COVID-19-Related Stress and Resilience Resources: A Comparison Between Adoptive and non-Adoptive Mothers

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Abstract
Despite an increasing interest in how adoptive parents deal with situations appraised as stressful, there is a lack of research regarding adoptive parents’ adjustment to the challenges posed by the prolonged COVID-19 pandemic. The current study explores similarities and differences between adoptive and non-adoptive mothers in terms of risks (i.e., COVID-19-related stress) and individual (i.e., sense of coherence [SOC]), couple (i.e., partner’s support), parent–child (i.e., parent–child relationship satisfaction), and social (i.e., friends’ support) resources in the face of the prolonged COVID-19 pandemic. Specifically, the present study was aimed at predicting which variables discriminate more effectively between the two groups. Participants were 445 Italian mothers (40.9% adoptive mothers), who were asked to fill in an anonymous online survey between May 2021 and October 2021. Results showed that adoptive and non-adoptive mothers reported different resilience resources to face the stressors posed by the health emergency. Specifically, COVID-19 traumatic stress symptoms, parent–child relationship satisfaction, and SOC were found to contribute most in discriminating between the two groups. Findings are discussed in relation to future research developments and practical implications.

Keywords
adoptive and non-adoptive mothers, COVID-19-related stress, sense of coherence, partner’s and friends’ support, parent–child relationship satisfaction

The early stage of COVID-19 pandemic posed unique risks in terms of parental stress and strongly challenged parents’ personal and relational well-being. As stated in the review by Brooks et al. (2020), research on the reactions to former epidemics has already shown that having children is a key factor associated with higher levels of stress and higher short- and long-term risks for mental health during lockdown than non-having children (Liu et al., 2012; Nickell et al., 2004; Taylor et al., 2008). The psychosocial literature on COVID-19 has confirmed these findings. Since the very beginning of this health emergency, parents showed an increase in mental health problems such as anxiety, depression, and post-traumatic symptoms (Adams et al., 2021; Brown et al., 2020; Herbert et al., 2020; Spinelli et al., 2020; Twenge & Joiner, 2020). They reported to experience fear and uncertainty, family life routines’ disruptions, caregiving burnout, financial worries, work–family stress, and lack of social support (Calarco et al., 2020; Choi et al., 2020; Lei et al., 2020; Weaver & Swank, 2021; Zhang et al., 2020). Moreover, given the prolonged pandemic and the persistency of these several demands, many parents are likely to experience chronic stress, leading to more emotional overloading, with mothers being more challenged in terms of psychological well-being, caregiving burnout, and family–work stress (e.g., Petts et al., 2021). This is particularly true for parents of vulnerable children such as children with special educational needs and/or acute or chronic diseases (Tso et al., 2022). Among vulnerable groups, adoptive families should be specifically considered. Indeed, adoptive children experienced early adversities and struggled with traumas and usually had a higher risk to show emotional and behavioral problems as well as learning difficulties compared to their non-adopted peers (e.g., Askeland et al., 2018; Barroso et al., 2017; Behle & Pinquart, 2016; van IJzendoorn & Juffer, 2006) that may have exposed them to greater challenges during the pandemic.
Adoptive parents, in turn, may have faced additional stressors, too.

Literature in the COVID-19 era has so far mainly focused on parents with biological children. Few studies included families that have faced nonnormative transitions, such as adoptive parents (e.g., Goldberg et al., 2021). Thus, there is a lack of knowledge about psychological adjustment to the pandemic among adoptive parents and even less is known about the differences between adoptive and non-adoptive parenthood in the COVID-19 context. The main aim of the current study is therefore to fill this gap of knowledge.

The focus on adoptive parents could be of great interest due to the specific characteristics of this study population. Adoptive parents have faced additional challenges related to the adoption process likely to make them more vulnerable to stressful events: they have usually faced infertility (Cohen et al., 1993; Daniluk & Hurtig-Mitchell, 2003), they have become parents rather late in life (Ceballo et al., 2004), they have often coped with children who are emotionally and behaviorally difficult due to early adversities (e.g., Askeland et al., 2018; Barroso et al., 2017; van IJzendoorn & Juffer, 2006), and they have managed uncertainty and lack of control over the adoption process. However, despite these stressors, adoptive parents have been found to be able to successfully face the challenges related to the adoption process, showing many individuals, couples, and social resources (e.g., Ceballo et al., 2004; Levy-Shiff et al., 1990; Palacios & Sanchez-Sandoval, 2006; Rosnati et al., 2013). Overcoming tasks related to their role as adoptive parents may, indeed, have enhanced their coping abilities. Moreover, it is worthwhile noting that adoptive parents are required by law to undergo training by adoption agencies and to complete an extensive screening process.

Thus, the impact of COVID-19 stressors on adoptive families may be amplified or reduced: on the one hand, the experiences they have gone through may place adoptive families at higher risk because they are already dealing with already dealing with additional stressful tasks related to their adoption status; on the other hand, those same experiences may have prepared them to be familiar with some of the negative consequences coming from stressful events and to use previously learned strategies for coping with COVID-related stressors as well.

The data provided by the psychosocial literature before the pandemic regarding similarities and differences between adoptive and non-adoptive parents are not consistent. With regard to parenting stress, some studies found that adoptive parents report higher levels of stress than non-adoptive ones (e.g., McGlone et al., 2002; Paley et al., 2006; Rijk et al., 2006), whereas other studies reported lower levels of stress in adoptive parents compared to the normative population (Bird et al., 2002; Canzi et al., 2019a; Ceballo et al., 2004; Judge, 2003; Levy-Shiff et al., 1990; Palacios & Sanchez-Sandoval, 2006). Adoptive parents were also found to have a global more positive quality of couple relationship and dyadic functioning than non-adoptive parents (Canzi et al., 2019b; Ceballo et al., 2004; Lansford et al., 2001; Rosnati et al., 2013), also showing a stronger cohesion and interdependence between partners (Canzi et al., 2019b). Few studies have explored parent–child relationships, showing more similarities than differences between adoptive and non-adoptive parents. The two groups are characterized by similar levels of warm, cohesion, communication, support, and parental control (Lansford et al., 2001; Lanz et al., 1999; Paniagua et al., 2019; Rosnati et al., 2007; Rosnati & Marta, 1997; Rueter & Koerner, 2008; Wijedasa & Selwyn, 2011). The only exception is parent–child conflict in adolescence which was found by more than one study to be higher in adoptive families than in non-adoptive ones (Lansford et al., 2001; Lanz et al., 1999; Rueter et al., 2009). Finally, some studies showed adoptive families reporting higher satisfaction with the social support received from the community (e.g., Cohen et al., 1993; Fontenot, 2007; Levy-Shiff et al., 1990; Rosnati et al., 2013). Even if the literature on this topic is still sparse and limited, research suggested that adoptive parents can count on a broad social network and this could be considered an important resilience and protective factor in coping with the adoption process.

Taking into account these circumstances, it seems to be relevant to compare adoptive and non-adoptive parents in terms of risks and resources in the face of the pandemic. Such a comparison could be useful to shed light on the specific features of adoptive families and, by consequence, to plan personalized and targeted interventions. According to the relational-symbolic model (Cigoli & Scabini, 2007), family’s ability to cope with stressful situations may be influenced by the quality of family’s resources which include (a) individual resources of each family member, (b) resources of the family system (couple and parent–child relationship), and (c) social and community resources. This multidimensional perspective can be effectively used to outline the various factors influencing parents’ adjustment process to a stressful event such as the pandemic.

**Purpose of the Present Study**

The current study was aimed at analyzing adoptive mothers’ COVID-19 risks (i.e., COVID-19-related stress) and individual (i.e., sense of coherence [SOC]), couple (i.e., partner’s support), parent–child (i.e., parent–child relationship satisfaction), and social (i.e., friends’ support) resources in the face of the pandemic comparing them to non-adoptive mothers, and at predicting which variables discriminate more effectively between the two groups. We focused on mothers’ perceptions. As already mentioned in the introduction, mothers were found to be more challenged by the side effects of the pandemic, such as higher child-rearing responsibilities, often incompatible with work responsibilities (e.g., Petts et al., 2021).

For what regards risks, we focused on two COVID-19-related stress dimensions, that are fear about the dangerousness of the virus and traumatic stress symptoms related to the virus (i.e., nightmares, intrusive thoughts, or images related to the virus). With regards to resources, we considered those variables that appeared to be protective factors in remaining healthy during the pandemic.
individual resources, we considered the SOC that has emerged as a key factor in facing COVID-19-related stressors (Barni et al., 2020; Danioni et al., 2021; Mana et al., 2021; Schäfer et al., 2020). Individuals with high SOC, which is a global and enduring orientation to view the world as comprehensible, manageable, and meaningful, are more likely to perceive external stressors as predictable, under control, and worthy of engagement (Antonovsky, 1979), and therefore able to cope with stressors more effectively (e.g., Kazmierczak et al., 2016). Among couple resources, we took into account perceived partner’s support that has found to be one of the most important variables buffering negative consequences of stress and empowering coping strategies in facing challenging situation (Cohen & Wills, 1985; DeLongis et al., 2010; Donato et al., 2021; Rafaeli & Gleason, 2009). In this line, the study by McRae et al. (2021) has specifically documented that partner’s support reduced the relation between parental distress during the COVID-19 lockdown and harsh parenting attitude. Among parent–child resources, we considered parents’ satisfaction about the relationship with their child: as several studies have shown parent–child relationship plays a significant role in buffering the effects of parental stress on children’s psychological adjustment during the pandemic (e.g., Bate et al., 2021; Hussong et al., 2022; Janssens et al., 2021; Oliveira et al., 2021; Tang et al., 2021; Wang et al., 2021). Finally, we also focused on the protective role of social support against COVID-19-related challenges. Research on parents has largely documented, in both pre-pandemic (e.g., Benson, 2012; Parkes et al., 2015; Toits, 2011; White & Hastings, 2004) and pandemic literature (e.g., Gambin et al., 2020; Oppermann et al., 2021; Ren et al., 2020), that social support is a key source of resilience, helping to face stressors and improving psychological well-being.

Method

Participants and Procedure

Participants were 182 (40.9%) Italian adoptive mothers and 263 (59.1%) Italian non-adoptive mothers, for a total of 445 mothers, with a firstborn child aged between 6 and 22 years. The demographic characteristics of participants are reported in Table 1. Most of the adoptions were international with a prevalence of children coming from Asia and the Russian Federation. Overall, adoptive mothers were more likely to be married or cohabiting, were higher educated (in line with Italian statistics: www.commissioneadozioni.it), and had less children compared to non-adoptive mothers. On the contrary, no statistically significant differences were found between the two groups in terms of mothers’ age, couple relationship duration, children’s age (and consistently the stage of the family life cycle), and children’s gender.

This study was part of a wider research titled [The Family at the Time of Covid-19], carried out by the Family Studies and Research University Centre of the Università Cattolica del Sacro Cuore with the collaboration of Human Highway s.r.l.]. Parents gave informed consent before participation and were sent an online questionnaire asking to fill out guaranteeing their anonymity. The data collection phase took place between May 2021 and October 2021. The study was approved by the Ethics Committee of the [Department of Psychology of Università Cattolica del Sacro Cuore (protocol number 15–20)], and its procedures were followed by the American Psychological Association (http://www.apa.org/ethics/code/) and the Italian Association of Psychology (http://www.apass.org/node/11560, accessed on April 10, 2022) ethical guidelines for human research.

Measures

The questionnaire included questions to collect sociodemographic information and the following measures.

COVID-19 Stress. Two subscales of the COVID-19 Stress Scale (CSS, Taylor et al., 2020) were used: fears about the dangerousness of COVID-19 (14 items) and traumatic stress symptoms related to COVID-19 (7 items). Mothers were asked to think about various kinds of worries about the virus or traumatic stress symptoms that they might have experienced over the past 7 days. The fear-related items were rated on a 5-point Likert scale from 0 (”not at all”) to 4 (”extremely”). An item example is: “I am worried that I can’t keep my family safe from the virus”. The traumatic stress items were rated on a 5-point Likert scale ranging from 0 (”never”) to 4 (”almost always”). An item example is: “I had bad dreams about the virus.” The higher the scores, the higher the COVID-19-related fear and traumatic stress symptoms. Internal consistencies for the two subscales in the two groups are as follows: COVID-19 fear \( \alpha = 0.89 \) (adoptive mothers) and \( \alpha = 0.91 \) (non-adoptive mothers); COVID-19 traumatic stress symptoms \( \alpha = 0.92 \) (adoptive mothers) and \( \alpha = 0.94 \) (non-adoptive mothers).

SOC. Participants were asked to fill in the Italian version of the Sense of Coherence Scale (SOC, Barni & Tagliabue, 2005), which is composed of 11 items. Mothers reported on a 7-point Likert scale (from 1 = “very seldom or never” to 7 = “very often”) the extent to which they experienced the situation described during the pandemic. Item examples are: “I have feelings I’m in an unfamiliar situation and I don’t know what to do” and “I have the feeling that I have being treated unfairly” (reversed items). The higher the total score, the higher the individual’s SOC, which is the perception that his/her experiences in the world are comprehensible, manageable, and meaningful. Internal consistency of the total score in the two groups is as follows: \( \alpha = 0.87 \) (adoptive mothers) and \( \alpha = 0.91 \) (non-adoptive mothers).

Parent–Child Relationship Satisfaction. The satisfaction subscale of the Network of Relationships Inventory (NRI, Furman & Buhrmester, 1985; Italian translation by Guarnieri & Tani, 2011) was used to provide an index of the overall satisfaction for parent–child relationship. Mothers answered three items concerning the relationship with their child on a 5-point
Likert scale (from 1 = “little or none” to 5 = “the most”). Mothers were asked to respond by thinking about their experience during the pandemic. An item example is “How happy are you with the way things are between you and your child?” The higher the total score, the higher the respondents’ satisfaction about parent–child relationship. Internal consistencies for the scale in the two groups are as follows: $\alpha = 0.92$ (adoptive mothers) and $\alpha = 0.93$ (non-adoptive mothers).

Partner’s and Friends’ Support. Participants responded to the partner’s and friends’ subscales of the Multidimensional Scale of Perceived Social Support (MSPSS, Di Fabio & Palazzeschi, 2015; Zimet et al., 1988) assessing perceived support from the partner (four items) and from friends (four items) on a 5-point Likert scale (from 1 = “not at all” to 5 = “very much”). Mothers were asked to respond by thinking about their experience during the pandemic. An item example is “I can really talk to my partner/my friends of my problems”. The higher the score for each subscale on the average of the 4 items, the higher the respondents’ perception of support. Internal consistencies for the two subscales in the two groups are as follows: Partner $\alpha = 0.93$ (adoptive mothers) and $\alpha = 0.94$ (non-adoptive mothers), Friends $\alpha = 0.93$ (adoptive mothers) and $\alpha = 0.93$ (non-adoptive mothers).

Data Analysis

We first described the study’s variables in terms of means, $SD$s, and ranges. According to our aim, we performed a multivariate analysis of variance (MANCOVA) to verify if there were significant differences between adoptive and non-adoptive mothers as far as COVID-19 stress and resources were concerned. For this purpose, we used the scores of COVID-19 fear, COVID-19 traumatic stress symptoms, SOC, partner’s support, parent–child relationship satisfaction, and friends’ support as dependent variables and the status of mothers (1 = adoptive mothers and 2 = non-adoptive mothers) as the grouping variable. Correlations between the dependent variables reached moderate levels, and they were higher between the two subscales of the CSS ($r = .56$, $p < .01$)

Table 1. Demographics Characteristics of Adoptive and non-Adoptive Mothers.

|                          | Adoptive Mothers (N = 182) | Non-Adoptive Mothers (N = 263) |
|--------------------------|----------------------------|--------------------------------|
| M (SD) | Range | N | % | M (SD) | Range | N | % |
| Mothers’ age (years)     | 49.36 (5.46) | 31–61 | 44.83 (6.29) | 28–65 | 7.874*** | 443 |
| Marital status           |                            |                                |
| Cohabiting or married    | 182 | 100 | 256 | 97.3 | 4.922* | 1 |
| Separated or divorced    | 0 | 0 | 7 | 2.7 |                                |
| Couple relationship duration (years) | 18.52 (5.93) | 6–36 | 17.38 (9.18) | 0–61 | 1.592 | 441.087 |
| Educational level (years) | 16.62 (3.45) | 8–21 | 14.90 (3.61) | 8–21 | 5.001*** | 443 |
| Number of children       | 2.45 (0.63) | 2–5 | 2.73 (0.66) | 2–5 | −4.62**** | 443 |
| Children’s age            | 13.25 (4.40) | 6–22 | 13.68 (4.69) | 6–22 | −.970 | 443 |
| Stage of the family life cycle |                  |                                |
| Children between 6 and 11 | 66 | 36.3 | 96 | 36.5 | 5.055 | 3 |
| Children between 12 and 15 | 63 | 34.6 | 69 | 26.2 |                                |
| Children between 16 and 18 | 23 | 12.6 | 48 | 18.3 |                                |
| Children between 19 and 22 | 30 | 16.5 | 50 | 19.0 |                                |
| Children’s Gender         |                            |                                |
| Male                      | 103 | 56.6 | 148 | 56.3 | 0.004 | 1 |
| Female                    | 79 | 43.4 | 115 | 43.7 |                                |
| Type of adoption          |                            |                                |
| International adoption    | 121 | 66.5 |                                |
| Domestic adoption         | 49 | 26.9 |                                |
| Missing                   | 12 | 6.6% |                                |
| Adopted children’s age at placement (years) | 4.87 (3.00) | 1–12 |                                |
| Adopted children’s birth country |                  |                                |
| Europa                    | 68 | 37.4 |                                |
| Africa                    | 11 | 6.0 |                                |
| South America             | 52 | 28.6 |                                |
| Asia                      | 18 | 9.9 |                                |
| Russian Federation        | 21 | 11.5 |                                |
| Missing                   | 12 | 6.6 |                                |

Note. ***$p < .001$, *$p < .05$. 

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and between COVID-19 traumatic stress symptoms and SOC ($r = -0.50$, $p < .01$). In addition, to control for children’s age, we considered this variable as a covariate in the MANCOVA.

According to our second aim, the MANCOVA was followed by a discriminant analysis (DA) in order to identify which variables under examination (i.e., risks and resources) best distinguished between the two groups (adoptive vs. non-adoptive mothers; Hair, 2005). DA is more and more frequently applied as a post hoc procedure in the context of multivariate studies by allowing to “think multivariately” (Huberty & Smith, 1982, p. 429) when conducting follow-up analyses of a statistically significant MANCOVA. With a more predictive aim, it can help in building a model to predict group membership. All statistical analyses were performed by SPSS 21.0 (IBM Corporation, Armonk, NY, USA).

### Results

Table 2 reported means, SDs, and range for all study’s variables separately for adoptive and non-adoptive mothers’ scores. The MANCOVA revealed significant group differences, Pillai’s trace = 0.201, $F(6,437) = 18.278$, $p < .001$, $\eta_p^2 = 0.201$. Univariate testing showed the effect to be significant for all the variables, regardless of children’s age. Adoptive mothers reported higher levels of SOC, partner’s support, and friends’ support, and lower levels of COVID-19 fear, COVID-19 traumatic stress symptoms, and parent–child relationship satisfaction compared to non-adoptive mothers (Table 2).

The DA model had a Wilk’s Lambda of 0.804, reaching a statically significant level [$\chi^2(6) = 95.903$, $p < .001$], accounting for 24% of variance, and with a canonical correlation of 0.443. The relative contribution of each variable is reported in Table 3. Variables are reported in their order of entry and the variables that contribute most to predicting group membership are those with the highest weights. The analysis showed that three dimensions contributed most to the discriminant function (coefficients $> 0.30$), namely COVID-19 traumatic stress symptoms, parent–child relationship satisfaction, and SOC. Scores for friends’ and partner’s support were less relevant, and the contribution of COVID-19 fear was irrelevant. Of the total cases included in the model, based on the discriminant function, 70% of mothers were correctly classified as adoptive or non-adoptive, with a higher accuracy in predicting the status of adoptive mother (76.4%).

### Discussion

The current study was the first, to our knowledge, to focus on adoptive families in facing the prolonged COVID-19 pandemic and to explore if there were significant differences between adoptive and non-adoptive mothers, by jointly considering various domains of risks and resources (i.e., individual, couple, parent–child, and social resources). Our data showed a clear pattern of findings. Adoptive and non-adoptive mothers showed different risks and resilience resources in facing the stressors posed by the health emergency. As suggested by other studies (e.g., Tso et al., 2022) family structure may influence parents’ resilience in the face of stressful events, such as the current pandemic.

Specifically, in line with the previous literature (e.g., Ceballo et al., 2004; Levy-Shiff et al., 1990; Rosnati et al., 2013), adoptive mothers were found to be better equipped than non-adoptive mothers in most of the considered dimensions. With regard to the risk factors, adoptive mothers showed lower levels of COVID-19-related stress both in terms of fear of the virus and traumatic stress symptoms related to the virus. The DA also showed that COVID-19-related traumatic stress symptoms, which accounted for the most variance, played an important role in discriminating between the two groups. Thus, the

### Table 2. Means, SDs, and Range for the Study Variables and Differences (Univariate Testing) Between Adoptive and non-Adoptive Mothers.

|                      | Adoptive Mothers (N = 182) | Non-Adoptive Mothers (N = 263) |
|----------------------|-----------------------------|---------------------------------|
|                      | M   | SD  | Range | M   | SD  | Range | F    | df     | $\eta_p^2$ |
| COVID-19 fear        | 3.08| 0.92| 1–5   | 3.51| 0.94| 1–5   | 22.66***| 1     | 0.05     |
| COVID-19 traumatic symptoms | 1.73| 0.87| 1–5   | 2.53| 1.09| 1–5   | 68.02***| 1     | 0.13     |
| SOC                 | 5.34| 1.11| 1–7   | 4.61| 1.37| 1–7   | 35.49***| 1     | 0.07     |
| Partner’s support   | 4.17| 0.84| 1–5   | 3.88| 0.97| 1–5   | 10.90*  | 1     | 0.02     |
| P-C relationship satisfaction | 3.59| 0.88| 1–5   | 3.83| 0.89| 1–5   | 9.70*   | 1     | 0.02     |
| Friends’ support    | 3.73| 0.98| 1–5   | 3.42| 0.98| 1–5   | 11.02*  | 1     | 0.02     |

Notes. P-C = parent–child; SOC = sense of coherence.

***$p < .001$, *$p < .05$.

### Table 3. Discriminant Analysis (DA): Standardized Discriminant Function Coefficients.

|                      | Value |
|----------------------|-------|
| COVID-19 traumatic symptoms | 0.636 |
| P-C relationship satisfaction | 0.511 |
| SOC                  | -0.337 |
| Friends’ support     | -0.262 |
| Partner’s support    | -0.172 |
| COVID-19 fear        | 0.048 |

Note. Adoptive mothers = reference group. P-C = parent–child; SOC = sense of coherence.
greatest difference between adoptive and non-adoptive mothers was more related to the exposure to risks than to their resources. This finding suggests that adoptive mothers showed a lower pathogenic reaction against the pandemic and for them, the challenges related to the pandemic may have taken on a less traumatic meaning compared to non-adoptive mothers. This supports the idea that adoptive mothers may be more familiar with some of the negative consequences coming from stressful and traumatic events, due to their previous experiences, and, as a consequence, less vulnerable. Indeed, couples who adopt a child often have overcome relationship stresses associated with infertility and have developed more coping responses during their life course. Besides, an appropriate adoptive parenting is the most critical “therapeutic mechanism” for the promotion of child recovery from previous difficulties (Ackerman & Dozier, 2005; Palacios et al., 2019). Adoptive parenthood requires therapeutic parenting competencies and adoptive parents are trained and prepared to increase their understanding of trauma, in order to support their children’s recovery and the relationship with them. These circumstances can make adoptive mothers less exposed to the possible traumatic consequences of the pandemic.

In this direction, our results also showed a significant difference in the level of SOC between the two groups and a high discriminating capacity of this variable, with adoptive mothers reporting greater ability to perceive external conditions (including stressors) as predictable, under control, and worthy of engagement, than non-adoptive mothers. Despite no studies compared the level of SOC in adoptive and non-adoptive parents, the literature has pointed out the significant impact of adoptive family’s SOC on adoptees’ psychosocial adjustment (Ji et al., 2010), proving insight into the mechanisms involved in adoptive family’s ability to cope with stress. According to the salutogenic approach (Antonovsky, 2022), our findings document a greater individual resilience capacity of adoptive mothers in coping with stressful situations: Adoptive mothers seem to be more able to manage stress related to the pandemic and less sensitive to this health challenge. Again, we can speculate that adoptive mothers have experienced many stressful life events and they not only “survived”, but they also empowered their coping abilities.

Parent–child relationship dimension was also found to significantly contribute to discriminate between the two groups. Differently from previous literature showing more similarities than differences between adoptive and non-adoptive families (e.g., Lansford et al., 2001; Panigada et al., 2019; Rosnati et al., 2007; Rueter et al., 2009), our findings showed that adoptive mothers reported lower satisfaction with their children than non-adoptive mothers. In discussing this finding, we must consider that parent–child interactions and relationships in adoptive families may be characterized by several daily difficulties related to the adoptive status and also to adopted children’s greater vulnerability to emotional, behavioral, developmental, and learning problems (e.g., Askeland et al., 2018; Barroso et al., 2017). As suggested by van IJzendoorn and Juffer (2006), this may lead adoptive parents to be less satisfied with the relationship with their child compared to non-adoptive parents. In this direction, as adoptive children show a discrepancy between their cognitive competencies and school performance, due to the socio-emotional difficulties related to their adoption status (the well-known “adoption decalage” by van IJzendoorn et al., 2005), we can speculate that a similar mechanism occurs also in the family. Adoptive families may possess greater resilience resources, but since they face additional difficulties, they feel less satisfied and content about the relationship with their children. Nevertheless, it is plausible that adoptive mothers’ lower parent–child satisfaction reflects a realistic outlook about their children and a high sensitivity in detecting their difficulties. It is well known that adoptive parents are more prone to seek for help, as documented by the overrepresentation of adopted children in mental health services (Miller et al., 2000; Van IJzendoorn & Juffer, 2006).

Finally, as far as the couple and social dimensions are concerned, our results showed a higher perceived support from partners and friends in adoptive mothers than non-adoptive ones. This is in line with the positive portrait of adoptive families emerging from several previous studies suggesting that they globally have higher level of quality of marital relationship, greater satisfaction for the support coming from the social context, and greater engagement in the community than non-adoptive families (e.g., Ceballo et al., 2004; Levy-Shiff et al., 1990; Rosnati et al., 2013). It is worthwhile noting the crucial role of the social dimension for adoptive families: Adoption is a form of “social generativity” that takes place in caring for a child born of other parents, with no genetic connection (e.g., Rosnati, 2015). However, these variables were found to contribute less in distinguishing adoptive mothers from the non-adoptive group.

The study has some limitations that should be acknowledged when considering its findings. It relied on a convenience sample of Italian parents: While our groups were reasonably balanced in terms of sociodemographics, caution should be taken when generalizing the findings. Moreover, in the current study, only mothers’ perceptions were considered. In future studies, the inclusion of fathers’ perceptions would increase understanding of family experiences. Additionally, given the cross-sectional design of the research, we cannot understand if differences between adoptive and non-adoptive mothers were maintained over time or if they increased or decreased throughout the course of the pandemic. The use of self-report measures may have led to biased reporting and the use of an online platform may have attracted respondents with higher education levels with access to the Internet. Finally, future studies should be aimed at considering other variables that may contribute in distinguishing between adoptive and non-adoptive parents and in understanding their vulnerabilities and strengths in the face of stressful events.

Implications and Applications

This study can provide significant practical implications. Its findings suggest the importance to monitor both family’s risks
and resources in the face of the pandemic crisis. Specifically, the data were collected during the prolonged pandemic, shedding light on how parents are facing stressors that have being experienced over a long time. This is the first study to our knowledge to compare adoptive and non-adoptive parenthood in coping with COVID-19 effects, distinguishing the specific challenges adoptive and non-adoptive families face and the specific resources they can count on. Therefore, the present results may be useful to develop guidelines for clinicians on how to tailor mental health interventions to help parents coping with the circumstances posed by the pandemic, considering that family risks and resources may differ based on family structure. More specifically, our study documents the need for the adoption of competent mental health services in the direction to building a science of personalized interventions for adoptive parents by prioritizing or integrating multiple predictors of mental health. Our findings highlighted a weaker traumatic approach (in the sense of a pathogenic reaction) to the experiences related to the COVID-19 virus among adoptive mothers that showed unique resilient resources toward a salutogenic response to the extraordinary challenges posed by the pandemic. Nevertheless, adoptive mothers need to be targeted for intervention and to be supported to properly and in-depth use the resources they have in order to benefit and to increase the levels of parent–child satisfaction. Even in the face of COVID-19 stressors, it is possible to promote resilient behaviors and maintain a positive outlook (e.g., Gayatri & Irawaty, 2021). In this direction, we can argue that preventive and promotional interventions may be especially relevant to enhance family functioning and parent–child relationship quality (e.g., Watson et al., 2012). For example, the Family Enrichment Paths (Bertoni et al., 2017) is a recent form of family intervention suitable for this purpose. This intervention is developed based on the relational-symbolical model by Cigoli and Scabini (2007) and may be addressed to adoptive and non-adoptive parents. The general aims are to improve parents’ awareness of the resources present within the family, to favor participants’ reflection on their couple, parental, and social relationships, and to enrich parents’ competencies that will help them deal more effectively with the critical events that can determine family’s vulnerability. Using these types of enrichment programs, relationships within the family, among the generations and also on a social community level, may be enhanced and strengthened. This study pushes to assume a preventive families’ intervention approach adopting a semi-structured format that is particularly suited to pay attention to the participants’ needs. In this way, it is possible for adoptive and non-adoptive parents to recognize the key aspect of parental identity, to acquire and enact better parenting competencies that allow to strengthen more satisfactory family relationships.

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**Note**

1. The firstborn child is traditionally considered by the literature on family relationships to identify the stage of the family life cycle parents are facing (Cigoli & Scabini, 2007).

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