSEA = .08; target efficacy: $\chi^2 = 1.83$, df = 2, CFI = 1.00, RMSEA = .00).

In the fourth series of models testing guilt as a predictor, two paths were added to all models to achieve a satisfactory fit, including a direct path between uncertainty discrepancy and negative outcome expectancies, and a direct path between uncertainty discrepancy and efficacy assessments. In addition, the models testing communication efficacy and target efficacy required an additional direct path between guilt and information seeking. These modifications resulted in a satisfactory fit for all models testing guilt as an emotion (communication efficacy: $\chi^2 = 2.11$, df = 2, CFI = .99,
RMSEA = .02; coping efficacy: $\chi^2 = 4.66$, df = 3, CFI = .98, RMSEA = .06; target efficacy: $\chi^2 = 1.95$, df = 2, CFI = 1.00, RMSEA = .00).

In the next series of models testing interest as a predictor, the models testing communication efficacy and target efficacy required a direct path between uncertainty discrepancy and the efficacy assessment. In addition, a direct path between uncertainty discrepancy and negative outcome expectancy was necessary to fit the model containing target efficacy; however, this added path was nonsignificant. These modifications resulted in a satisfactory fit for all models (communication efficacy: $\chi^2 = 7.76$, df = 4, CFI = .96, RMSEA = .08; target efficacy: $\chi^2 = 5.70$, df = 3, CFI = .97, RMSEA = .08).

In the final series of models testing hope as a predictor, a direct path was added between uncertainty discrepancy and negative outcome expectancies in all models, followed by a direct path between uncertainty discrepancy and efficacy assessments. In addition, direct paths between uncertainty discrepancy and coping efficacy, and hope and information seeking in models containing communication efficacy and target efficacy were added, although nonsignificant. Even with these modifications, the model did not achieve satisfactory fit (communication efficacy: $\chi^2 = 5.51$, df = 2, CFI = .95, RMSEA = .11; coping efficacy: $\chi^2 = 8.37$, df = 4, CFI = .96, RMSEA = .09; target efficacy: $\chi^2 = 7.46$, df = 2, CFI = .91, RMSEA = .14).

The models predicting information seeking provide mixed support for hypotheses. With regard to the predicted association between uncertainty discrepancy about GFHH and emotion ($H1$), results indicated that uncertainty discrepancy was positively associated with anxiety and interest, and negatively associated with hope, but the associations with anger, sadness, and guilt were nonsignificant. All of the emotions,
except for interest and hope, were positively associated with negative outcome expectancies (H2). Contrary to expectations in H3, most associations between the emotion and efficacy assessments were nonsignificant. However, in the model testing hope as a predictor, the path between hope and communication efficacy was significant and provided support for H3. Consistent with H4, negative outcome expectancies were negatively associated with all efficacy assessments in all models, except for the direct path between outcome expectancies and communication efficacy in the model testing interest and hope. Outcome expectancies were negatively associated with information seeking across all models (H5), except in the model testing guilt and coping efficacy as predictors. Finally, as previously noted, the efficacy assessments were not significantly associated with information seeking in any of the models (H6).

Models testing information avoidance as a strategy. The next set of models tested information avoidance as an uncertainty management strategy that is predicted by the variables in TMIM (see Table 14 - 15). The hypothesized model only provided an adequate fit to the data in the model including interest and coping efficacy ($\chi^2 = 6.22$, df = 4, CFI = .98, RMSEA = .06). The hypothesized model did not initially provide an adequate fit to the data across the other models: anxiety (communication efficacy: $\chi^2 = 37.26$, df = 4, CFI = .44, RMSEA = .21; coping efficacy: $\chi^2 = 32.79$, df = 4, CFI = .72, RMSEA = .20; target efficacy: $\chi^2 = 31.56$, df = 4, CFI = .55, RMSEA = .19); sadness (communication efficacy: $\chi^2 = 34.10$, df = 4, CFI = .44, RMSEA = .20; coping efficacy: $\chi^2 = 25.40$, df = 4, CFI = .78, RMSEA = .17; target efficacy: $\chi^2 = 25.86$, df = 4, CFI = .61, RMSEA = .17); anger (communication efficacy: $\chi^2 = 35.26$, df = 4, CFI = .42, RMSEA = .21; coping efficacy: $\chi^2 = 25.03$, df = 4, CFI = .78, RMSEA = .17; target
efficacy: $\chi^2 = 27.75$, df = 4, CFI = .56, RMSEA = .18); guilt (communication efficacy: $\chi^2 = 30.91$, df = 4, CFI = .53, RMSEA = .22; coping efficacy: $\chi^2 = 18.99$, df = 4, CFI = .85, RMSEA = .16; target efficacy: $\chi^2 = 20.84$, df = 4, CFI = .74, RMSEA = .17); interest (communication efficacy: $\chi^2 = 18.65$, df = 4, CFI = .80, RMSEA = .16; target efficacy: $\chi^2 = 11.86$, df = 4, CFI = .90, RMSEA = .12); and hope data (communication efficacy: $\chi^2 = 35.42$, df = 4, CFI = .57, RMSEA = .24; coping efficacy: $\chi^2 = 16.37$, df = 4, CFI = .88, RMSEA = .15; target efficacy: $\chi^2 = 27.79$, df = 4, CFI = .65, RMSEA = .21).

Similar to the previous set of models, the path between each type of efficacy assessment and information avoidance was nonsignificant and removed from all models predicting information avoidance. Then, to achieve satisfactory fit, paths were added to the model one at a time, starting with the largest modification index.

In the models testing anxiety and hope as predictors, a direct path between uncertainty discrepancy and negative outcome expectancies was added to the models to achieve satisfactory fit. In addition, the models testing communication efficacy required an additional direct path between uncertainty discrepancy and the communication efficacy assessment. These modifications resulted in a satisfactory fit for all models testing anxiety (communication efficacy: $\chi^2 = 2.17$, df = 2, CFI = .99, RMSEA = .02; coping efficacy: $\chi^2 = 2.20$, df = 3, CFI = 1.00, RMSEA = .00; target efficacy: $\chi^2 = 5.75$, df = 3, CFI = .95, RMSEA = .08); and hope (communication efficacy: $\chi^2 = .07$, df = 2, CFI = 1.00, RMSEA = .00; coping efficacy: $\chi^2 = 2.11$, df = 3, CFI = 1.00, RMSEA = .00; target efficacy: $\chi^2 = 5.12$, df = 3, CFI = .97, RMSEA = .07).

In the remaining models testing sadness, anger, guilt, and interest, a direct path between uncertainty discrepancy and negative outcome expectancies was added to the
models to achieve fit. However, in the model testing interest as a predictor and containing communication and target efficacy, this added path was not significant but required to fit the model. In addition, the models testing communication and target efficacy required an additional direct path between uncertainty discrepancy and the efficacy assessment. In the model testing interest and coping efficacy, once the nonsignificant path between the efficacy assessment and information avoidance was removed, the model achieved satisfactory fit ($\chi^2 = 6.22$, df = 4, CFI = .98, RMSEA = .06). These modifications resulted in a satisfactory fit for all models testing sadness (communication efficacy: $\chi^2 = 3.41$, df = 3, CFI = .99, RMSEA = .03; coping efficacy: $\chi^2 = 5.11$, df = 4, CFI = .99, RMSEA = .04; target efficacy: $\chi^2 = 4.10$, df = 3, CFI = .98, RMSEA = .05); anger (communication efficacy: $\chi^2 = 4.04$, df = 3, CFI = .98, RMSEA = .05; coping efficacy: $\chi^2 = 7.84$, df = 4, CFI = .96, RMSEA = .08; target efficacy: $\chi^2 = 4.74$, df = 3, CFI = .97, RMSEA = .06); guilt (communication efficacy: $\chi^2 = 4.59$, df = 3, CFI = .97, RMSEA = .06; coping efficacy: $\chi^2 = 6.59$, df = 4, CFI = .98, RMSEA = .07; target efficacy: $\chi^2 = 4.85$, df = 3, CFI = .97, RMSEA = .07); and interest (communication efficacy: $\chi^2 = 4.26$, df = 3, CFI = .98, RMSEA = .05; coping efficacy: $\chi^2 = 4.26$, df = 4, CFI = .98, RMSEA = .05; target efficacy: $\chi^2 = 4.57$, df = 3, CFI = .98, RMSEA = .06).

Mixed support for hypotheses was found for the models predicting information avoidance. For $H1$ predicting the association between uncertainty discrepancy about GFHH and emotion, results indicated that uncertainty discrepancy was positively associated with anxiety and interest, and negatively associated with hope, but the associations with anger, sadness, and guilt were nonsignificant. For all emotions, except interest and hope, the emotion was positively associated with negative outcome.
expectancies \( (H2) \). Contrary to expectations in \( H3 \), most associations between the emotion and efficacy assessments were nonsignificant. However, in the models testing anxiety and hope, the path between the emotion and communication efficacy, and the path between the emotion and the target efficacy was significant and provided support for \( H3 \). With regard to the predicted association between negative outcome expectancies and all efficacy assessments \( (H4) \), results indicated that negative outcome expectancies were negatively associated with all efficacy assessments in most models. Across all emotions, however, the path between negative outcome expectancies and communication efficacy was nonsignificant. Negative outcome expectancies were positively associated with information avoidance across all models \( (H5b) \) as expected. Lastly, the efficacy assessments were not significantly associated with information avoidance in any of the models \( (H6) \) as previously noted.

Models testing acceptance as a strategy. Acceptance was examined as an uncertainty management strategy in the next set of models (see Table 16 - 17). As with the previous models, the model including interest and coping efficacy fit the data without modifications \( (\chi^2 = 2.322, df = 4, CFI = 1.00, RMSEA = .00) \). Across all other emotions, the hypothesized model did not initially provide an adequate fit to the data: anxiety (communication efficacy: \( \chi^2 = 26.99, df = 4, CFI = .50, RMSEA = .18 \); coping efficacy: \( \chi^2 = 21.57, df = 4, CFI = .80, RMSEA = .15 \); target efficacy: \( \chi^2 = 19.47, df = 4, CFI = .69, RMSEA = .14 \) ); sadness (communication efficacy: \( \chi^2 = 27.94, df = 4, CFI = .45, \) RMSEA = .18; coping efficacy: \( \chi^2 = 21.26, df = 4, CFI = .81, RMSEA = .15 \); target efficacy: \( \chi^2 = 19.18, df = 4, CFI = .69, RMSEA = .14 \) ); anger (communication efficacy: \( \chi^2 = 26.98, df = 4, CFI = .47, RMSEA = .20 \); coping efficacy: \( \chi^2 = 20.72, df = 4, CFI = \).
.81, RMSEA = .15; target efficacy: $\chi^2 = 21.33$, df = 4, CFI = .62, RMSEA = .15); guilt (communication efficacy: $\chi^2 = 26.21$, df = 4, CFI = .53, RMSEA = .20; coping efficacy: $\chi^2 = 14.15$, df = 4, CFI = .89, RMSEA = .13; target efficacy: $\chi^2 = 15.21$, df = 4, CFI = .80, RMSEA = .14); interest (communication efficacy: $\chi^2 = 17.13$, df = 4, CFI = .80, RMSEA = .15); target efficacy: $\chi^2 = 8.33$, df = 4, CFI = .94, RMSEA = .09); and hope data (communication efficacy: $\chi^2 = 23.23$, df = 4, CFI = .64, RMSEA = .19; coping efficacy: $\chi^2 = 16.78$, df = 4, CFI = .85, RMSEA = .15; target efficacy: $\chi^2 = 18.18$, df = 4, CFI = .70, RMSEA = .16).

In all models, the path between each type of efficacy assessment and acceptance was nonsignificant and removed when testing acceptance as an information management strategy. Following the removal of the nonsignificant path, paths were added to the model one at a time based on modification indices until each of the models achieved a satisfactory fit.

In the models testing anxiety, a direct path between uncertainty discrepancy and negative outcome expectancies was added to the models to achieve satisfactory fit. These modifications resulted in a satisfactory fit for all models testing anxiety (communication efficacy: $\chi^2 = 4.74$, df = 4, CFI = .98, RMSEA = .04; coping efficacy: $\chi^2 = 2.35$, df = 4, CFI = 1.00, RMSEA = .00; target efficacy: $\chi^2 = 5.39$, df = 4, CFI = .97, RMSEA = .05).

In the models testing sadness, and guilt, a direct path between uncertainty discrepancy and negative outcome expectancies was added to the models to achieve satisfactory fit. In addition, in the models testing communication efficacy required an additional direct path between uncertainty discrepancy and the efficacy assessment. These modifications resulted in a satisfactory fit for all models testing sadness.
(communication efficacy: $\chi^2 = .72$, df = 3, CFI = 1.00, RMSEA = .00; coping efficacy: $\chi^2 = 3.24$, df = 4, CFI = 1.00, RMSEA = .00; target efficacy: $\chi^2 = 6.37$, df = 4, CFI = .95, RMSEA = .07); and guilt (communication efficacy: $\chi^2 = .71$, df = 3, CFI = 1.00, RMSEA = .00; coping efficacy: $\chi^2 = 4.67$, df = 5, CFI = 1.00, RMSEA = .00). However, even with these modifications, the model containing target efficacy could not fit ($\chi^2 = 7.90$, df = 4, CFI = .93, RMSEA = .08) without reaching saturation.

In the models testing anger, and hope, a direct path between uncertainty discrepancy and negative outcome expectancies was added to the models to achieve satisfactory fit. In addition, in the models testing communication and target efficacy, required an additional direct path between uncertainty discrepancy and the efficacy assessment. These modifications resulted in a satisfactory fit for all models testing anger (communication efficacy: $\chi^2 = 1.36$, df = 3, CFI = 1.00, RMSEA = .00; coping efficacy: $\chi^2 = 5.45$, df = 4, CFI = .98, RMSEA = .05; target efficacy: $\chi^2 = 1.51$, df = 3, CFI = 1.00, RMSEA = .00); and hope (communication efficacy: $\chi^2 = 2.97$, df = 3, CFI = 1.00, RMSEA = .00; coping efficacy: $\chi^2 = 5.36$, df = 4, CFI = .98, RMSEA = .05; target efficacy: $\chi^2 = 2.51$, df = 3, CFI = 1.00, RMSEA = .00).

Finally, in the model testing interest, a direct path between uncertainty discrepancy and the efficacy assessment was added to the model to achieve satisfactory fit. These modifications resulted in a satisfactory fit for models testing interest (communication efficacy: $\chi^2 = 2.38$, df = 4, CFI = 1.00, RMSEA = .00; coping efficacy: $\chi^2 = 2.74$, df = 5, CFI = 1.00, RMSEA = .00; target efficacy: $\chi^2 = 8.37$, df = 5, CFI = .95, RMSEA = .07).
The models predicting acceptance provide mixed support for hypotheses. With regard to the predicted association between uncertainty discrepancy about GFHH and emotion ($H1$), results indicated that uncertainty discrepancy was positively associated with anxiety and interest, and negatively associated with hope. However, the association of uncertainty discrepancy with anger, sadness, and guilt were nonsignificant. The emotions, except for interest and hope, were positively associated with outcome expectancies ($H2$). Most associations between the emotion and efficacy assessments were nonsignificant, contrary to expectations in $H3$. In the models testing anxiety and sadness as predictors, the path between the emotion and communication efficacy, as well as the path between the emotion and target efficacy were negatively associated, as expected. In addition, in the model testing hope as a predictor, the path between the emotion and communication efficacy was positively associated. These associations provide some support for $H3$. Consistent with $H4$, negative outcome expectancies were negatively associated with all efficacy assessments in most models. However, across all emotions except anxiety, the path between negative outcome expectancies and communication efficacy was nonsignificant. Furthermore, in the model testing guilt and target efficacy, the path between negative outcome expectancies and the efficacy assessment was nonsignificant. For $H5c$, negative outcome expectancies were positively associated with acceptance in a few models, providing partial support. Across all emotions, in models containing coping efficacy, the path between negative outcome expectancies and acceptance was positively associated. Finally, as previously noted, the efficacy assessments were not significantly associated with acceptance in any of the models ($H6$).
Models testing support seeking as a strategy. In the final set of models, support seeking was examined as an uncertainty management strategy (see Table 18 - 19). Again, the model including interest and coping efficacy fit the data ($\chi^2 = 3.74$, df = 4, CFI = 1.00, RMSEA = .00). Across all other emotions, the hypothesized model did not initially provide an adequate fit to the data: anxiety (communication efficacy: $\chi^2 = 32.37$, df = 4, CFI = .45, RMSEA = .20; coping efficacy: $\chi^2 = 24.52$, df = 4, CFI = .78, RMSEA = .17; target efficacy: $\chi^2 = 25.64$, df = 4, CFI = .60, RMSEA = .18); sadness (communication efficacy: $\chi^2 = 34.23$, df = 4, CFI = .42, RMSEA = .20; coping efficacy: $\chi^2 = 24.75$, df = 4, CFI = .77, RMSEA = .17; target efficacy: $\chi^2 = 26.54$, df = 4, CFI = .59, RMSEA = .18); anger (communication efficacy: $\chi^2 = 28.806$, df = 4, CFI = .46, RMSEA = .21; coping efficacy: $\chi^2 = 20.40$, df = 4, CFI = .80, RMSEA = .17; target efficacy: $\chi^2 = 23.75$, df = 4, CFI = .58, RMSEA = .16); guilt (communication efficacy: $\chi^2 = 28.67$, df = 4, CFI = .57, RMSEA = .21; coping efficacy: $\chi^2 = 21.38$, df = 4, CFI = .75, RMSEA = .18; target efficacy: $\chi^2 = 17.47$, df = 4, CFI = .79, RMSEA = .16); interest (communication efficacy: $\chi^2 = 16.29$, df = 4, CFI = .81, RMSEA = .15; target efficacy: $\chi^2 = 9.13$, df = 4, CFI = .93, RMSEA = .10); and hope data (communication efficacy: $\chi^2 = 29.08$, df = 4, CFI = .60, RMSEA = .21; coping efficacy: $\chi^2 = 15.43$, df = 4, CFI = .87, RMSEA = .14; target efficacy: $\chi^2 = 23.86$, df = 4, CFI = .65, RMSEA = .19).

Across most models predicting support seeking, the path between each type of efficacy assessment and support seeking was nonsignificant and removed from the model. For the model containing sadness and target efficacy as predictors, the path between the efficacy assessment and support seeking was significant and retained. In addition, the model containing sadness and communication efficacy also retained the path
between the efficacy assessment and support seeking, although the path was	nonsignificant to fit the model. Following the removal of the nonsignificant path, paths
were added to the model one at a time based on modification indices until each of the
models achieved a satisfactory fit.

In the models testing anxiety and anger, a direct path between uncertainty
discrepancy and negative outcome expectancies was added to the models to achieve
satisfactory fit. In addition, the models testing communication efficacy and target
efficacy required a direct path between uncertainty discrepancy and the efficacy
assessment. These modifications resulted in a satisfactory fit for all models testing
anxiety (communication efficacy: $\chi^2 = 4.91$, df = 3, CFI = .96, RMSEA = .07; coping
efficacy: $\chi^2 = 4.41$, df = 4, CFI = .99, RMSEA = .03; target efficacy: $\chi^2 = 5.76$, df = 3,
CFI = .95, RMSEA = .08); and anger (communication efficacy: $\chi^2 = 3.00$, df = 3, CFI =
1.00, RMSEA = .00; coping efficacy: $\chi^2 = 4.43$, df = 4, CFI = .99, RMSEA = .03; target
efficacy: $\chi^2 = 3.47$, df = 3, CFI = .99, RMSEA = .03).

In the next series of models testing sadness, a direct path between uncertainty
discrepancy and negative outcome expectancies was added to the models to achieve
satisfactory fit. In addition, the models testing communication efficacy and target
efficacy required a direct path between uncertainty discrepancy and the efficacy
assessment. In the model containing communication efficacy, the nonsignificant path
between the efficacy assessment and support seeking was not removed to achieve fit.
However, in the model containing target efficacy, the path between the efficacy
assessment and support seeking was significant and remained in the model. These
modifications resulted in a satisfactory fit for all models testing sadness (communication
In the fourth series of models testing guilt as a predictor, a direct path between uncertainty discrepancy and negative outcome expectancies was added to the models to achieve satisfactory fit. In addition, the models testing communication efficacy and target efficacy required a direct path between uncertainty discrepancy and the efficacy assessment. In the model containing target efficacy, a direct path between the emotion and support seeking was required but nonsignificant. These modifications resulted in a satisfactory fit for all models testing guilt and containing communication and coping efficacy (communication efficacy: $\chi^2 = 5.98$, df = 3, CFI = .95, RMSEA = .08; coping efficacy: $\chi^2 = 6.97$, df = 4, CFI = .97, RMSEA = .07); however, the model testing target efficacy resulted in a non-fitting model (target efficacy: $\chi^2 = 5.01$, df = 2, CFI = .95, RMSEA = .10).

In the next series of models testing interest as a predictor, in the models containing communication efficacy and target efficacy, a direct path between uncertainty discrepancy and the efficacy assessment was added. In addition, in the model testing target efficacy, a direct path between uncertainty discrepancy and negative outcome expectancies was required but nonsignificant. These modifications resulted in a satisfactory fit for all models testing interest (communication efficacy: $\chi^2 = 5.26$, df = 4, CFI = .98, RMSEA = .05; coping efficacy: $\chi^2 = 3.78$, df = 5, CFI = 1.00, RMSEA = .00; target efficacy: $\chi^2 = 5.70$, df = 3, CFI = .97, RMSEA = .08).

In the final series of models testing hope as a predictor, two paths were added to the models to achieve satisfactory fit, including a direct path between uncertainty
discrepancy and negative outcome expectancies, and a direct path between the emotion and support seeking. In addition, the model testing communication efficacy required an additional direct path between uncertainty discrepancy and the efficacy assessment.

These modifications resulted in a satisfactory fit for all models testing hope (communication efficacy: $\chi^2 = .42$, df = 2, CFI = 1.00, RMSEA = .00; coping efficacy: $\chi^2 = 2.06$, df = 3, CFI = 1.00, RMSEA = .00; target efficacy: $\chi^2 = 5.84$, df = 3, CFI = .95, RMSEA = .08).

Mixed support for predicted hypotheses was found in the models predicting support seeking as an information management strategy. For $H1$, uncertainty discrepancy was positively associated with anxiety and interest, and negatively associated with hope, but the associations with anger, sadness, and guilt were nonsignificant. As expected for $H2$, all of the emotions, except for interest and hope, were positively associated with negative outcome expectancies. Most associations between the emotion and efficacy assessments were nonsignificant, contrary to expectations in $H3$. In the models testing hope, however, the path between the emotion and communication efficacy, and the path between the emotion and the target efficacy was significant and provided support for $H3$.

Consistent with $H4$, negative outcome expectancies were negatively associated with all efficacy assessments in most models. Across all emotions, however, the path between negative outcome expectancies and communication efficacy was nonsignificant. Negative outcome expectancies were negatively associated with support seeking across a few models ($H5c$), providing partial support. Across anxiety, sadness, and guilt, in models containing communication efficacy, the path between negative outcome expectancies and support seeking was negatively associated. In addition, as predicted, in the model testing
sadness and interest as predictors, and containing target efficacy, the path between negative outcome expectancies and support seeking was also negatively associated. In the model testing guilt as a predictor, and containing coping efficacy, negative outcome expectancies and support seeking was also negatively associated. Finally, the efficacy assessments were not significantly associated with information avoidance in most of the models (H6), as previously noted. This path was significantly associated, providing, some support, in the model testing sadness and target efficacy as predictors.
CHAPTER SIX

Adopted individuals are often confronted with complex questions about who they are, their origin, their ethnicity, and even their genetic history. The overarching goal of this dissertation was to unpack the ways in which adoption shapes individuals’ identity and experiences. First, this dissertation aimed to highlight the ways in which individuals’ identity constructs are affected by adoption, the ways in which the identity is constructed and managed, and the ways in which adopted individuals experience and manage uncertainty regarding their identity. Next, this dissertation sought to determine the ways in which a deficit of information about adopted individuals’ GFHH impacted their understanding of themselves, and the uncertainty management strategies that are most prevalent in helping adoptees cope with ambiguity about their GFHH. In this chapter, I discuss the findings of each part of the dissertation, provide some explanation for outcomes established, discuss theoretical and practical implications for this research, identify strengths and limitations, and finally provide future directions.

Identity Formation in Adopted Individuals

Thematic analyses of interview data revealed that for adopted individuals, there is no one answer when it comes to what, and how, they are affected by adoption. Adopted family norms and practices may help shape individuals’ identity, but for many, they must explore a plethora of other possible answers to the question about who they are. The complicated nature of identity construction and maintenance in adopted individuals results in increased uncertainty about their sense of self (Peterson et al., 2003). The qualitative results of this dissertation underscore the role of the adoptive family in shaping adopted individuals’ identity formation and development. Moreover, this study
extends theory to provide insight into ways adopted individuals experience and work through identity gaps that are out of their control. Practically, the findings of this study offer insight to help adopted individuals, as well as adoptive parents and family members, with firsthand narratives that may be beneficial in navigating the complexities of a non-nuclear family unit. Thus, the interview study has utility for helping both adopted individuals, adoptive family members, and support networks coping with identity concerns resulting from adoption.

**Implications for Identity Research**

The results of the interview study highlight the imperative role that families play in adopted individuals’ construction of identity (Wrobel et al., 2003; Brodzinsky, 2006; Wrobel et al., 2013). Adoption research has pointed to the benefits of an open family communication environment, where information sharing about the adoption is encouraged. Specifically, adopted individuals often develop questions about their origin, their biological family, or how they differ from others and these questions lead adopted children to approach their adoptive family to gather information to develop a more holistic sense of self (Wrobel et al., 2003). Largely, the themes that emerged in the interview study are consistent with prior research on adoption and identity that highlights the importance of being open and honest (Brodzinsky, 2006; Suter, 2008; Wrobel et al., 2003), taking on identity as a result of social groups and interactions (Hecht & Faulkner, 2000; Tajfel & Turner, 1986), and focusing on the prominent role adoptive parents and family play in constructing and maintaining relational and familial bonds (Grotevant et al., 1999). The themes that emerged in the interview study largely reflect competing voices – (1) openness vs. closedness, (2) integration vs. separation, and (3) embodiment
vs. disconnect – about how family norms and practices shape identity for adopted
dividuals. In addition, adopted individuals experience identity uncertainty as a result of
unknown biological family information, inconsistencies with the adoptive family, and
what is expected of them vs. who they truly are. Third, results indicate themes reflecting
several ways the adopted individuals’ identity uncertainty shapes individual outcomes
through implications of birth family reunion, and strong adoptive family relationships
despite curiosity about biological roots. These results provide insight into possible
markers that affect an adopted individual’s interpretation of uncertainty about their
identity and the processes that may increase or decrease those uncertainty experiences.

Prior research explains that by engaging in social interactions with various social
groups, individuals develop conceptions of the self (Hecht & Faulkner, 2000). Research
also recognizes that a sense of self-worth is one of the multiple facets involved in
strengthening an individual’s identity. A sense of self-worth and self-esteem are believed
to be rooted in the relationships individuals possess with their family members (Crocker
et al., 2003) and through involvement in social groups. These interpretations of identity
presented in previous research provide an understanding of the perceptions, attitudes, and
behaviors that appropriately reflect people’s self-image. Adopted individuals develop
identity in the same way that non-adopted individuals do; however, they must contend
with added complexities in their layers of identity (Dunbar & Grotevant, 2004). For
example, interview participants describe the need to focus on the reactions and emotional
responses of the adoptive parents when deciding how to address any questions or
concerns about their identity. In addition, some participants have discussed the need to
weigh different types of information, gained from various resources (e.g., birth family
contact, adoption paperwork, adoptive parents), related to their adoption as they
determine the most important components of their sense of self.

More importantly, identity formation and expression can be particularly
challenging for adopted individuals who have incomplete and ambiguous information
regarding their genealogy (each adopted individual’s level of information may differ). In
the absence of information about biological roots, identity development for adopted
individuals can become complicated and may contribute to identity confusion (Grotevant
& Von Korff, 2011). As some of the participants in the interview study illustrated, the
lack of exposure to biological roots and culture increased the need to ask follow-up
questions or search for knowledge about their birth culture as they became older. Further,
participants allude to the importance of biological culture integration by the adoptive
family as it helps with the exploration of their genealogical roots. Therefore, especially
for adopted individuals, adoptive family norms and practices become the foundation for
developing and maintaining their identity, their ability to embody the adoptive family as
their own, and their capacity to understand the role of the birth family in their recognition
of the self.

Identity is understood to be developed through daily interactions, relationships,
and roles, and individuals manifest multiple identities that each come with a unique set of
behavioral expectations (Loftus & Namaste, 2011). Adopted individuals experience
competing ways of forming and understanding their personal identity. The social
outcomes for adopted children may stem from the complicated identity development
processes that are required under these circumstances (Johnson, 2002). Vroegh (1997)
found that the development of adopted children is overall very similar to that of non-
adopted children, but after studying adopted children longitudinally, specifically from transracial adoptions, she points to various possible factors (such as race, parent and sibling relationships, and friendships) that can contribute to adjustment issues. Notably, the age at which the adoption occurs may alter the conditions that inform adopted children’s identities. For example, older children, who retain clear memories of the conditions that contributed to disruptions in their birth family and the placement process (Johnson, 2002), showed differences in development (such as, but not limited to, behavior problems, social deficits, attachment issues, and cognitive delays) later in life. It is important to consider the different outcomes adopted individuals may face. Adoptees face differences in comparison to their adoptive family including, but not limited to, their ethnicity and cultural affiliations, appearances, and personalities (Dunbar & Grotevant, 2004). In addition, results point to the notion that influence of their biological heritage and their adoptive families are key in the identity development process (e.g., Grotevant et al., 2000; Grotevant & Von Korff, 2011). With missing or unclear information about their genealogical roots, adopted persons are at risk for confusion about their identity (Dunbar & Grotevant, 2004).

Theoretical Implications for the Communication Theory of Identity and Identity Gaps

The results of this dissertation make important contributions to the continued development and applications of the communication theory of identity (Hecht, 1993). One of the ways the interview study extends theory is by considering how uncontrollable circumstances disrupt people’s identities. More specifically, the interview study examines how individuals are affected by decisions made by their birth and adoptive families.
respectively and the impact these decisions have on their identity. Whereas most applications of the theory have examined the ways that identity is socially constructed in typically mundane and routine contexts for interaction (e.g., Hecht et al., 2003; Hecht et al., 1992), the interview study highlights the experiences of adoption that provide a challenge to and complicate identities across all facets of the self. Under these circumstances, individuals may be faced with challenges that determine their overall well-being, self-esteem, and satisfaction with their adoption (Dunbar & Grotevant, 2004). For these adopted individuals, research reveals how they may experience a sense of loss over their birth parent(s), which can lead to confusion (Powell & Afifi, 2005), confronted with what their adoption means for their identity (Colaner & Kranstuber, 2010), and encounter stigmas about their adoption and adoptive identity (Meisenbach, 2010). Most important for adopted individuals is to be provided with open communication within adoptive families to help create and maintain their personal and family identities (Galvin, 2006). The results of this research support the importance of communication in helping individuals determine the most important constructs for their identity among all layers.

In addition, the interview study further explores the concept of identity gaps and suggests that they are prevalent for adopted individuals during their process of identity management. Prior research has examined identity gaps in the experiences that do not disconfirm their personal identities (Wadsworth et al., 2008), international students’ educational satisfaction (Jung et al., 2007), and decreased communicative and relational satisfaction among grandchildren’s perceptions of the grandparent-grandchild relationship (Kam & Hecht, 2009). Whereas much of the existing literature focuses on the correlates and outcomes of inconsistent identities, my results consider the ways
adoption, which is beyond the control of the adopted individual, can contribute to changes in self-concept and identity gaps.

Specifically, the results of this dissertation demonstrate that adopted individuals have varying levels of uncertainty and a varying range of questions regarding their identity and sense of self. For example, some participants discussed that they were trying to do everything they could to get some information, whether through adoption paperwork or by trying to gain contact with birth family, while other participants had questions but did not feel the need to have to seek the information. Furthermore, some participants discussed the importance of continuing contact with birth family in order to slowly fill gaps about their personality, physical traits, or health information, whereas some adopted individuals were content with simply having contact and knowing where they came from. Prior research indicates that identity gaps can decrease communication satisfaction, increase feelings of being misunderstood, and undermine the appropriateness and effectiveness of conversation (Jung & Hecht, 2004). These communication outcomes can be especially problematic for adopted individuals because information necessary to resolve some of these identity gaps may not be readily available. Therefore, adopted individuals may require increased support and outside resources to navigate the challenges to their identity. Future research should consider the communicative outcomes of identity gaps for adopted individuals to determine possible support and outlets that may help to resolve some of their identity challenges.

**Practical Implications for Navigating Identity Development and Maintenance for Adopted Individuals**
The results of the interview study also offer important practical implications for helping navigate identity issues that arise for adopted individuals. Notably, participants discussed opposing experiences about their adoption narrative, which provides insight into how these opposing experiences play a role in individuals’ identity manifestations. In particular, the participants provide insight into the nuances behind the adopted individuals’ experiences. The opposing dimensions provided in the results, supports the notion that although a societal stigma about adoption exists, all adoptions are unique, and each circumstance must be carefully considered singularly. More importantly, within these opposing dimensions, participants share the different ways in which they confront, manage, and cope with identity questions. Therefore, by understanding how other adopted individuals themselves are confronted with questions and available answers to their manifestations of identity as a result of adoption, other adopted individuals struggling with similar questions may find ways to cope.

The results also emphasize the importance of adoptive family communication, as it plays an imperative role in how identity is developed and maintained in adopted individuals. Research indicates that through open and honest communication, adopted individuals are able to cope with their genetic differences and embrace the significance of their adoption (Wrobel, et al., 2003). Because adopted individuals have a more difficult and complex experience in creating their sense of self (e.g., Colaner & Kranstuber, 2010), to include the unknown biological genealogy as well as the adoptive family norms and practices, they are more likely to develop doubts and questions about the identity features they choose to enact (Peterson, et al., 2003). For example, participants discuss that having the availability to ask questions about their adoption, adoption related information, and/or
information that the adoptive family has about the biological family, gives adopted individuals the chance to explore what information is used to assess which aspects are meaningful for their identity. Specifically, some participants say that when reflecting on how conversations about their adoption started, not being able to recall a particular moment exhibits the possibility for continual conversation over time, during different milestones throughout their identity management process. In contrast, participants who found it difficult to have conversations, or even the ability to ask questions, found that they needed to find alternative ways to find pertinent information, whether or not this was detrimental to their relationship with the adoptive parents. In these instances, some participants found that they needed to focus more on their biological roots in order to understand who they are, sometimes causing a neglect on the features that were instilled in them by the adoptive parents. Thus, communication is a key feature that may bridge the gap between doubts and questions adopted individuals have and the reflection of the multifaceted nature (i.e., adoptive family and biological family aspects) of their identity.

In addition, the findings of the interview study illustrate that feelings and experiences about adoption are mixed and complicated. Further, these feelings are normal and expected, as adopted individuals must grow accustomed to new family norms and practices they were not born into. The experiences within various social groups, whether it be positive or negative, influence an individual’s self-concept and identity (i.e., Hogg & Abrams, 1988; Hogg et al., 1995; Hogg et al., 2010; Tajfel & Turner, 1986). In particular, the results in the interview study provide useful insight for younger adopted individuals who are beginning to learn about their adoption, undergoing periods of uncertainty and confusion, and beginning to form and manage their own identity. For
these individuals, learning about these different narratives of other individuals who have also endured similar experiences allows them to recognize that these circumstances are not unusual. Whether affirmative or adverse experiences, the participants’ narratives showcase the important awareness that their identity is what they construct and enact. Adopted individuals, particularly, are able to persevere through their unique experiences and overcome the doubts of who they are as a person.

Lastly, the results of the interview study are important for potential adoptive parents. The opposing dimensions shared by adopted individuals provide potential adoptive parents and family members guidance in understanding their roles in the assimilation of adopted individuals into the adoptive family constructs and supporting the identity negotiation of their adopted children. Most important, is the adoptive parents’ role in maintaining an open and clear line of communication. As noted above, participants who felt it was not inappropriate to ask questions about their biological roots, the adoption process, and how the adoptive family is still a ‘family’, although nontraditional. By not dismissing the biological family, which is particularly salient for adult adopted children who are in reunion, instills the notion that an individual’s identity is multifaceted and can include all the aspects the individual finds important. In addition, embracing the adopted children’s genealogical roots as being an important feature to the adoptive family identity exhibits the adopted parents’ support for their adopted children’s holistic identity. The presented experiences can also be used to help better prepare prospective adoptive parents for conversations and discussions about identity with their adopted children, as research demonstrates that identity is an iterative and collaborative process (Brodzinsky, 2006). When adoptive parents shift the focus from the adoption
itself to the specific experiences of their adopted children, adopted individuals are able to acclimate their identity to include several students, which better provide a more grounded and holistic identity.

**Adopted Individuals’ Uncertainty Management about GFHH**

The second portion of the dissertation focused on uncertainty that adopted individuals’ have about their GFHH and the information management strategies they select to cope with such ambiguity. The circumstances of adoption can induce significant uncertainty and anxiety as adopted individuals age and begin to start their own families, where knowledge of potential genetic health risks would be beneficial (Grotevant et al., 2013; Strong et al., 2017). The survey-based study applied the theory of motivated information management (Afifi, 2010) to identify factors that shape adopted individuals’ selection of uncertainty management strategies with regard to GFHH. Across the multitude of models, the results of the survey-based study provide some support for the theory of motivated information management, but also point to some inconsistencies in the theory’s reasoning. Theoretically, this dissertation’s findings extend the theory of motivated information management by considering acceptance and support seeking as potential strategies for managing uncertainty in contexts where information is hard to access, and by calling into question the role of efficacy assessments in adopted individuals’ encounters with GFHH. Pragmatically, the results of the survey-based study illuminate important considerations for adopted individuals who desire information about their GFHH and the pathways they can pursue to manage uncertainty in this context.

**Implications for Advancing the Theory of Motivated Information Management**
The survey-based study offers important implications for advancing the theory of motivated information management. First, the survey-based study applies theory of motivated information management to a unique context where uncertainty, different emotions, and information management share complex associations. Although the theory has been applied previously to examine people’s motivations for seeking and sharing information about their GFHH (e.g., Hovick, 2014; Kuang & Gettings, 2020; Rauscher & Hesse, 2014), this survey-based study is the first to apply the theory to adopted individuals, where uncertainty about their family of origin is heightened and the availability of information is limited. Although this survey-based study examines the extremes of uncertainty and information management in a unique population, the tenets of the theory of motivated information management were generally supported for the most part. Thus, the survey-based study helps to confirm the theory’s assumptions and demonstrate its utility across a wide variety of contexts.

One aspect of the theory of motivated information management that was not well supported in this investigation is the assumption that efficacy assessments are influential in shaping information management practices (Afifi, 2010). Across all models except for one, none of the different forms of efficacy assessments were significant predictors of information seeking, information avoidance, acceptance, or social support seeking. In fact, the path needed to be removed to achieve satisfactory model fit. In the model testing sadness, the direct path between target efficacy and social support seeking was positive and significant. In addition, although the path from communication efficacy and social support seeking was nonsignificant, it was not removed to achieve satisfactory model fit. One possible explanation for the lack of significant associations is related to the context
of adoption and GFHH in this survey-based study. Perhaps adopted individuals view
information about their GFHH as beyond their locus of control (Strong et al., 2017). If
one’s birth parents are unknown or inaccessible, then the adoptee’s ability to seek
information is not a relevant consideration. When there is no possible way to gain access
to GFHH information, adopted individuals should have no efficacy whatsoever in their
ability to seek it. Coping efficacy is also rendered moot because there is no need to cope
with information that cannot be had. Therefore, efficacy judgements may not be a salient
consideration for adopted individuals if GFHH is considered to be beyond their reach.
Although genetic testing is a viable way for adoptees to learn about their genetic health
risks (May et al., 2015), it does not provide the same type of information about the
hereditary roots of those conditions. For adopted individuals, this hereditary information
may be even more desirable than the knowledge of potential health risks because it
provides insight into a family structure and identity that is unknown to them. Thus,
efficacy judgments may not only reflect ability to obtain health information, but more
complex judgements of one’s ability to uncover the more personal elements of their
genetic family history.

This survey-based study also sought to expand the theory of motivated
information management by testing additional emotional responses that may affect the
judgments made by adopted individuals about their motivation to manage information to
alleviate the uncertainty discrepancy they are experiencing. Recent developments in the
theory of motivated information management explain that experiencing different
emotions will lead to different outcome assessments and efficacy judgments (Afifi &
Morse, 2009). In this survey-based study, I specifically aimed to test the role of anxiety,
sadness, anger, guilt, hope, and interest as emotional responses to the uncertainty discrepancy experienced by adopted individuals regarding their GFHH. Prior research has discussed that in the case of searching for health history information, individuals may experience mixed emotions (e.g., Chivers Seymour et al., 2010; d’Agincourt-Canning, 2001). In addition, Afifi & Morse (2009) have proposed that a wider variety of emotional responses (in addition to anxiety) may be elicited due to the presence of uncertainty discrepancy. Overall, the results show that although not all of the tested emotions are affected by the uncertainty discrepancy individuals experience about GFHH, the presence of these emotions affect the judgments the individuals make about the outcome expectancies they have. This is relevant to developing an understanding of the ways in which adopted individuals experience additional negative emotions due to the absence of a directly available information provider.

For adopted individuals, the perceived uncertainty discrepancy about their GFHH may not be relevant to their appraisals of the negative emotional responses, rather, there may be room to argue that as a result of their circumstances and the mere absence of GFHH, their negative emotional responses have manifested at the same level as their perceptions of uncertainty discrepancy. A summary of results and the role of emotion in information management is provided in Tables 20 – 21. Generally, the presence of uncertainty discrepancy is significantly associated with perceptions of anxiety, interest, and hope. In turn, all emotions, except hope, are significantly associated with negative outcome expectancies. Mixed results are seen for associations between emotions and efficacy assessments, as well as emotions and information management strategies. The findings of this survey-based study specifically showcase that in the case of sadness,
anger, and guilt, these emotions do not derive from their perceptions of uncertainty discrepancy. Adopted individuals’ evaluations of these specific negative emotional responses may have occurred the moment they recognize their lack of access to GFHH information, including the inability to retrieve this information even after being in reunion with their biological family. However, an interesting finding in this survey-based study is that the presence of these negative emotions impacts the other downstream variables in the process of the adopted individuals’ information management evaluations. As outcome expectancy assessments are an individuals’ perception of the possible outcomes, an argument can be made about the importance of emotions playing a role. All tested discrete emotions, except hope, were important factors in the adopted individuals’ outcome expectancy evaluations. For adopted individuals, the findings suggest that if they have greater evaluations of negative emotions, they are more likely to deem their information management process as having negative expectations about the procurement of GFHH information. Thus, further research is warranted to study more emotions and how specific types of emotions may or may not be affected by the presence of uncertainty discrepancy and whether or not those emotions may motivate outcome expectancies and efficacy assessments for information management.

An additional theoretical contribution that the results of this survey-based study points to is the role of efficacy assessments and the process in which efficacy assessments are evaluated. When testing TMIM with this data, the three types of efficacy assessments were not able to load as one factor representing efficacy assessments holistically. Similar to previous tests of efficacy factor structure (e.g., Fowler & Afifi, 2011), the efficacy judgments were tested separately in this survey-based study. Across all tests, efficacy
assessments were only a significant predictor of support seeking when the adopted individuals perceived sadness and had higher levels of target efficacy. It is therefore necessary to determine the relevance of efficacy judgments as a significant predictor of information management in adopted individuals’ search for GFHH information.

An important point to consider is that communication efficacy and target efficacy are interactional or relational judgments, while coping efficacy is inherently individualistic. Therefore, in the case of adopted individuals searching for their GFHH information, the impact of each of these efficacy assessments on their decision about which information management strategy to employ may carry different weights. Adopted individuals who are in contact with a member of their biological family may evaluate their communication and target efficacy differently from individuals who have yet to find anyone they are biologically related to. Moreover, the judgments of coping efficacy made by adopted individuals who have a supportive adoptive family may differ from those who have adoptive family members going against their search for biological family information. In addition, it may be worth considering the ordering of these efficacy assessments in the appraisal process of adopted individuals. There may be an argument made that the coping efficacy judgments occur as a result of an individuals’ perception of their communication and target efficacy judgments. Further research is needed to explore the relationship between these relational and individualistic efficacy assessments and whether these efficacy assessments happen at different stages within information management process, work harmoniously throughout the entire process, or if the judgments work on different levels coherently.
A final theoretical contribution of this research is the addition of acceptance and social support seeking as alternative strategies for uncertainty management, especially in situations where direct access to the sought-after information is limited. Although acceptance and support seeking have not been investigated in the context of the theory of motivated information management, theorists have previously discussed the benefits of cognitive reappraisal for helping individuals reframe their uncertainty discrepancy so that experienced and desired levels of certainty are more aligned (Afifi & Weiner, 2004). Acceptance is considered a type of emotion regulation strategy (Szasz et al., 2011) where the individual takes in the situation or circumstance as it is (Hayes et al., 1999). Prior research shows that acceptance helps individuals cope with uncertainty (Politi et al., 2007). Therefore, acceptance could help adopted individuals to cope with emotions that are being experienced as a result of the lack of information access (Kohl et al., 2012).

The results of this survey-based study suggest that there may be room for further exploration of the role of acceptance for adopted individuals who are searching for GFHH information. There is a lack of support for acceptance as an information management choice for adopted individuals in the present data. As this was a cross-sectional study, one argument could be made that these participants still perceive a positive possibility of finding their GFHH information. However, as acceptance is explained to be a cognitive reappraisal (McRae et al., 2012), there is room to build understanding about the role of acceptance as an information management strategy that is chosen after adopted individuals have already gone through the process of trying to find GFHH information and being unsuccessful. Acceptance, therefore, may be a second step information management strategy for adopted individuals. In addition, there is utility in
making the argument that acceptance happens at an earlier time for adopted individuals. As they view their GFHH outside their locus of control due to their circumstances, the appraisal of acceptance may occur before, or simultaneously, in their evaluations of their uncertainty discrepancy. Further work must explore when, and how, acceptance is evaluated as a predictor or outcome of information management processes. Thus, longitudinal data may be necessary to unravel the processes that occur over time in adopted individuals’ information management processes in regard to GFHH information, as well as the behavioral assessments that have occurred to determine next level decisions made during adopted individuals’ information management processes.

Supportive communication is often identified as a mechanism to help people engage in cognitive reappraisal (Holmstrom, 2015), and prior research shows that social support helps individuals to buffer stress and manage uncertainty (e.g., Raffaeli et al., 2013). Receiving social support from one’s adoptive family members, close friends, or support groups for adoptees can be beneficial for helping adopted individuals manage their uncertainty and cope with their emotions in the absence of information about their birth parent(s) or their GFHH. Similar to acceptance, social support seeking may be an alternative information management strategy after adopted individuals have already been through an initial process or come before the initial information management process begins. Adopted individuals may seek support from other adopted individuals who have already been through the process of searching for GFHH information to help them decide whether or not to engage in information management strategies. An argument can also be made for adopted individuals seeking support if their information management process did not unfold the way they expected. Thus, social support could be a valuable addition to
the uncertainty management toolkit in the context of adoption and GFHH. Further research, specifically longitudinal data, is needed to unfold the significance and placement of support seeking within adopted individuals’ information management processes. In addition, there is a need to determine which type of support is preferred and expected during the social support seeking process and the utility each type of support has for GFHH information management.

**Practical Implications for Uncertainty Management about GFHH**

The results of the survey-based study also offer translational opportunities for helping adopted individuals manage their uncertainty about GFHH. For adoptees who desire information about their hereditary health risks, there are pathways and opportunities for information seeking, even for individuals who are not in reunion with their birth parent(s). The development of various genetic testing options has allowed adopted individuals to discover useful information about their GFHH (Evans et al., 2013; May et al., 2015). Many adoptees have shown interest in seeking genetic testing and have identified the acquisition of health information to be their main motivation for testing (Baptista et al., 2016). Adoptees have a strong desire to gain health-related heritage information (Grotevant et al., 2013) and their lack of access to desired hereditary information can be interpreted as a health disparity, which can be somewhat mitigated through genetic testing (May et al., 2016a; 2016b).

Adoptive parents express mixed feelings about whole genome sequencing for their adopted children. While some parents feel sequencing would answer questions about GFHH and increase awareness of potential health risks, other parents have concerns that the results could compromise their children’s autonomy and privacy.
(Crouch et al., 2015). Given these concerns, adopted individuals who seek genetic testing
to learn about their hereditary health risks should reflect on the expected outcomes of the
testing and their efficacy to cope with potentially distressing results before moving
forward. Nevertheless, advancements in genetic testing help arm adoptees with unique
opportunities for information seeking that allow for some control over when and how to
find pertinent information (Strong et al., 2017). In situations where adoptees are
prevented from knowing the identity of their birth family, genetic testing may be the only
available means for seeking information and reducing uncertainty about hereditary health
risks.

This research also has practical implications for healthcare providers and
counselors who work with adopted children and their adoptive families. Prior research
shows that the most common barriers to seeking GFHH information are uncertainty (e.g.,
Baptiste-Roberts et al., 2007) and negative emotions (e.g., McAllister et al., 2007a); thus,
it is important for healthcare providers, counselors, and/or therapists to understand how
uncertainty and affect are interwoven in this context and how they shape motivations to
engage with information about GFHH. One important recognition for these healthcare
professionals is that adopted individuals may not have a desire to reduce uncertainty
about their GFHH. Clinicians tend to have less empathy and sympathy for individuals
who avoid receiving information about their genetic health and tend to perceive them as
less competent, moral, and normative compared to those who seek hereditary health
information (Heck & Myer, 2019), but my findings suggest that adoptees’ intentions to
seek this information for themselves can be impeded by factors beyond their control.
Clinicians should realize that adopted individuals may want to avoid GFHH information
if they expect to receive distressing information, if they lack confidence in their ability to obtain the information, or if they prefer to remain in the dark about their potential health risks. This knowledge will allow healthcare providers to recommend the best possible options for information management tailored to individual needs and circumstances.

Finally, these results point to the need for sensitivity when treating adopted individuals. It is important for healthcare providers to recognize that although GFHH information is beneficial for anticipating and preventing potential health risks, not all individuals have the same access to this information. Adoption decreases the availability of this pertinent information when adoptees are not in contact with birth parents or lack the necessary closeness to allow for the sharing of private and personal information (Ashida et al., 2013). In these situations, social support can be beneficial for helping adopted individuals reappraise uncertainty around their hereditary health information. Whether social support is provided by clinicians, the adoptive family, friends, or other adoptees, supportive conversations can help adopted individuals to view their uncertainty about GFHH in a new light and embrace the ambiguity inherent in their situation (Holmstrom, 2015). Thus, adopted individuals may choose to seek comfort instead of pursuing information that may be unavailable, unreliable, or undesirable.

**Translational Opportunities**

I believe that this dissertation points to opportunities for open conversations with several groups who may be involved in the identity construction and management, and genetic family health information management for adopted individuals. Several different groups of individuals may benefit from the results this dissertation lays out in considering their role as possible information and support providers. This section provides some ways
to unfold these difficult conversations and to provide insight into the ways in which each group of individuals could have impact.

**Adopted Individuals**

The dissertation points specifically to the notion that the questions and concerns are not singular to each adopted individual. Rather, although adoption-related circumstances may be specific to each adopted individual, results showcase that many individuals experience questions and concerns about the most important features of their identity. Therefore, adopted individuals should not feel that they alone in the endeavor of searching for their sense of self. The results of this study would be particularly helpful for adopted individuals as the narratives shared uncover various ways other adopted individuals have been through similar circumstances in developing an understanding of themselves. Other adopted individuals may be able to determine what the best options are for their particular circumstance in finding birth family related information, adoption related information, or simply that conversations with their adoptive family and/or support network will help with their identity construction and management.

In addition, it is imperative to let adopted individuals know that each of them has ownership of their adoption and identity narrative. Although adoptive family members may play a role in helping develop an understanding of their sense of self surrounding the adoption itself, the adopted individuals have control over the type of information, the depth of information, and the effects of the information in exploring who they are holistically. Similarly, adopted individuals who are in search for GFHH information should understand that there are various outlets of gaining pertinent information and that no singular choice is “correct” and/or the only option. They should be encouraged to
pursue any path they are comfortable with and have conversations with any individual who may be able to help the adopted individuals gain knowledge surrounding all constituents about their GFHH information management.

**Adoptive Families**

Secondary to the adopted individuals themselves having control over the adoption narrative and the impact adoption has on their everyday lives, adoptive families provide a direct relationship to helping develop a holistic sense of self in the adopted individual. For adoptive families, the results of this dissertation point to building open and honest communication within the family surrounding any topic sooner than later. When instilled with the understanding that no topic, especially involving the adoption, early in the adopted individual, they are able to explore questions and concerns knowing they have a support network who will provide support. Along with beginning these conversations early on, results also show that there is merit in providing answers to the adopted individuals’ questions to the best of their ability. Avoiding or dismissing requests for information may place emphasis on feelings of rejection for adopted individuals; rather, being honest about information that adoptive families do and do not possess may help adopted individuals to cope with their circumstances better.

Further, adoptive families should work to provide opportunities for helping transracial adopted individuals explore their birth culture and heritage. Not all transracial adopted individuals may want to always explore their birth identity or embrace it; however, it is important to have options where, if warranted by the adopted child, there are opportunities available. Helping build birth family culture into their identity at a young age may allow for adopted individuals to reduce uncertainty about their birth
heritage, as well as provide the adopted child with comfort in searching for answers by introducing ways that foster a sense of birth identity. Largely, these opportunities are ways for adoptive families to show their support. For adopted individuals who may feel like they are unable to ask questions, providing them with confirmation that all members are working through building a family identity together, allows for adopted individuals to focus on information management practices rather than the emotional responses adoptive families may present. Adoptive family members should think about the avenues they would like to provide support for adopted individuals. Support may be in the form of presenting them with any information or documentation surrounding their adoption and birth family, accompanying them to appointments where health history is a concern, providing genetic testing kits to foster information search, and/or connecting their adoptive child with the adoption agencies from which they were adopted. In providing this support, however, it is imperative that adoptive families know that the ultimate decision for information management is made by the adopted individuals themselves and no one option should be pushed as the best option. Focusing on the nature of wanting to provide support is more important.

**Clinicians and Physicians**

Adopted individuals may utilize options for information management from sources that are not directly related to their adoption process. In other words, adopted individuals may conclude their best option is to speak with clinicians and/or physicians in their search of a holistic sense of self and GFHH information. As such, it is imperative for clinicians and physicians to utilize the findings of this dissertation to build understanding that each adopted individual has a unique adoption narrative and that two
cases are the same. Clinicians and physicians should work to build rapport with each adopted individual and provide an environment where adopted individuals feel comfortable asking any types of questions they might have. Specific to GFHH information search, clinicians and physicians should familiarize themselves with options adopted individuals have.

**Birth Families**

Not all adopted individuals have the opportunity or wish to be in contact with their birth families. However, findings suggest that birth families also play a large role in identity development and GFHH information management for adopted individuals who are in reunion. As results indicate, birth families should consider the importance of open and honest communication that might occur in reunion. For instance, when prompted for any relevant GFHH information, it should not be dismissed as irrelevant. Although cultural differences may exist surrounding GFHH information, it is just as imperative to understand that there is likely a reason why the adopted individual is seeking this information. Providing as much information as possible fosters more room for continued communication. One other aspect that is worth mentioning is sharing the birth family’s side of the adoption narrative to provide adopted individuals with an explanation of the full circumstances behind their adoption. Simply providing this information may alleviate uncertainty about their biological origins and adoption but also naturally answer questions the adopted individuals may have.

**Adoption Related Program Development**

Finally, the results of this study point to directions in developing programs that address some of these concerns for adopted individuals. Building programs that help
bolster adopted individuals’ efforts for uncertainty management is warranted. Adoption agencies might build a department that is equipped with professionals who may help to match adopted individuals with birth families, provide translational services for documents, become acting translators in face-to-face meetings, act as informational carriers in biological family searches, and provide counseling services for adopted individuals who are struggling with uncertainty. This department may provide a streamline service for adopted individuals to access various services that may be difficult to find. Especially with the large number of transracially adopted individuals, the largest impact on starting and maintaining biological relationships is the language barrier. By providing services surrounding language, adopted individuals may feel more comfortable in beginning their search. All these options provide better opportunities for adopted individuals in their uncertainty and information management.

**Strengths and Limitations**

The studies in this dissertation have a number of strengths. First, the interview study collected data from a majority non-white identifying sample. This allows for a better accounting of different perspectives on the role of family norms and practices in identity development and maintenance. This interview sample also points to transracial and non-transracial adoptive experiences, allowing for the detailed explanations of how adopted individuals are affected by the ethnic and racial differences and identity gaps they may experience as a result of adoption. Second, the results of the interview study outline contrasting views of adoption’s effects on adopted individuals’ identity formation and the ways identity uncertainty is manifested for adopted individuals through different circumstances. In addition, it showcases how identity gaps may occur for adopted
individuals as they cope with unknown birth family information, inconsistencies with adopted family members, and the impact of reunion on identity manifestations.

A final strength of this dissertation is that it contributes to a greater understanding of how adopted individuals perceive uncertainty about their GFHH and the possible information management practices they enact in order to manage their uncertainty. This survey-based study specifically draws on the theory of motivated information management to explore the potential for uncertainty discrepancy about GFHH in adopted individuals and different strategies they may employ to manage their uncertainty. An additional strength in applying the theory of motivated management is the exploration of additional potential information management strategies and perceived emotions that might be particularly salient under these circumstances.

Despite these strengths, these studies are not without some limitations. First, although the sample in the interview data was diverse in nature of ethnicity, most participants were highly educated and of middle to high socioeconomic status. As such, the experiences of adopted individuals from more under-privileged positions were not represented in the sample. In addition, the eligibility criteria of the interview study limited participation to adopted individuals who were legally adopted as a minor through domestic or international adoption, not fost-adopted, and not adopted by birth relatives. Therefore, the experiences of these adopted individuals are not representative and I am unable to understand how family norms and practices in these unique adoptive families affect the adopted individual’s identity. Lastly, the nature of qualitative data limits the generalizability of experiences to other contexts.
A limitation for the test of the theory of motivated information management is that the cross-sectional nature of the data limits the ability to show how uncertainty and perceived emotions about GFHH may change over time. Moreover, it limits the ability to document the actual uncertainty management strategies that adopted individuals ultimately employed, so I can only speak to behavioral intention as opposed to actual action. Future research should collect longitudinal data that explores the different uncertainty management strategies that are employed over time and their relative impact on people’s uncertainty about GFHH. Monitoring these processes over time will provide better insight into the ways adopted individuals may use different strategies in combination or in sequence to achieve a desired level of certainty about their hereditary health risks.

Another limitation is that the sample in the survey-based study was predominantly white and female, which limits our ability to generalize these findings to more diverse populations and males. Especially given the prevalence of international and interracial adoptions (United States Department of State - Bureau of Consular Affairs, 2019), and the propensity of some races to have higher risk for hereditary disease (e.g., Rebbeck, 2017), understanding how racial minorities manage uncertainty about GFHH would be an important extension of this work. Similarly, the sample for this survey-based study was restricted to adopted individuals who were not involved in foster care nor adopted by other family relatives. Given that these family contexts may provide more accessibility to hereditary health information, future research should consider how different adoptive structures shape people’s motivation and ability to seek information about GFHH, as increased accessibility might alter preferred information management strategies. The
sample was also relatively small, particularly for model testing in structural equation modeling, so the analyses were underpowered.

**Future Directions**

The results of the interview study point to many further opportunities for future research. First, I look forward to further understanding how the manifestations of identity in adopted individuals may lead to the experiences of *identity uncertainty*. *Identity uncertainty* can be conceptualized as the doubts or questions that individuals experience when they encounter changes and/or challenges to their personal or relational identities. Future studies that delve into *identity uncertainty* may investigate the specific reasons or circumstances that increase individuals’ questions about the most important components of their sense of self. Studies may examine questions and doubts of individuals living in immigrant families, blended families, single parent families, and other nontraditional families that may give rise to uncertainty. Future investigations of *identity uncertainty* may benefit from collection of longitudinal and dyadic data to address the nature of identity changes and the course of identity change. In addition, continuous monitoring of these changes will provide more insight into the relationship between identity, identity uncertainty, and its associations with relationship outcomes. Specific to nontraditional family units, such as adoptive families, these future directions will contribute to a better understanding of identity negotiation over time and the impact of belonging to multiple family units for these adopted individuals. Further, additional research is also needed to identify the ways in which the features and quality of identity uncertainty may shape individual and family outcomes for adopted individuals.
Second, I would like to explore identity formation and identity uncertainty within international and transracial adopted individuals. Specifically, I want to understand the ways in which their physical features delineate them from their adoptive family and the identity implications this type of adoption has. In addition, I would like to research the complications surrounding race and ethnicity including the different impacts international and transracial adoption has on adopted individuals. This research would look more closely at those individuals who potentially have different ethnicities from their adoptive parents, the implications of these circumstances on their identity, and the impact it has on communication within and outside the adoptive family.

Next, I would like to do an interaction study to delve more into the conversations between adoptive parents and adopted children. This research would explore conversations about identity and identity uncertainty experienced by the adopted child and include topics such as health risks, family of origin information, and support provided by adopted parents in the adopted child’s exploration of who they are. In addition, this research would provide insight into the ways in which adoptive parents act as information providers in their decision to reveal or conceal accessible information, but also the ways they act as support providers to help their adopted child(ren) cope with the information deficit regarding the biological family. As an extension, it would be equally important to do an interaction study to delve deeper into the conversations between parents who were adopted when they were younger and their biological children. This research would explore conversations about identity and identity uncertainty that were explored by the parent as they grew up and the effects adoption had on them, in addition to the support they could provide for their children as the lack of GFHH information may
still persist. Understanding how the deficit of important information for the parent who is adopted impacts their biological children would be important in identifying ways support could be given to cope with these circumstances.

Finally, in order to understand all the nuances involved in adoption, and the role of communication in the process, it would be beneficial to collaborate with experts in other fields (e.g., social workers, adoption agencies, etc.). Specifically, I believe that communication scholars can help to illuminate the communication processes that are employed by individuals and families involved in the adoption process. Coordinating with professionals who facilitate adoptions and work with adoptive families and adopted individuals can help to identify relevant points of intervention where improved communication could be beneficial. There are considerable opportunities for collaboration and intervention where expertise in communication would be useful for improving family relations and the well-being of adopted individuals.

**Conclusion**

Families have been formed legally through adoptions in the United States for at least a century (Grotevant et al., 2005). Adoption is a unique experience that shapes individuals’ identity and limits access to information that is easily available within biological families (including but not limited to genetic health information and family history). This dissertation focuses on crucial questions adopted individuals may face about who they are and their GFHH as they construct and manage their sense of self and what pertinent information is needed to fulfill their identity. The findings of the interview study suggest that adopted individual identity is significantly affected by the family norms and practices of the adoptive family, just as much as the lack of information about
their biological origins. Moreover, the resulting themes that emerged reflect the varying effects of adoption on adopted individuals’ identity formation. Efforts to support adopted individuals’ exploration of identity manifestations should aim to acknowledge all paradigms of adoption narratives as being appropriate and valid. Supporting efforts may promote better investigation into the identity characteristics and to help adopted individuals embrace all aspects of the self as being significant.

In addition, although adopted individuals may find themselves at a disadvantage when it comes to accessing their GFHH, the survey-based study demonstrates that there are mechanisms that can help adoptees seek information and/or support to help them cope with uncertainty about their birth family and their hereditary health risks. This survey-based study applies theory of motivated information management to assess the factors that influence uncertainty management strategies for adoptees who desire information about their GFHH and extends the theory to add acceptance and support seeking as possible strategies that adoptees can use to cope with uncertainty when information about their birth family and GFHH are unavailable. Despite facing deficits of information about their GFHH, adopted individuals can manage their uncertainty through a variety of alternative mechanisms. Future research should continue to explore how adopted individuals manifest their identities and the ways in which different types of adoption may affect those adopted individuals in various ways.
Appendix A
Interview Study Recruitment Flyer

Were you adopted?
Researchers at Rutgers University are looking for individuals to participate in an interview study on the personal and relational outcomes of adoption.

Researchers at Rutgers University are looking for individuals to participate in an interview study about the experience of adoption and its effects on people’s identity and relationships.

You may be eligible to participate in the study if you meet the following criteria:

(a) Between the ages of 18 - 35;
(b) Be legally adopted as a minor through domestic or international adoption;
(c) Not involved in foster care (including those still living in foster care or “fost-adopted”);
(d) Not adopted by a stepparent, grandparent, or any other relative
(e) Have access to an Internet connected device;
(f) Be able to read and write in English.

Participants will NOT be excluded as a result of the following criteria:

(a) Individuals will NOT be excluded from the study based on gender, race/ethnicity, or sexual orientation;
(b) Individuals will NOT be excluded from the study based on adoptive parent relationship status (e.g., single, married same sex, married opposite sex, partnered), gender, race/ethnicity, or sexual orientation.

If you meet these eligibility criteria and would like to participate in the study, please email the primary investigator with your name and email address to set up an interview date and time. The interview will take approximately 60 - 90 minutes to complete.

The first 15 people to complete the survey will receive a $30 gift card from Amazon.com.

For more information, please contact:
Deborah Yoon
deborah.yoon@rutgers.edu
Appendix B
Interview Study Consent Form

CONSENT TO TAKE PART IN A RESEARCH STUDY

TITLE OF STUDY: Identity Construction and Management Strategies that Reduce Uncertainty about Identity for Adult Adopted Children

Principal Investigator: Deborah Yoon, M.A, Ph.D. Candidate

This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. After all of your questions have been answered and you wish to take part in the research study, you will be asked to provide verbal consent. You can keep a copy of this informational consent form for your records. Your alternative to taking part in the research is not to take part in it.

Who is conducting this research study and what is it about?
You are being asked to take part in research being conducted by Deborah Yoon who is Ph.D. Candidate in the Dept. of Communication at Rutgers University. The purpose of this study is to uncover the ways adopted individuals understand their construction of identity, role of the family in constructing identity, and the potential for identity uncertainty.

What will I be asked to do if I take part?
You will be interviewed by the researcher about your adoption and your identity. The interview will last about 60-90 minutes and will take place over Zoom. We anticipate 25 people will take part in the study. All interviews will be audio recorded through recording features on Zoom.

What are the risks and/or discomforts I might experience if I take part in the study?
Risks for participants in this study are minimal, but may include fatigue from the length of the interview or discomfort talking about yourself or your family relationships. If any questions during the interview make you feel uncomfortable, you can skip those questions or withdraw from the study altogether. If you decide to quit the interview your responses will NOT be saved.

Are there any benefits to me if I choose to take part in this study?
There no direct benefits to you for taking part in this research. You will be contributing to knowledge about the ways that adoption shapes personal identity.

Will I be paid to take part in this study?
Participants will earn one (1) $30 gift card to Amazon.com upon completion of the interview.

How will information about me be kept private or confidential?
This research is confidential. Confidential means that the research records will include some information about you, such as your name, email address to receive compensation, and a voice recording of the interview. This information is kept confidential by limiting individuals’ access to the research data and keeping it in a secure location. No identifying information will be collected as part of the interview; therefore, your interview responses will remain strictly confidential. The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. No identifiable information will be collected as part of the consent process. Participants’ first and last name, and email address, will be collected from your initial enrollment email to facilitate compensation for
completing the interview. Identifying information will be saved in a document that is kept separate from the audio recording of the interview. Identifying information will not be included in the audio recording or transcripts of the interviews. All participants will be assigned a pseudonym for the purposes of data analysis and reporting results. No information that can identify you will appear in any professional presentation or publication of the study results.

**What will happen to information I provide in the research after the study is over?**

The information collected about you for this research will not be used by or distributed to investigators for other research. The file containing your name and email address will be destroyed at the end of the study. All interview data will be kept for five years and will be destroyed upon completing publication of study results, as stated in the study protocol.

**What will happen if I do not want to take part or decide later not to stay in the study?**

Your participation is voluntary. If you choose to take part now, you may change your mind and withdraw later. In addition, you can choose to skip interview questions that you are not comfortable answering or stop the interview at any time. You may also withdraw your consent for use of responses you provided during the interview, but you must do this in writing to the PI: Deborah Yoon.

**Who can I call if I have questions?**

If you have questions about taking part in this study, you can contact the Principal Investigator: Deborah Yoon at email: deborah.yoon@rutgers.edu or phone: 732-310-2176. You can also contact my faculty advisor: Jennifer Theiss at email: jtheiss@rutgers.edu or phone: 848-932-8719.

If you have questions about your rights as a research subject, you can contact the IRB Director at: Arts and Sciences IRB (732) 235-2866 or the Rutgers Human Subjects Protection Program at (973) 972-1149 or email at humansubjects@ored.rutgers.edu.

Please keep this consent form if you would like a copy of it for your files.

By beginning the interview, you acknowledge that you are 18 years of age or older, have read the information and agree to take part in the research, with the knowledge that you are free to withdraw your participation without penalty.

Please respond with “I agree” at the beginning of the interview when requested by the researcher.
Appendix C
Audio Recording Consent Form

**ADDENDUM: CONSENT TO AUDIO-/VISUALLY RECORD OR PHOTOGRAPH SUBJECTS**

You have already agreed to take part in a research study entitled: *Identity Construction and Management Strategies that Reduce Uncertainty about Identity for Adult Adopted Children* conducted by Deborah Yoon. We are asking your consent to allow us to audio record you as part of the research.

The audio recording will be used for data analysis as part of a dissertation project. In addition, data and results will contribute to multiple manuscripts that will be presented at professional conferences and published in academic journals. The results will be presented as a summary of group results. No individual data or results will be shared or published without use of a pseudonym to maintain confidentiality.

The audio recording may include the following information that can identify you: name and email address. All personal identifiers will be removed from transcribed data. Identifying data will be kept in a document that is separate from your interview data, which will be stored on a secure, password protected server that can only be accessed by the researchers.

The audio recording will be stored on a secure, password protected server. Only the researchers will have access to the raw interview audio files for download with access only using password authentication. No interview data will be transmitted through email or file upload without encryption. Once data collection and analysis are complete, applicable files will be kept for a maximum of 5 years in a password protected computer. Once 5 years has passed, all recordings and identifiable data documents will be deleted.

The audio recording will not be used by us or distributed to investigators for other research.

At the start of the interview, the interviewer will ask you if you consent to be recorded. Your consent permits the investigator named above to audio record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written consent. Please respond with “I agree” at the beginning of the interview when requested by the researcher.
Appendix D
Semi Structured Interview Guide
(~ 60 –90 minutes)
Information Management Strategies that Reduce Uncertainty about Identity and Family Health History for Adult Adopted Children

1. Consent Form:
   a. Do you agree to participate in this study?
   b. Do you agree to audio recording this interview?
   c. Welcome and thank you for participating in this study.

2. Demographics (Part 1): Questions about individual
   a. What is your gender identity (e.g., male, female, non-binary, etc.)?
   b. What is your age?
   c. What is your race/ethnicity (e.g., African American, Caucasian/White, Native American, Asian, Hispanic, Indian, other)?

3. Demographics (Part 2): Questions about general information on adoption background
   a. When were you adopted (year)? How old were you at the time of the adoption?
   b. If you have memory of your adoption process, would you be able to share your “adoption story”?
      [Specific Probes: Is there anything that you can personally remember from the time of your adoption? What was the adoption process like for you? Please describe the feelings you had when you first met your adoptive family? Can you describe the first interaction you had with adoptive siblings (if you have them)? Can you describe the adoptive family members’ reactions when you first came “home”?]  
   c. I’m interested in learning whatever you are willing to share with me about your biological family?
      [Specific Probes: What family members that lived in the household? Who were they and how were they related? What is your current level of contact with your biological family? Are you satisfied with the current level? If you would change anything about contact (how, how often, the nature of the contact, who initiates contact, etc.) would you change and why?]  

4. Adoptive Family Climate: Conversations about aspects of adoption
   a. [Adoptive Family Demographics] Tell me about the adoptive family members that are a part of the adoptive family household. Who are they and how are they related? Describe the relationship you have with members of your adoptive family. Has this changed over time? What is the cultural/ethnic identity of your adoptive family? Do you share that identity? Why or why not? Has this changed over time?
      [Specific Probes: (If you have adoptive siblings) Describe your relationship with your adoptive siblings? How has it changed over time? How did adoptive family members react (if siblings were unaware) to you being adopted? Describe your feelings when you learned that you were adopted? How did they change over time? What are your feelings concerning when and how you found out?]
b. How does your adoptive family discuss [your] adoption? When/how does (has) you being adoptive come up with your family?  
[Specific Probes: Who begins these conversations? To what degree do these conversations include information (and/or comments) about your biological family? How comfortable were you in having these conversations? What unexpected topics arose as a result of these conversations? Continuum: How have the conversations in your adoptive family changed over time? As time has passed, who initiates conversations about your adoption? How has your comfort level changed over time?]

5. Thoughts about Identity and Adoption: General questions about the self as an adopted individual
a. [Preface: Broadly defined, we can think of identity as one’s self image or how someone defines themselves. Identity can be a complicated concept, which can depend on one’s circumstances. For example, my identity right now is in the role of researcher and PhD candidate. However, when I go home, my identity will be more as a daughter or a friend. Does this make sense? <Within the research I do, identity is multilayered. It consists of an individual’s sense of self or self-concept, the ways parts of the self are performed in everyday interactions, formed through the different roles one plays and the relationships they have, as well as through memberships within cultural groups and the community.>] So, given our common understanding of what I mean by “identity”, can you please describe the most important aspects of your identity (e.g., aspects of personality/identity that you feel are important to you)?  
[Specific Probes: What are the ways you see yourself? If you had to describe yourself to someone who doesn’t know you (and you only had 2 minutes to do so), what would you want to tell them? Understand yourself?]

b. Has being adopted influenced your identity? Why or why not? How?  
[Specific Probes: How has [insert specific aspect from question above] been influenced by your adoption? What aspects of your identity are shaped by adoption? What aspects of your identity exist regardless of adoption? To what degree is your identity defined by your adoption?]

c. Describe the parts of your identity that you feel are unique/different from other members of your adoptive family.  
[Specific Probes: Personality differences?]

d. [Preface: In some cases, individuals have questions and uncertainty about who they are as a person and what aspects are central to their identity.] What aspects or questions, if any, do you have about yourself or your identity? To what extent do you experience doubts or uncertainties about your identity as a result of your adoption?  
[Specific Probes: What are some ways you feel you have questions about who you are? To what degree does/did your adoptive family provide “ethnic/cultural” information and support for this aspect of your identity (e.g., have your adoptive parents ever sent you to a “cultural camp” such as Korean school for adopted Korean children)? To what degree have you ever felt disconnected to your adoptive family because of your identity? What parts of
your identity are you reluctant to share with your adoptive family/friends? What aspects of yourself do you keep hidden?

e. Do you feel that being adopted makes you feel special or unique? Why or why not? What are some areas of your personality that you think are positively influenced as a result of being adopted?

6. **Genetic Family Health History:** Questions about the self and genetic family health history

a. **[Preface:** The increasing interest in genetic testing has led to discovering that having information about your genetic family health history can be helpful for knowing whether you are at risk for certain health conditions that are hereditary] How important is it to you that you know your genetic health history?

[**Specific Probes:** As someone who is adopted, what concerns do you have, if any, about knowing your genetic family health history? Do you ponder about whether or not you are genetically prone to possible health problems/concerns since you are unaware of your genetic health history?]

b. Have you had any conversations regarding genetic family health history with members of your adoptive family? <If yes, can you describe these conversations?>

[**Specific Probes:** Have adoptive family members given you specific information that they were aware of as part of your adoption process? Do you feel that you are able to approach your adoptive family members with any questions or concerns about your genetic family health history?]

c. Have you engaged in any efforts to find out about your genetic family health history (e.g., 23andme testing, finding your biological family)? <If yes, what steps, if any, have you taken to learn more about your genetic family health history?>

[**Specific Probes:** If yes, can you describe this process and what it was like to find any information that you were unaware of?]

7. **Ending the Conversation:**

a. Is there anything you wish I would have asked you? <If yes, what was it? Then ask the question>

b. Do you know anyone else that is adopted who would be interested in participating in this interview study?

   1. As an extension of my research on adopted individuals, I am planning to launch a national survey about adoption and genetic family health history. Are there any adoption groups or resources that I should target to help me identify participants?

c. What questions do you have for me?
Appendix E
Survey Study Recruitment Flyer

Were you adopted?

Researchers at Rutgers University are looking for adopted individuals to complete a survey about the experience of adoption, its effects on their identity and relationships, and the ways they seek information about genetic family health history.

You may be eligible to participate in the study if you meet the following criteria:

(a) Between the ages of 25 - 50;
(b) Legally adopted as a minor through domestic or international adoption;
(c) Not involved in foster care (including those still living in foster care or “fost-adopted”);
(d) Not adopted by a stepparent, grandparent, or any other relative
(e) Have access to an Internet connected device;
(f) Fluent in English.

Participants will NOT be excluded from the study based on their gender, race/ethnicity, or sexual orientation, or their adoptive parent’s relationship status (e.g., single, married same sex, married opposite sex, partnered), gender, race/ethnicity, or sexual orientation.

If you meet these eligibility criteria and would like to participate in the study, please click on the link below to access the survey. The survey will take approximately 30 minutes to complete.

Participation in this study is voluntary. If at any point you wish to withdraw participation, you will be free to exit out of the survey at any time. Please note, without full completion of the survey, you are ineligible to receive compensation.

The first 250 people to complete the survey will receive a $10 gift card from Amazon.com.

For more information, please contact:
Deborah Yoon
deborah.yoon@rutgers.edu

To access the survey, please click on the link below:
https://rutgers.ca1.qualtrics.com/jfe/form/SV_exqHnOYVYgP391c

** You will receive a completion code at the end of the survey that you will email to the researcher to receive compensation. This ensures that your survey responses remain anonymous.
Appendix F
Survey Study Consent Form

CONSENT TO TAKE PART IN A RESEARCH STUDY

TITLE OF STUDY: Information Management Strategies that Reduce Uncertainty about Genetic Family Health History for Adult Adopted Children

Principal Investigator: Deborah Yoon, Ph.D. Candidate

This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. Ask questions if there is anything in the form that is not clear to you. If you decide to take part, instructions at the end of document will tell you what to do next. Your alternative to taking part in the research is not to take part in it.

Who is conducting this research study and what is it about?
You are being asked to take part in research being conducted by Deborah Yoon who is Ph.D. Candidate in the Department of Communication at Rutgers University. The purpose of this study is to uncover the ways adopted individuals understand their construction of identity and manage information about their genetic family health history.

What will I be asked to do if I take part?
You will complete an online survey which will take about 30 minutes to complete. Survey questions will ask about your experiences as an adopted individual and the ways that you manage information about your genetic family health history.

Who is participating in this study?
Approximately 250 adopted individuals will participate in the study. You are eligible to participate in this study if you are (a) between the ages of 25-50; (b) legally adopted as a minor through domestic or international adoption; (c) not involved in foster care (including those still living in foster care or “fost-adopted”); (d) not adopted by a stepparent, grandparent, or any other relative; (e) have access to an Internet connected device; and (f) are able to read and write in English. No participants will be excluded on the basis of their gender, race/ethnicity, sexual orientation, or on the basis of their adopted parent’s gender, race/ethnicity, sexual orientation, or relationship status.

What are the risks and/or discomforts I might experience if I take part in the study?
Risks for participants in this study are minimal but may include fatigue from the length of the survey or discomfort reflecting on yourself or your family relationships. If any questions make you feel uncomfortable, you can skip those questions or withdraw from the study altogether. If you decide to quit the survey your responses will NOT be saved.

Are there any benefits to me if I choose to take part in this study?
There no direct benefits to you for taking part in this research. You will be contributing to knowledge about the ways that adopted individuals manage information about genetic family health history.

Will I be paid to take part in this study?
Participants will earn one (1) $10 gift card to Amazon.com upon completion of the survey. At the end of the survey, you will be given a completion code and asked to email the code to the researcher to claim your compensation.
How will information about me be kept private or confidential?
This research is anonymous. Anonymous means that the research records will not include identifiable information about you. You will be completing this survey in an online format and your responses will be stored on a secure server with no identifying information about you. The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. No identifiable information will be collected as part of the survey or consent process. Participants’ first and last name and email address, will be collected from your survey completion email to facilitate compensation, but this identifying information will not be linked to your survey responses in any way. Identifying information will be saved in a document that is kept separate from the survey data. No information that can identify you will appear in any professional presentation or publication of the study results.

What will happen to information I provide in the research after the study is over?
The information collected about you for this research will not be used by or distributed to investigators for other research. The file containing your name and email address will be destroyed at the end of the study. All survey data will be kept for five years and will be destroyed upon completing publication of study results, as stated in the study protocol.

What will happen if I do not want to take part or decide later not to stay in the study?
Your participation is voluntary. If you choose to take part now, you may change your mind and withdraw later. In addition, you can choose to skip questions that you are not comfortable answering or quit the survey at any time. If you quit the study prior to completion, you will not receive compensation for your participation.

Who can I call if I have questions?
If you have questions about taking part in this study, you can contact the Principal Investigator: Deborah Yoon at email: deborah.yoon@rutgers.edu or phone: 732-310-2176. You can also contact my faculty advisor: Jennifer Theiss at email: jtheiss@rutgers.edu or phone: 848-932-8719.

If you have questions about your rights as a research subject, you can contact the IRB Director at: Arts and Sciences IRB (732) 235-2866 or the Rutgers Human Subjects Protection Program at (973) 972-1149 or email at humansubjects@ored.rutgers.edu.

Please print this consent form if you would like a copy of it for your files.

If you do not wish to take part in the research, close this website. If you wish take part in the research, follow the directions below:

By beginning this research, I acknowledge that I meet the eligibility requirements for this study and have read and understand the information provided above. I agree to take part in the research, with the knowledge that I am free to withdraw my participation in the research at any time, but that withdrawing from the study before completion will forfeit my compensation.

Click on the "I Agree" button to confirm your agreement to take part in the research.
Appendix G

Survey Questionnaire (~ 30 mins)

Information Management Strategies that Reduce Uncertainty about Identity and Family Health History for Adult Adopted Children

This questionnaire is designed to assess your thoughts and feelings about how adoption has affected your identity and relationships, your uncertainty about your genetic family health history, and the strategies you use to manage information about your hereditary health history. There are no right or wrong answers. Just try to answer each question as honestly as possible. If you have any questions, please contact one of the researchers who are conducting this study:

Deborah Yoon
Doctoral Candidate
Department of Communication
Rutgers University
4 Huntington St.
New Brunswick, NJ 08901
Email: deborah.yoon@rutgers.edu
Phone: 732-310-2176
Survey for Eligible Participants

You are qualified to participate in this study because you indicated you were legally adopted as a minor. The remainder of the questions in this survey ask about the ways in which you manage your biological family health history. Please answer all questions honestly and to the best of your ability.

To begin, we would like to obtain some background information about you and your adoption status. Please answer the following questions to the best of your ability.

1. What is your biological sex? Please mark one:
   _____ Male _____ Female _____ Intersex

2. What is your current age in years? ______________

3. What is your ethnicity? Please mark all that apply:
   _____ African American _____ Asian
   _____ Caucasian / White _____ Hispanic
   _____ Native American _____ Indian
   _____ Other ___________________

4. At what age were you adopted? ______________

The following questions ask about the size and structure of your adoptive family. Please answer the following questions to the best of your ability.

5. Do you have any siblings in your adoptive family?
   _____ Yes
   _____ No

6. [Multiple line Form] If yes, indicate the number that corresponds to each below:
   How many siblings are also adopted in your adoptive family? _____
   How many siblings are biologically related to your adoptive parents? _____

7. Do you have any known biologically related siblings?
   _____ Yes
   _____ No

8. [Multiple line Form] If yes, indicate the number that corresponds to each below:
   How many siblings are adopted by the same adoptive family? _____
   How many siblings are adopted by a different adoptive family? _____
   How many siblings live with your biological parent(s)? _____
9. Which of the following best characterizes the relationship status of your adoptive parent(s)? Please mark one:

- [ ] Single
- [ ] Monogamously dating
- [ ] Engaged to be married / enter civil union
- [ ] Married
- [ ] In a civil union
- [ ] Divorced
- [ ] Widowed

The following questions ask about the demographics of Adoptive Parent #1. Please answer the following questions to the best of your ability.

10. What is the biological sex of Adoptive Parent #1? Please mark one:

- [ ] Male
- [ ] Female
- [ ] Intersex

11. What is the current age of Adoptive Parent #1? ____________

12. What is the ethnicity of Adoptive Parent #1? Please mark all that apply:

- [ ] African American
- [ ] Asian
- [ ] Caucasian / White
- [ ] Hispanic
- [ ] Native American
- [ ] Indian
- [ ] Other ________________

Think about the communication you have with Adoptive Parent #1. Please indicate how strongly you agree or disagree with the following statements related to your adoptive family communication.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY DISAGREE</td>
<td>STRONGLY AGREE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. My adoptive parent #1 is a good listener when it comes to my thoughts and feelings about being adopted.................................................................1 2 3 4 5 6

14. I am very satisfied with how my adoptive parent #1 and I talk together concerning my feelings about being adopted......................................................1 2 3 4 5 6

15. My adoptive parent #1 is uncomfortable when I ask questions about my birth parents ...........................................................................................................................................1 2 3 4 5 6
16. When I ask questions about my adoption or my birth parents, I get an honest answer from my adoptive parent #1 .................................................1 2 3 4 5 6

17. It is easy for me to express my thoughts and feelings about being adopted to my adoptive parent #1 ............................................................................1 2 3 4 5 6

18. I have many thoughts and feelings about being adopted or about my birth parents which I cannot share with my adoptive parent #1 ............................1 2 3 4 5 6
19. Do you have a second adoptive parent?
   _____ Yes
   _____ No (If chosen, use skip logic to pass over text series of questions)

*The following questions ask about the demographics of Adoptive Parent #2. Please answer the following questions to the best of your ability.*

20. What is the biological sex of Adoptive Parent #2? *Please mark one:*
   _____ Male  _____ Female  _____ Intersex

21. What is the current age of Adoptive Parent #2?  ________________

22. What is the ethnicity of Adoptive Parent #2? *Please mark all that apply:*
   _____ African American  _____ Asian
   _____ Caucasian / White  _____ Hispanic
   _____ Native American  _____ Indian
   _____ Other  ________________

*Think about the communication you have with Adoptive Parent #2. Please indicate how strongly you agree or disagree with the following statements related to your adoptive family communication.*

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>My adoptive parent #2 is a good listener when it comes to my thoughts and feelings about being adopted.</td>
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<tr>
<td>I am very satisfied with how my adoptive parent #2 and I talk together concerning my feelings about being adopted.</td>
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<tr>
<td>My adoptive parent #2 is uncomfortable when I ask questions about my birth parents.</td>
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<tr>
<td>When I ask questions about my adoption or my birth parents, I get an honest answer from my adoptive parent #2.</td>
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<tr>
<td>It is easy for me to express my thoughts and feelings about being adopted to my adoptive parent #2.</td>
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<td></td>
</tr>
<tr>
<td>I have many thoughts and feelings about being adopted or about my birth parents which I cannot share with my adoptive parent #2.</td>
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</table>
The following questions ask about the communication you have with your **adoptive parent(s)**. Please answer the following questions to the best of your ability.

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT WILLING TO DISCUSS AT ALL</td>
<td>COMPLETELY OPEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29. To what extent are your adoptive parent(s) open to discussing your adoption? 
................................................................................................................. 1 2 3 4 5 6

30. To what extent are your adoptive parent(s) open to discussing any known facts about your biological parents? .........................................................1 2 3 4 5 6

The following questions ask about your **birth mother**. Please answer the following questions to the best of your ability.

31. Do you know the identity of your birth mother? 
   _____ Yes 
   _____ No

32. Do you have contact with your birth mother? 
   _____ Yes 
   _____ No

33. If yes, how often do you communicate with your birth mother? 
   _____ Less than once a year 
   _____ 2-6 times a year 
   _____ 7-12 times a year 
   _____ More than once a month

34. If yes, have you discussed your genetic family health history with your birth mother? 
   _____ Yes 
   _____ No

35. If yes, please describe specifically what you have discussed with your birth mother about the genetic family health history.
36. If yes, are you satisfied with the communication you have with your birth mother?

_____ Yes

_____ No

*Think about the communication you have with your birth mother.* Please indicate how strongly you agree or disagree with the following statements related to your birth family communication.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My birth mother is a good listener when it comes to my thoughts and feelings about being adopted...</td>
<td>STRONGLY DISAGREE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I am very satisfied with how my birth mother and I talk together concerning my feelings about being adopted...</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. My birth mother is uncomfortable when I talk about my adoptive parents...</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. When I ask questions about my adoption, I get an honest answer from my birth mother...</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5. It is easy for me to express my thoughts and feelings about being adopted to my birth mother...</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. I have many thoughts and feelings about being adopted or about my adoptive parents which I cannot share with my birth mother...</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

The following questions ask about your birth father. Please answer the following questions to the best of your ability.

1. Do you know the identity of your birth father?

_____ Yes

_____ No
2. Do you have contact with your birth father?
   _____ Yes
   _____ No

3. If yes, how often do you communicate with your birth father?
   _____ Less than once a year
   _____ 2-6 times a year
   _____ 7-12 times a year
   _____ More than once a month

4. If yes, have you discussed your genetic family health history with your birth father?
   _____ Yes
   _____ No

5. If yes, please describe specifically what you have discussed with your birth father about the genetic family health history.

6. If yes, are you satisfied with the communication you have with your birth father?
   _____ Yes
   _____ No

*Think about the communication you have with birth father. Please indicate how strongly you agree or disagree with the following statements related to your birth family communication.*

1. My birth father is a good listener when it comes to my thoughts and feelings about being adopted .................................................................1 2 3 4 5 6

2. I am very satisfied with how my birth father and I talk together concerning my feelings about being adopted .................................................................1 2 3 4 5 6
3. My birth father is uncomfortable when I talk about my adoptive parents
........................................................................................................................................1 2 3 4 5 6

4. When I ask questions about my adoption, I get an honest answer from my birth father................................................................................................................................................1 2 3 4 5 6

5. It is easy for me to express my thoughts and feelings about being adopted to my birth father ........................................................................................................................................1 2 3 4 5 6

6. I have many thoughts and feelings about being adopted or about my adoptive parents which I cannot share with my birth father .........................1 2 3 4 5 6
The following statements ask you to reflect on the degree of certainty you have about different aspects of your identity. Using the scale below, please indicate the extent to which you agree or disagree with each statement as a characterization of your sense of self.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY DISAGREE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRONGLY AGREE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. I am unsure about certain aspects of my identity ........................................1 2 3 4 5 6
2. I sometimes wonder about who I am..........................................................1 2 3 4 5 6
3. My identity is very clear to me.................................................................1 2 3 4 5 6
4. I am sure about who I am ...........................................................................1 2 3 4 5 6
5. The most important parts of my identity are clear to me .......................1 2 3 4 5 6
6. I sometimes have questions and doubts about my identity .................1 2 3 4 5 6
7. I am unsure about how to fit in with my adoptive family .....................1 2 3 4 5 6
8. I sometimes wonder about my role in the adoptive family......................1 2 3 4 5 6
9. My adoptive family is an important part of who I am .........................1 2 3 4 5 6
10. I know who I am as part of my adoptive family ....................................1 2 3 4 5 6
11. I am sure about how I fit in with my adoptive family.........................1 2 3 4 5 6
12. I sometimes have questions and doubts about who I am as part of my adoptive family.................................................................1 2 3 4 5 6
Adoptive Identity Work Scale

Think about your adoptive identity. Please indicate how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY DISAGREE</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reflecting on the events leading up to my adoption has been helpful to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Reflecting on the events leading up to my adoption has helped me understand how I relate to my birth parent(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Reflecting on the events leading up to my adoption has helped me understand how I relate to my adoptive parents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>I feel that I have spent an appropriate amount of time thinking about my adoption</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>I have thought about how my life would have been different if I hadn’t been adopted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>I am first and foremost an adopted individual</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>It is difficult to have any part of my life detached from my adopted status</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>My adoption affects the way I see everything in the world</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>I feel like nearly every aspect of who I am is the way that it is because of my adoption</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>People cannot understand anything about me if they do not know I am adopted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Adoption Stigma

Think about yourself as an adopted person. Please indicate how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY DISAGREE</td>
<td>STRONGLY AGREE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. As an adopted person, I feel “at home” in society</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. As an adopted person, I believe that I am viewed negatively by society</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. As an adopted person, I feel that society holds a negative attitude toward me</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. As an adopted person, I feel that I am treated differently during social interactions with members of society</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. As an adopted person, I feel that I am consistently judged by society on the basis of things other than my abilities or personality</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. As an adopted person, I feel that members of society seem to trust me</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. As an adopted person, I feel as though society views me as having a shortcoming</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. As an adopted person, I feel that society treats me according to a stereotype</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. As an adopted person, I feel that members of society want to be my friends</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Uncertainty about Family Health History Scale

Think about the uncertainty you have about your genetic family health history. Please indicate how strongly you agree or disagree with the following statements related to your uncertainty.

1. I have questions about my genetic family health history .................1 2 3 4 5 6

2. I sometimes wonder about possible health problems stemming from my genetic family health history ..............................................................1 2 3 4 5 6

3. I am uncertain about how my health may be affected by my genetic family health history ........................................................................ 1 2 3 4 5 6

4. I am unsure if knowing my genetic family health history is important to me .................................................................................................1 2 3 4 5 6

5. My questions about my genetic family health history are persistent 1 2 3 4 5 6

6. I do not wonder about my genetic family health history ..................1 2 3 4 5 6

Issue Importance Scale

Think about the importance of your genetic family health history to you. Please indicate how strongly you agree or disagree with the following statements.

1. It is important that I know my genetic family health history..........1 2 3 4 5 6

2. It is important to me to discuss my genetic family health history ....1 2 3 4 5 6

3. It is important to me to hear about my genetic family health history ...1 2 3 4 5 6

4. It is critical for me to find out my genetic family health history ........1 2 3 4 5 6
Uncertainty Discrepancy Scale

Think about the uncertainty you have about your genetic family health history to you. Please indicate how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETELY UNCERTAIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>COMPLETELY CERTAIN</td>
</tr>
</tbody>
</table>

1. How certain are you about your genetic family health history? ...........1 2 3 4 5 6
2. How certain do you want to be about your genetic family health history?
...............................................................................................................1 2 3 4 5 6

Emotions about Uncertainty regarding GFHH

Think about the various emotions you have about your genetic family health history. Please indicate how much or how little you feel the following emotions when you think about uncertainty regarding your genetic family health history.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEEL VERY LITTLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FEEL A LOT</td>
</tr>
</tbody>
</table>

1. fearful........................................................................................................1 2 3 4 5 6
2. interested....................................................................................................1 2 3 4 5 6
3. confident ....................................................................................................1 2 3 4 5 6
4. scared .........................................................................................................1 2 3 4 5 6
5. inquisitive .................................................................................................1 2 3 4 5 6
6. dismal .........................................................................................................1 2 3 4 5 6
7. angry ...........................................................................................................1 2 3 4 5 6
8. hopeful .......................................................................................................1 2 3 4 5 6
9. afraid .........................................................................................................1 2 3 4 5 6
10. sad .............................................................................................................1 2 3 4 5 6
11. aggravated ...............................................................................................1 2 3 4 5 6
12. irritated ....................................................................................................1 2 3 4 5 6
13. dreary .......................................................................................................1 2 3 4 5 6
14. guilty ...........................................................................................................1 2 3 4 5 6
15. intrigued ..................................................................................................1 2 3 4 5 6
16. ashamed ...................................................................................................1 2 3 4 5 6
17. annoyed ...................................................................................................1 2 3 4 5 6
18. optimistic ..................................................................................................1 2 3 4 5 6
Outcome Expectancies

Think about the hope you have about gathering your genetic family health history. Please indicate how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY DISAGREE</td>
<td>STRONGLY AGREE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Asking about my genetic family health history would make me uncomfortable  ...............................................................................................................1 2 3 4 5 6

2. Finding out about my genetic family health history would reveal information I can’t handle ........................................................................................................1 2 3 4 5 6

3. Talking about my genetic family health history would be challenging for me ...............................................................................................................1 2 3 4 5 6

4. Asking about my genetic family health history would be embarrassing for me ...............................................................................................................1 2 3 4 5 6

5. Finding out about my genetic family health history would hurt my relationship with my adoptive family ........................................................................1 2 3 4 5 6

6. Talking about my genetic family health history would be enlightening for me ...............................................................................................................1 2 3 4 5 6

7. Finding out about my genetic family health history would help me understand myself ........................................................................................................1 2 3 4 5 6

8. Finding out about my genetic family health history would help me plan for my future ........................................................................................................1 2 3 4 5 6

9. Asking about my genetic family health history would reveal positive information about me........................................................................................................1 2 3 4 5 6

10. Talking about my genetic family health history would help my relationship with my adoptive family ..................................................................................1 2 3 4 5 6
Communication Efficacy Scale

Think about your communication efficacy to find information about your genetic family health history to you. Please indicate how strongly you agree or disagree with the following statements.

1. I know what I need to say to successfully find information about my genetic family health history

2. I believe I have the skillset to find information about my genetic family health history

3. I am confident that I am able to ask the necessary questions to discover facts about my genetic family health history

4. I am able to approach the necessary individuals in order to find out information about my genetic family health history
**Coping Efficacy Scale**

*Think about your coping efficacy for when you discover your genetic family health history to you. Please indicate how strongly you agree or disagree with the following statements.*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOT VERY WELL</strong></td>
<td><strong>VERY WELL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. I can cope with whatever information I find about my genetic family health history .................................................................1 2 3 4 5 6

2. I’m sure I can handle it if I discover that I might be at higher risk for some diseases than I thought .................................................................1 2 3 4 5 6

3. I can take it if no one really knows anything about my genetic family health history .................................................................1 2 3 4 5 6

4. I will be able to deal with any genetic family health history information that is shared with me... .................................................................1 2 3 4 5 6
**Target Efficacy Scale**

Participants will be asked a preceding question asking about who they are likely to approach about their genetic family health history.

1. Who are you most likely to approach to seek information about your genetic family health history?

   ____ My adoptive parent(s)
   ____ My biological parent(s)
   ____ My healthcare provider
   ____ Other

The following questions ask you to reflect on how capable this person(s) would be in providing you with information about your genetic family health history. Please indicate how strongly you agree or disagree with the following statements.

1. I believe they will be forthcoming about my genetic family health history if they have any knowledge ..............................................................................1 2 3 4 5 6

2. I believe they would be completely honest with me about my genetic family health history if they have the knowledge .........................................................1 2 3 4 5 6

3. I believe they will tell me everything they know about my genetic family health history ........................................................................................................1 2 3 4 5 6

4. I believe they can provide me with the information I need about my genetic family health history.................................................................1 2 3 4 5 6
Preferred Information Management Strategy Scale

People have different ways of coping with uncertainty about genetic family health history. Think about what you might do to address that uncertainty and indicate how much you are likely to do each behavior to manage information about GFHH.

To manage information about GFHH, I would…. 

1. Speak with my adoptive family about my concerns ...........................1 2 3 4 5 6
2. Look online for information about ways to seek genetic family health history information .................................................................1 2 3 4 5 6
3. Reach out to specialists about getting genetic testing ..................1 2 3 4 5 6
4. Actively reach out to groups or organizations to seek best ways to find genetic family health history information ...............................1 2 3 4 5 6
5. Try my best to increase my knowledge and understanding about my uncertainty .................................................................1 2 3 4 5 6
6. Prevent myself from actively thinking about my uncertain genetic family health history information .........................................................1 2 3 4 5 6
7. Push any thoughts about not knowing my genetic family health history out of my head ...............................................................................1 2 3 4 5 6
8. Avoid discussing my uncertain genetic family health history with my family and friends .................................................................1 2 3 4 5 6
9. Stay away from things that remind me that I do not know my genetic family health history ...........................................................................1 2 3 4 5 6
10. Ignore my uncertainty about my genetic family health history when it comes up ...................................................................................1 2 3 4 5 6
11. Try to learn to live with not knowing my genetic family health history ..............................................................................................1 2 3 4 5 6
12. Change the way I think about my genetic family health history to make it more positive .................................................................1 2 3 4 5 6
13. Take each day one step at a time despite not knowing my genetic family health history .................................................................1 2 3 4 5 6

14. Try to focus on what I do know about my genetic family health history instead of what I don’t.................................................................1 2 3 4 5 6
15. Be mindful of how uncertainty about my genetic family health history is affecting my life ........................................................................1 2 3 4 5 6

16. Seek support from groups of individuals who have experienced similar situations ................................................................................1 2 3 4 5 6
17. Seek consolation from my adoptive family ................................................1 2 3 4 5 6
18. Visit support groups in person or online to be around others in the same situation ........................................................................1 2 3 4 5 6
19. Confide in friends and family about my uncertainty .............................1 2 3 4 5 6
20. Be with friends and family to feel comforted by them .....................1 2 3 4 5 6
<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Age @ Adoption</th>
<th>Race / Ethnicity</th>
<th>Nation of Origin</th>
<th>AP Race</th>
<th>AP Relationship Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>34</td>
<td>11 mo.</td>
<td>Asian</td>
<td>South Korea</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Helen</td>
<td>29</td>
<td>3 mo.</td>
<td>Hispanic</td>
<td>Peru</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Olivia</td>
<td>34</td>
<td>8 mo.</td>
<td>Asian</td>
<td>South Korea</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Sarah</td>
<td>25</td>
<td>2 yrs.</td>
<td>Caucasian/White</td>
<td>USA</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Chris</td>
<td>22</td>
<td>8 mo.</td>
<td>Asian</td>
<td>China</td>
<td>Caucasian/White</td>
<td>Cohabitating*</td>
</tr>
<tr>
<td>Emma</td>
<td>30</td>
<td>2 yrs.</td>
<td>Caucasian/White</td>
<td>USA</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Sophia</td>
<td>31</td>
<td>6 mo.</td>
<td>Asian</td>
<td>South Korea</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Chase</td>
<td>24</td>
<td>3 mo.</td>
<td>Asian</td>
<td>South Korea</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Ava</td>
<td>32</td>
<td>Newborn</td>
<td>Caucasian/White</td>
<td>Macedonia</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Madison</td>
<td>27</td>
<td>17-18 mo.</td>
<td>Caucasian/White</td>
<td>Russia</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Alexa</td>
<td>33</td>
<td>6 mo.</td>
<td>Caucasian/White</td>
<td>USA</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Donna</td>
<td>27</td>
<td>5 mo.</td>
<td>Asian</td>
<td>South Korea</td>
<td>Caucasian/White</td>
<td>Divorced</td>
</tr>
<tr>
<td>Linda</td>
<td>30</td>
<td>4 mo.</td>
<td>Asian</td>
<td>Taiwan</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Emily</td>
<td>25</td>
<td>4 mo.</td>
<td>Asian</td>
<td>South Korea</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Samantha</td>
<td>34</td>
<td>3 mo.</td>
<td>Asian</td>
<td>South Korea</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Brittany</td>
<td>28</td>
<td>Newborn</td>
<td>African American</td>
<td>Jamaica</td>
<td>Caucasian/White</td>
<td>Divorced</td>
</tr>
<tr>
<td>Michelle</td>
<td>32</td>
<td>16-18 mo.</td>
<td>Greek</td>
<td>Greece</td>
<td>Caucasian/White</td>
<td>Divorced</td>
</tr>
<tr>
<td>Amy</td>
<td>29</td>
<td>Newborn</td>
<td>Caucasian/White</td>
<td>USA</td>
<td>Caucasian/White</td>
<td>Widowed Father</td>
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<tr>
<td>Kimberly</td>
<td>24</td>
<td>8.5 mo.</td>
<td>American</td>
<td>China</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Peter</td>
<td>33</td>
<td>3 mon.</td>
<td>Asian</td>
<td>South Korea</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
<tr>
<td>Lisa</td>
<td>25</td>
<td>1 yr.</td>
<td>Caucasian/White</td>
<td>Russia</td>
<td>Caucasian/White</td>
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<td>Karen</td>
<td>30</td>
<td>2 weeks</td>
<td>Caucasian/White</td>
<td>USA</td>
<td>Caucasian/White</td>
<td>Married</td>
</tr>
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*Note: * indicates gay parent (legal guardian) cohabitating with partner in the household.
Table 2

*Additional Quotes for Dimensions of Openness vs. Closedness*

<table>
<thead>
<tr>
<th>Openness</th>
<th>Closedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Since I've been living with them, and being a part of the family, we've always talked about adoption, I think, especially when you're, you know, a person of color and your parents are white, it's pretty obvious physically to everyone else. And to not talk about it seems a little silly.” (Helen, 29)</td>
<td>“I think it's a combination, both personality and them just wanting to protect me. Because my mom has mentioned before, you know, she said things like, I, I wouldn't ever want you to know, what you went through before we got you. And when I tried to pry a little more, she just like, got really upset and couldn't talk about it. So I think, yeah, I think a lot of it is protecting me from things that they just don't want me to know, and tough conversations that they don't want to have.” (Sarah, 25)</td>
</tr>
<tr>
<td>“It was always something that was there and presented to me openly. Again, like my memory goes back to like those moments when I'm like, sitting in the bathtub. And usually, it was my mom, like sharing the story of like, when I was adopted, or like how that, you know, that night, was usually kind of the recurrent story and like narrative that was told to me, which, again, like reaffirmed that I was adopted…And yeah, it was kind of like a kind of a continual conversation over time, I would say, sharing with me, you know, like, back pieces of my background or parts of the process.” (Peter, 33)</td>
<td>“It's a quest, you know, I mean, like when you know that there's these missing pieces, and you know, people have information, it becomes sort of your, your cross to bear to fill in the gaps. And so I often approached them…My mom was the keeper of secrets, the purveyor of knowledge. And she was the one that really kept trying to tell me like, they're not gonna want anything to do with you. You don't want to do that. And made it really her business to not let me find out as much as I could for as long as I could. And that became a problem. And now is she's a little more open to the idea ... those are the conversations that we've had to have, which are very uncomfortable, and very emotional.” (Alexa, 33)</td>
</tr>
<tr>
<td>“I can't like pinpoint a specific time, just because my parents always made sure that I was aware of it…When I was, I can't really remember [when the conversations started], just because my parents have always been so open about it.” (Kimberly, 24)</td>
<td>“it's a little bit harder, because [my mom’s] a little bit more emotional towards it, like she doesn't want to talk about it offends her, so we don't talk about it…if I were to bring it up, now, it would just highly offend my mom. So I don't, I haven't told her anything about being in search of my birth mother or anything, because it would just really upset her. So I just don't say anything about it anymore…we really don't talk about it, we just…I don't really bring it up with them.” (Emily, 25)</td>
</tr>
</tbody>
</table>
Table 3

*Additional Quotes for Dimensions of Integration vs. Separation*

<table>
<thead>
<tr>
<th>Integration</th>
<th>Separation</th>
</tr>
</thead>
<tbody>
<tr>
<td>“My parents like yeah, they would take us like to the Korean cultural day. And like, they would try to like get Korean food. And we love Korean food. Because like, what's not to love? Um…they actually sent me to Korean school, try learn a little bit about the language, and culture…we would go for like, half day on Saturday. And there was like language lessons, but there's also like, you know, fun events and you get to, like, run around with the other kids.” (Jane, 34)</td>
<td>“It was like, I was supposed to assimilate into my parents dominant white cultural… like, I was supposed to be white, so the culture piece was not there for the most part. Now, my parents did do a pretty good job of like, recognizing the importance of representation, but it never went to like the human level.” (Brittany, 28)</td>
</tr>
<tr>
<td>“They tried really hard. And I think they did a great job, like I alluded to earlier, like, we would cheer for Russia and the Olympics. And actually my dad is a missionary…he would always do his best to talk about like, the heritage and culture. And he would always say, you know, you have, you know, beautiful blonde hair, just like other Russians from your area.” (Madison, 27)</td>
<td>“The resources and opportunity from like southern Ohio just were not existing. Like I, I don't want to blame and say that they didn't try. Like they had no idea. They're like, I'm not really sure what they could have done differently.” (Chase, 24)</td>
</tr>
<tr>
<td>“My mom has tried taking me to like Chinese school and trying to celebrate, like Chinese New Year and do like partaking with some other families that have children adopted from China just to you know, try to, like expose myself expose me to my culture, essentially…I think my mom just signed me up just because she's like, I think she needs to learn more about her culture.” (Chris, 22)</td>
<td>“Given that my parents weren't people who there would be kind of that surface level exposure that I would receive, like, we would go to Korean restaurants, for instance, for like special occasions…But in terms of like real immersion, or you know, real familiarity with Korean culture, or background or heritage, it wasn't something that was really formative.” (Peter, 33)</td>
</tr>
</tbody>
</table>
Table 4

*Additional Quotes for Dimensions of Embodiment vs. Disconnect*

<table>
<thead>
<tr>
<th>Embodiment</th>
<th>Disconnect</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Right, so I think growing up, I definitely identified as white. My mom is Irish, Irish and German. And my dad is half Swiss, and a bunch of other things. And so I definitely identified as white. I asked, I asked my mom if I could take Irish dance lessons. And she said no, because she said that, she was worried that I'm just being teased that I would get teased and bullied, being the only Asian Irish dancer. And then I asked if I could take German lessons, just because my mom is half German. And my dad is half Swiss. So they finally allowed me to take German lessons. And I went to German camp and rooted for German soccer teams. So definitely identified with my parents, their heritage. And, you know, I wasn't interested in Korean culture at all until my teenage years.” (Sophia, 31)</td>
<td>“I can be very disconnected because I know I'm not blood related to them. But with my adopted cousins, like we're all really close, because we kind of we get it.” (Olivia, 34)</td>
</tr>
<tr>
<td>“I never felt negative about anything related to adoption with any of my extended family or immediate family. Never. If anything, it was always very positive. And my family was never ashamed of how our family became a family. And I think that is such a huge, huge, huge thing. I don't think that I understood the balance until college. And I'm not saying I fully understand it either...For me, I'm 100%, genetically Russian, but I'm also 100%, culturally white American. And I can be both of those things, and they don't have to compete.” (Madison, 27)</td>
<td>“Besides like who I am, I mean, I know they never really used or like saw my identity as something that's bad. It was just different. But it was very apparent. It's still apparent now. Like, I'm basically I'm the black sheep of the that, like this generation of our family. But I would say mainly with, with the extended family, there's a bigger disconnect between us. I can't explain it. It's just like, I just know, like, it's very apparent that I'm, like, different from the rest of the family.” (Chris, 22)</td>
</tr>
<tr>
<td>“I don't feel disconnected from them. And again, I think it's one because I had such a great experience. And they've always been so open about it. And two I think it's because I was also a baby like, I just I have never known a life outside of being adopted” (Lisa, 25)</td>
<td>“I feel like I don't belong anywhere. I feel like I was born on an alien planet. And as I mentioned before, I feel like I'm the black sheep in my own life.” (Amy, 29)</td>
</tr>
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Table 5

*Additional Quotes for Adult Adopted Individuals’ Uncertainty Concerns*

<table>
<thead>
<tr>
<th>Thematic Category</th>
<th>Additional Excerpts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity Uncertainty Stemming from Unknown Birth Family Information</td>
<td>&quot;I guess I need to know like I need to be able to answer these people's questions. And so not that I felt confused in my identity but more so that I was like, I don't have answers to these people's questions. And I guess like I would like to know them…I don't know how to describe it. It just never was like an immediate need to know for me but like…I don't have answers. And now I'm bothered that I don't have this answer.” (Lisa, 25)</td>
</tr>
<tr>
<td></td>
<td>“They've given me everything they have, they had the all the paperwork, including the receipt for the lawyer, so I know how much my citizenship costs. All in a manila envelope that had been in the safe for years. They handed all of that over. There's just nothing there.” (Samantha, 34)</td>
</tr>
<tr>
<td>Identity Uncertainty Stemming from Differences from Adoptive Family</td>
<td>&quot;I'm black because of my skin color. And my parents, oh, yeah, I was black. Like, there was nothing wrong with being black. But I was black, I was not white. And I was established very early. Growing up, I was exoticized a lot… I knew that I was not white. But I also had no reference to black people… So I didn't really have a reference to be like, I'm a part of them. I remember at a certain time, that I, I remember being like, Well, I'm not like black people. But I'm also not like white people. And like not really knowing where I fit…identity for me of like not fitting anywhere, but I wouldn't necessarily say I identified as white.” (Brittany, 28)</td>
</tr>
<tr>
<td></td>
<td>“Like for my older [biologically related to adoptive parents] siblings, colon cancer runs in the family. So they had to get colonoscopies earlier than the normal age. So I'm always like, I'm glad I'm not you, like not my genes…it would come up when my mom was making them do all these health checks. And she wanted me to get it done, [but] my doctors like, no, [she’s not the same] genetically.” (Olivia, 34)</td>
</tr>
<tr>
<td>Identity Uncertainty Stemming from the Expected vs. True Self</td>
<td>“I think kind of for me. So much of it was like using it as, like permission almost to be different. And sort of figuring out like, is my identity consistent with my, with who my parents would want me to be? And so yeah, there was there were absolutely some moments and I can't think of anything specific. But I do know that a lot of the, a lot of the time, I would sort of allow myself to explore being a different person.” (Emma, 30)</td>
</tr>
<tr>
<td>“So I would say for me, up until about two or three years ago, I very much identified as white, and I was very in denial about being Asian or Asian American. It was really a sore point for me, I would be like, no, this is like, people just have to understand that I'm actually a white person. And I had internalized this form of racism, where White was better, and that's what I want it to be. And a few years ago, I kind of started this coming out of the fog process, really embracing my identity as an Asian American person, as an Asian person. And as an adoptee as somebody who has a different origin story than the many other people. I think there's commonly for me a uncertainty about whether or not I fit in the Asian community…when it's almost like, that label of being Asian or being Asian American is it's like an ill-fitting jacket. You know, like I put it on and I'm, like, slightly uncomfortable in this but fits better than the other one, you know… [and] rest of the world doesn't see me that way.” (Samantha, 34)</td>
<td></td>
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<tr>
<td>Thematic Category</td>
<td>Additional Excerpts</td>
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<td>---------------------------------------------------</td>
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<tr>
<td>Effect of Biological Family Reunion</td>
<td>“When I met my dad in Korea, our mannerisms were the same. And like, our temperaments were the same. I was like, I was so confused, like, what the heck is this... [But] meeting him really didn't change anything in my life, which I thought it would, I thought I'd be like, Oh, this grand thing in my brain, but it just didn't. He's just another person. And like, honestly, when I was talking with him, I felt like I was on an awkward first date, a blind date with my parents.” (Olivia, 34)</td>
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<tr>
<td></td>
<td>“Once I did meet my biological mom. I think my adoptive mom grew a fear that I would pack a bag and move to Korea and never come back. Because like, my personality is almost identical with my biological mother... Which I don't even know why it just feels more natural. Whereas I'll tell my adoptive parents hardly anything as it relates to like my personal life. [And] I think reconnecting with my biological mother filled a lot of those uncertainties. I quite frankly, if I didn't, my life would be completely different than it is right now.” (Chase, 24)</td>
</tr>
<tr>
<td>Strength in Adoptive Family Relationships</td>
<td>“I think it's less about the adoption circumstance and more about being an only child. Because when you spend a lot of time with yourself...you just get to know yourself. And because my adoption was when I was so young, I never knew any different. (Sarah, 25)</td>
</tr>
<tr>
<td></td>
<td>“I feel like I'm more accepting of nontraditional family forms...not everybody can have biological children, and not everybody necessarily needs to. So I think, in that sense, like, I'm more attuned to different kinds of family shapes than I think some other people are. And like I said, like, I am totally aware that I got opportunities that I would never have gotten otherwise. And so that was definitely a positive impact of being adopted. And I love my parents. I mean, they can be really frustrating. But I do love my parents. I love my sister.” (Emma, 30)</td>
</tr>
</tbody>
</table>
Table 7
Additional Quotes for Experiences of Identity Gaps

<table>
<thead>
<tr>
<th>Thematic Category</th>
<th>Additional Excerpts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Struggling with Gaps in Identity</td>
<td>“Growing up with uncertainty about your point of origin about the whys and the whos, and where's even a little bit I think it makes it's made me very introspective. And very aware of emotions and how emotion directs all of our, you know, it overrides logic, and so many cases, overrides the practical overrides your common sense, you know, and so I think that that's touched my life in all of those ways, in my friendships and the people I choose to be friends with. The person I've chosen as my partner in the way that I do my job. You know, I believe in relational fundraising, and not transactional fundraising. So all of those things are very emotion based loving animals is very emotion based. So I think that could that just be who I am? Yes, but also, I think it's really impacted by my adoption and by growing up feeling like I had a lot of extra emotions and extra thoughts to process on my own.” (Samantha, 34)</td>
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<tr>
<td></td>
<td>“I think it's really important to discuss how they identify and self identify, like growing up not being late enough or not being x enough, and the impact of their lack of origin stories. And then also similarly, as adults, how they typically find out that their birth certificates are modified or completely falsified.” (Alexa, 33)</td>
</tr>
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</table>
Table 8

*Bivariate Correlations*

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<tr>
<th></th>
<th>V1</th>
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<th>V3</th>
<th>V4</th>
<th>V5</th>
<th>V6</th>
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<th>V10</th>
<th>V11</th>
<th>V12</th>
<th>V13</th>
<th>V14</th>
<th>V15</th>
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<td>V1: UD</td>
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<td>V3: Sad</td>
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<td>.55***</td>
<td>.38***</td>
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<td>V7: Hope</td>
<td>-.34***</td>
<td>-.21*</td>
<td>-.14</td>
<td>-.23**</td>
<td>-.07</td>
<td>-.02</td>
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<td>V8: OE</td>
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<td>.41***</td>
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<td>V9: ComEf</td>
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<td>-.29***</td>
<td>-.27***</td>
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<td>-.26**</td>
<td>-.29**</td>
<td>-.15</td>
<td>-.30***</td>
<td>.23**</td>
<td>.17*</td>
<td>-.32***</td>
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*Note.* *p < .05. **p < .01. ***p < .001.

Abbreviations in the table correspond to the following: UD = Uncertainty Discrepancy; Anx: Anxiety; Sad: Sadness; OE: Negative Outcome Expectancies; ComEf: Communication Efficacy; CopEf: Coping Efficacy; TEff: Target Efficacy; InS = Information Seeking; InAv = Information Avoidance; Acc = Acceptance; SS = Support Seeking
Table 9

*Independent Samples t-test (Males vs. Females)*

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<tr>
<th></th>
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<th>Male SD</th>
<th>Female Mean</th>
<th>Female SD</th>
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*Note: Males (N = 39), Females (N = 102).*

* *p < .05.*
Table 10

*Independent Samples t-test (Birth Mother Contact vs. No Birth Mother Contact)*

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*Note:* Birth Mother Contact \((N = 39)\), No Birth Mother Contact \((N = 103)\).

\* \(p < .05\).
Table 11

*Independent Samples t-test (Birth Father Contact vs. No Birth Father Contact)*

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*Note:* Birth Father Contact (*N = 30*), No Birth Father Contact (*N = 112*).

* *p < .05.*
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Note: * p < .05. ** p < .01. *** p < .001.
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Note: * Model did not adequately fit the data without reaching saturation.
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Note: * p < .05. ** p < .01. *** p < .001.
Table 15

Model Fit Statistics for Models Testing Information Avoidance as an Information Management Strategy

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### Table 16

*Path Coefficients Testing Acceptance as an Information Management Strategy*

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*Note: * $p < .05$. ** $p < .01$. *** $p < .001$.**
Table 17

Model Fit Statistics for Models Testing Acceptance as an Information Management Strategy

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Note. * Model did not adequately fit the data without reaching saturation.
Table 18
Path Coefficients Testing Support Seeking as an Information Management Strategy

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Note: * p < .05. ** p < .01. *** p < .001.
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Note: * Model did not adequately fit the data without reaching saturation.
Table 20
General Overview of Significance of Discrete Emotions for Information Seeking and Information Avoidance

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Note: X indicates a significant path in the tested model
Table 21

General Overview of Significance of Discrete Emotions for Acceptance and Support Seeking

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*Note: X indicates a significant path in the tested model*
Figure 1. Hypothesized Model
References


Afifi & W. A. Afifi (Eds.), *Uncertainty, information management, and disclosure decisions: Theories and applications* (pp. 45-66). Routledge.


