Coping and adjustment in parents of abducted children

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Karen A. Bogart
University of Central Florida

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COPING AND ADJUSTMENT IN PARENTS OF ABDUCTED CHILDREN

BY

KAREN ANN BOGART
B.S., University of Florida, 1982

THESIS
Submitted in partial fulfillment of the requirements for the Master of Science degree in Clinical Psychology in the Graduate Studies Program of the College of Arts and Sciences University of Central Florida Orlando, Florida

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One of the greatest fears of parents today is the fear that their child will be abducted. According to Carla Branch of the National Center for Missing and Exploited Children, accurate statistics regarding the number of missing children are not available. One problem in giving reliable statistics is that there is no one place where all cases are reported. The Dee Scofield Awareness Program estimates that approximately 2 million children are reported missing each year. Although the majority of these children are runaways, 100,000 are kidnapped by non-custodial parents and 50,000 are believed to have been taken by strangers, (DiNova, 1984). The National Center for Missing and Exploited Children believes that these figures are high. While they are unable to give actual figures, the breakdown of their calls is 48% runaways, 47% parental abductions and 5% "other"; 2% is the estimated number of stranger abductions. It is this latter group with which this paper is concerned. Research conducted by the Adam Walsh Resource Center estimates that 80% of abducted children are murdered within two days of their disappearance. The Dee Scofield Awareness Program stated in a "statistics report" dated March 1984 that 66% of the
victims of criminal abduction were found dead, 9% were found alive but molested, and 25% were still missing.

Parents of abducted children (PAC) face an uncertain and ambiguous situation. They do not know if their child is alive or dead. They must consider a great variety of possible outcomes, very few of which are positive. Their ordeal can last anywhere from days to years. They must follow leads in the hope that this time they will find their child. These leads are similar to remission in a chronically ill child. During periods of remission parents feel a sense of renewed hope, a chance that their child will make it. Parents of abducted children are confronted with continuing threat. They are uncertain of what the future might bring. They are caught in a web of trying to cope with the loss of their child and hoping that this is not true, that their child will be found alive and if possible unharmed.

Since there is very little empirical data available on PAC, much of the following information is gleaned from research with victims, the chronically ill and their families, and the families of men who are Missing in Action. Victims are people who have suffered directly or indirectly as a result of others' purposeful acts or accidentally. While it is apparent that PAC are victims of crime, an analogy is also made with accident victims. This is because accident victims, such as those studied by Bulman and
Wortman (1977), must also cope with loss and suffering. They experience many of the same concerns and emotions as other victims. As was previously pointed out, the families of the chronically ill are similar to PAC in that they repeatedly have their hopes raised only to have them dashed again. While it is a different situation than that of PAC, they must deal with the uncertainty of when an event will happen, while PAC must also wonder if an event will occur. This latter characteristic makes it difficult for PAC to engage in forms of anticipatory coping.

When parents first miss their child they may, depending on the age of the child, make the original assumption that he or she is late coming home or has gone someplace without the parents' knowledge. As time goes on they will call the homes of their child's friends and other places the child is likely to be. When responses to this are negative, the parents may begin to suspect that the child has been abducted. This proposed sequence of events is part of the appraisal and reappraisal processes as described by Lazarus (1966, 1984). A situation is appraised based on the specific parameters surrounding it and the individual's belief in his or her ability to deal with the event. The appraisal and the severity of the parents' reaction depend in part on the parents' previous feelings of vulnerability. Child abductions are well publicized, as are suggestions for
child protection. Parents may have believed that they were "safe" because they followed these suggestions. In a study of rape victims Schepple and Bart (1983) found that women who believed they were safe had the most severe reactions.

Once parents have realized that their child is missing, they call in the authorities. In cases of abduction, as in other forms of crime, the behavior and attitude of the people with whom the victim first has contact is very important (Bard & Sangrey, 1979). Many parents report anger at the police and FBI (DiNova, 1984; Rando, 1986). Common complaints include an unwillingness to help, an inefficiency believed to be due to insufficient training, lack of cooperation between agencies, and the failure to use the resources that are available. A final and important complaint concerns police insensitivity and abusive behavior toward the parents (DiNova, 1984).

One of the first reactions of victims of crime, illness and accidents is shock. They are caught unaware and often may report their reactions in physical terms: as a "blow" or feeling "crushed" (Bozeman, Orbach, & Sutherland, 1953). They are likely to have difficulty accepting the reality of the situation; mothers in this study attempted to deny the implications of the diagnosis. Parents of terminally ill children tried to disprove their child's diagnosis. Once the diagnosis is accepted, parents fought the prognosis. When
denial is not utilized, the parents may attempt to minimize the effects of the victimization.

Anger is also likely to be experienced, particularly in instances of deliberate victimization (Janoff-Bulman & Frieze, 1983). Parents may direct their anger at many different sources, from the police (as discussed above), to the kidnapper, to themselves, to God, and even to the child. It is important to realize that the parents' experienced emotions may be different from the ones they are willing to express. Any negative feelings toward the child are unlikely to be expressed. The parent is already harboring strong feelings of guilt and any negative thoughts of the child will add to this.

Parents believe that there is something they could have done to prevent the abduction, to have protected their child (Barkas, 1978). They think they have failed in their role as a parent. They may feel they are to blame for not teaching their child to be more cautious. As Bard and Sangrey (1979) point out, it is the "good person" who is most vulnerable; "Parents seem to have a rather bitter choice. They can raise good children who may become victims, or they can raise hostile children who will adapt well in a predatory society" (p. 74). Techniques of child "protection" and child "safety" are highly visible. Parents have their children fingerprinted and keep current pictures of their children. But none of this actually prepares the
parents in the event of abduction and the feelings of safety the parents may have tend to make effective coping more difficult (Schepple & Bart, 1983).

Parents fear for the well-being of their child. They feel helpless. This feeling is particularly likely to be intensified after the initial search has failed. The stress these parents are under may result in marital difficulties, problems at work, and problems with other relationships. Depression and somatic complaints are also common. Victims may believe they are the only ones who are experiencing their emotions. Many fear for their sanity. One mother of a missing child stated "...I feel something is wrong with my mind" (Rando, 1986, p. 270).

People go through their lives with certain assumptions about their world. When victimization occurs, many of these beliefs are shattered and those involved must reevaluate their views and reconstruct them to fit their experiences. Included in these assumptions are a belief in a just world, a sense of personal control, a belief in personal invulnerability, a belief in personal integrity and intactness, and a sense of the world as a meaningful, orderly, and understandable place (Janoff-Bulman & Frieze, 1983; Silver & Wortman, 1980; Wortman, 1983). These concepts are not mutually exclusive and are also tied in with other issues, as will be seen.
The belief in a just world is based on the conviction that people get what they deserve and deserve what they get (Bulman & Wortman, 1977; Janoff-Bulman & Frieze, 1983; Lerner, 1980). If an individual has positive self perceptions, he or she will see the victimization as unwarranted. The victimization does not "fit" into a world that is orderly and meaningful. Victims may try to make sense of the event by derogating themselves or possibly through reevaluating the outcome as not entirely negative (Bulman & Wortman, 1977; Lerner, 1980). Bulman and Wortman (1977) found that the ability to maintain one's belief in a just world and one's subjective happiness were positively correlated.

The belief in a just world is also related to an individual's belief in his or her ability to control his or her fate. One of the defining characteristics of being a victim is that the individual lacks control over the onset and termination of the victimization (Peterson & Seligman, 1983). Thompson (1981) outlines a fourfold typology of control. She first gives a general definition of control as "the belief that one has at one's disposal a response that can influence the aversiveness of an event" (p. 89). This is a general definition which encompasses all forms of control and which takes into account the notion that control need not be exercised in order to exist. The four types of control are behavioral control, cognitive control,
information, and retrospective control. Behavioral control is the individual's belief that he or she has some behavior available that can be used to effect the aversiveness of an event. Cognitive control has to do with changing the way one thinks about the event. Information may involve receiving a warning signal, or information about the procedures, sensations experienced, or causes of an experience. Retrospective control concerns after-the-fact attributions. It is the beliefs one has about the causes of an event that has already occurred.

PAC may be expected to attempt to gain control in any way they see fit. All forms of control are likely to be utilized. In addition PAC may have a sense of vicarious control in their reliance on others. This is particularly likely when others are viewed as more powerful or more efficient than oneself. The effectiveness of the attempt to maintain or regain control appears to relate to the type of control employed. According to Taylor, Lichtman and Wood (1984) and Thompson (1981), cognitive control was the most regularly associated with adjustment. While behavioral control does appear to have a number of effects on individuals' responses to a situation, Thompson concludes that it does not seem to alter the painfulness of the stimulus. The findings regarding the receipt of information have been mixed, but it is believed that information regarding the sensations one will experience will be
beneficial. This is not surprising in that the information may serve to dispel the feelings of isolation that were discussed earlier. The benefits of retrospective control are reported to be unknown (Taylor, Lichtman, & Wood, 1984). As Thompson points out, retrospective control is closely related to the search for meaning, which will be discussed later.

The issue of control is closely tied in with the concepts of helplessness and self-blame as well as to the search for meaning. Having a sense of control is the inverse of feeling helpless. When a person comes to expect that he or she does not possess the ability to alter an event, that person is likely to display symptoms of helplessness. Peterson and Seligman (1983) make the point that the learned helplessness model has important parallels with the experience of victimization. These parallels are the following:

both are preceded by uncontrollable aversive events.... Both involve a generalized belief about future controllability.... Both are characterized by a variety of deficits in situations unrelated to the one in which uncontrollability was originally encountered. Finally, both learned helplessness and victimization responses are partly brought about by a generalized belief about future response futility. (p. 107)

When a victim is able to regain his or her sense of control or, as Langer calls it the illusion of control, it should reduce the effects of helplessness and therefore the degree
of the stress response (Glass & Singer, 1972; Langer, 1975). It is important to note that Taylor et al. (1984) found that when an individual made an attempt to exercise control and failed, the effects were likely to be more detrimental than if no attempt had been made at all.

The issue of controllability has inherent within it the notion of blame. In general, one might say that if a person has control over an event, then he or she is to blame for its occurrence. Victims may attribute the blame for their circumstances to themselves as a way of reestablishing a sense of control. In this regard, self-blame may be viewed as an adaptive response. Or, as is pointed out in the section on the belief in a just world, they may blame themselves in order to make the situation and their perception of themselves more concordant. Self-blame is also an important aspect of helplessness. Individuals who blame themselves, i.e., make internal attributions, are more likely to have lowered self-esteem than those who make external attributions. According to the learned helplessness model, this is just one aspect that is important in terms of the individual's response to an uncontrollable situation. The other dimensions discussed by Seligman and his associates are the stability and the generality of the belief. These concepts have been discussed at length elsewhere (Abramson, Seligman, & Teasdale, 1978; Garber & Seligman, 1980; Seligman, 1975; Wortman & Dintzer, 1978).
The above discussion has been based on a general definition of self-blame. A further distinction has been made between characterological and behavioral self-blame (Janoff-Bulman, 1979; Peterson, Schwartz, & Seligman, 1981; Peterson & Seligman, 1983; Wortman, 1983).

Characterological self-blame focuses on the individual's personal attributes, on the kind of person the victim sees him- or herself as being. It is regarded as relatively stable, nonmodifiable, and global. Janoff-Bulman (1979) states that characterological self-blame is associated with a person's self-esteem, and in their beliefs in personal deservingness for the events that befall them. Behavioral self-blame is believed to be more changeable. As such it is also believed to be more directly under the individual's control. As opposed to characterological self-blame which is focused on the past, behavioral self-blame appears to be oriented toward the future. For these reasons, behavioral self-blame is believed to be more adaptive. The effects of characterological self-blame are not necessarily negative. How a person feels about the attributes he or she blames is an important factor. For example, is it a trait that the individual likes or is it one that is viewed as alterable? (Miller & Porter, 1983; Wortman, 1983).

Other-blaming has been found to be associated with poor coping (Bulman & Wortman, 1977; Taylor et al., 1984). While it may give the victim a sense of righteousness, it
also eliminates the opportunity for regaining a sense of personal control. Who the other is is also of significance. The individual may blame some aspect of society. If this is the case then, as is pointed out by McGrath (1970), it is a form of shared blame since the person is a part of his or her society. On the other hand, the individual may blame a loved one. In the case of PAC the child may be blamed, or, more likely, the spouse may be blamed. In this event further difficulties will arise. The blaming parent will lose the support of the other and marital problems are almost certain. Blaming someone other than the perpetrator does not imply that the parents see him or her as blameless. Rather, they know that person is the cause, but they are looking for the reason that they were the victims, i.e., the occasion. Victims are likely to resent that the criminal seems to suffer no ill effects. Fantasies of revenge apparently are common (Barkas, 1978).

In studies of parents with chronically ill children (Bozeman et al., 1955; Friedman, Chodoff, Mason, & Hamburg, 1977; Orbach, Sutherland, & Bozeman, 1955) parental self-blame has been found to be typical. Friedman et al. (1977) state that the expression of guilt (and hostility) is not abnormal unless it is extreme and persistent. Parents will find fault with things they have done as well as with those they have not. The parents' perceived failures may have been in their actual caretaking, or through some
personal wrongdoing or flaw. Parents believe that they have failed in their duties as a parent. It is intolerable for them to believe that there was nothing they could do to prevent the abduction. "If only" is a common lament. While it has been suggested that parental feelings of guilt are likely to be transient, this may not be the case with PAC. Parents of chronically ill children may rely on scientific data and research to determine the etiology of their child's disease and hence to alleviate feelings of guilt. PAC, on the other hand, do not have this; theirs is an interpersonal event which seems to preclude scientific explanation.

In conclusion, feelings of self-blame and guilt are to be expected. Self-blame serves many purposes such as reestablishing a sense of control, a sense of invulnerability, and a view of the world as a meaningful and orderly place. In addition it provides a way to explain why the event occurred to that particular individual. Self-blame also is a way of identifying an agent of harm, which is stated by Lazarus (1966) as a necessary but not sufficient condition for direct forms of coping to occur. In those instances in which the parent felt safe because they were following the rules of child protection, it is more difficult to use behavioral self-blame in order to regain control. Lazarus believes that internal attributions will lead to feelings of guilt, depression, and defensiveness. However, this did not take into account the
types of self-blame. Further, it has been recognized that (behavioral) self-blame reduces future stress. In their study of breast cancer patients, Taylor et al. (1984) found that the effects of self-blame on adjustment were correlated with the time period; in the early time period (2 - 17 months since surgery) the two were slightly negatively correlated while in the middle time period (17 - 36 months) there was a strong positive correlation. Another important point, made by Bulman and Wortman (1977), is that self-blame may be maladaptive when the outcome is permanent and nonmodifiable.

It is generally believed that when people are faced with an aversive outcome they will ask themselves, "Why?" Attributions are a way of guarding against the arbitrariness of the situation. According to attribution theory, the search is conducted in order to understand, predict and control threat (Taylor et al., 1984). One study (Wong & Weiner, 1981) has demonstrated that an attributional search will be engaged in spontaneously. It was found that the search was most likely to occur when the experience is discordant with one's belief systems. In their research with accident victims, Bulman and Wortman (1977) classified the responses they received into six categories. These categories also encompass the reactions discussed by Lerner (1980). The categories, in order of their frequency of use, are the following: "God had a reason," chance,
predetermination, reevaluation of the event as positive, probability, and deservedness.

Whether the particular attribution made is of importance seems to be a matter of debate. Bulman and Wortman (1977) state that the significant factor may lie in finding an explanation that is satisfactory to the individual. According to Bard and Sangrey (1979), however rational or irrational the attribution, it serves the purpose of providing a sense of order and comprehension. Taylor et al. (1984) had mixed results in their study. On the one hand they stated that merely having an attributional explanation was not significantly correlated with adjustment, although it may be that attributions become more important as the recovery process proceeds. Of the explanations they gathered (different from that of Bulman and Wortman), none were significantly related to adjustment. What they found instead were correlations with poorer adjustment, attributions to a "specific stressor" and blaming another person. They state that there are two possible reasons for their findings. One has to do with education and knowledge about the disease; obviously this one will not apply to PAC. The second is that in this study the particular causal attributions may not have met the needs believed to be served by attributions as stated above. They also hypothesized that attributions are more important in instances of discrete events which cannot be undone and
also will not recur, while they are likely to be less important in cases of continuing threat, in which case modification of the outcome or course of the event will have greater priority.

It is common for victims to turn to others for emotional support. However, doing so creates mixed feelings in the individual. On the one hand he or she is seeking to alleviate the feelings of isolation that are likely to be experienced. On the other hand, the act of seeking help or support may increase feelings of helplessness and exaggerate the feelings of loss. In order for observers of crime to maintain their assumptions about the world, they will, according to the just world theory, view the victim as deserving of his or her fate (Lerner, 1980; Perloff, 1983; Taylor et al., 1983). In contrast, Barkas (1978) suggests that this theory may actually explain why it appears that victims of prolonged and "provocative" situations receive the greatest amount of sympathy. A study cited by Lerner (1980) leads to the conclusion that observers may not condemn the victim when they feel a sense of identification, a belief that it could have just as easily been them to have been victimized. The second alternative suggested is that the observers may have felt a sense of relief and not a threat to their sense of justice. The media also serve to influence the public's viewpoint. PAC are presented in such a way as to elicit feelings of compassion and a desire to
offer assistance. The reasoning behind observers' reactions is beyond the scope of this paper. What is applicable is the effects of observers' responses on the parents' subsequent adjustment.

Societal expectations are unclear. Even in instances of severe illness, parents are not allowed to give up hope. However, they are also expected to be grief stricken. During this period they are supposed to be socially inactive. Friedman et al. (1977) state that this is not only unrealistic, but it is also undesirable as parents appear to need some form of diversion. While it is recognized that the victim's likely emotional state is appropriate and normal, others will attempt to cheer the person up, thus sending mixed messages to an already confused individual. Victims are expected to recover from their experiences rapidly. Non-victims do not seem to realize that victims can never entirely forget what has happened to them. It is not uncommon for people who have suffered loss to relive the incident and to experience similar emotions as when it first occurred. Even when social support is received, it is not always beneficial (Brickman, Rabinowitz, Karuza, Coates, Cohn, & Kidder, 1982; Friedman et al., 1977; Lazarus, 1966; Silver & Wortman, 1980; Taylor et al., 1983). The most beneficial support is likely to come from others who have experienced the same event (Friedman et al., 1977; Rinear, 1984). Behaviors
which are believed to offer the most support include providing the victim the opportunity to freely express him-or herself without fear of criticism, offering to be of assistance in whatever way proves necessary, and in some cases by expressing one's own feelings and thoughts which may serve the purpose of normalizing those experienced by the victim (Friedman et al., 1977; Janoff-Bulman & Frieze, 1983; Silver & Wortman, 1980). Silver and Wortman (1980) suggest that through the discussion of feelings active problem-solving may be facilitated or the victims will at least have a more meaningful view of the experience.

In the literature the terms coping and adjustment are frequently used interchangeably. However, there is a distinction which needs to be made. Coping refers to any and all responses an individual makes as an attempt to manage a situation which is appraised as threatening or exceeding the individual's resources. These responses are subject to change as reappraisals occur. This definition includes not only overt behaviors, but physiological responses and cognitions as well. In addition it makes no assumptions about the effectiveness of such efforts (Lazarus & Folkman, 1984; Silver & Wortman, 1980). The term adjustment is a judgmental one; it addresses the question of the success or failure of the coping responses.

In general there are two classes of coping strategies (Baum, Fleming, & Singer, 1983; Folkman & Lazarus, 1980;
Lazarus, 1966; Lazarus & Folkman, 1984; Silver & Wortman, 1980). The first is a direct attempt to alter the situation (problem-focused). The second is emotion-focused, that is, it is an attempt to alter or manage one's emotional response to the problem. Although both forms of coping occur for most people in most situations (Folkman & Lazarus, 1980) problem-focused coping is likely to be predominant when the individual appraises the situation as one which he or she is able to influence, while emotion-focused coping is utilized more when the situation is perceived as one which cannot be modified. Considering the earlier discussion, it is possible to say that emotion-focused coping returns a sense of control to the individual. Lazarus and Folkman (1980, 1984) developed an inventory which lists various coping techniques and asks the respondents to indicate which of these they have used to cope with their current situation. The techniques represent various categories which fall under the general rubric of problem and emotion-focused coping. The coping strategies used will depend to some extent on which aspect of the incident the person is attending to at any particular time. The effectiveness of that coping strategy is also likely to vary over time. Therefore it may be necessary to clarify how the demands change over time within a specific situation.

Developing an operational definition of successful adjustment is a difficult task which must take into account
various factors. Common indicators of adjustment include maintaining or regaining a positive view of oneself and the situation and keeping distress within "manageable limits."

In various articles, Wortman and her associates (Silver & Wortman, 1980; Wortman, 1983; Wortman & Dintzer, 1978) state that this may be a fallacy. The primary argument is that the presence of distress and a low self-concept may serve to motivate effective coping. The specific examples used tended to deal with subjects who were victims of illness, and an important aspect of their coping was efforts at physical rehabilitation. One example that may be more applicable to PAC is a mother who loses a child to a disease and experiences increased distress as she tries to care for her other children. This parent may be compared to one who makes no such effort. Wortman also states that distress is a sign of a caring and sensitive person and the lack of it may indicate superficiality rather than adjustment. This statement explicitly demonstrates how the issue of adjustment is intricately tied up with judgments of value.

Silver and Wortman (1980) suggest that researchers use multiple measures to account for "the lack of association among various components of effective coping" (p. 330).

Wortman (1983) conceptualizes effective coping as including:

- the absence of psychiatric symptomotolgy or extreme emotional distress;
- the presence of positive emotions and well-being, good physical health, effective functioning, global or general quality of life, and effective coping as defined.
by the victim (i.e., the extent to which the victim feels that he or she has recovered from the crisis). (p. 217)

An additional aspect of good coping, not mentioned by Wortman, is the ability of the individual to come to terms with the shattered assumptions about the world (discussed earlier) which previously had enabled the person to function effectively. In trying to define adjustment, another point needs to be kept in mind. Since coping is viewed as a process, it is recognized that the demands of the situation will vary and therefore what may be functional at one time may prove not to be at a different time. This consideration has already been brought forth in the discussion of self-blame but is expected to be significant with regard to other coping techniques as well. For the purposes of this study the definition of adjustment or effective coping will closely follow that offered by Silver and Wortman and will be measured by the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), a symptom checklist developed specifically for this project, and a parental self-evaluation of their coping included in the questionnaire.

This writer does not have the unrealistic expectation that PAC will be able reach complete resolution. Instead this project is an attempt to discover what actions the parents take and the effects of these actions. It started as a recognition that while there are many groups who aid
parents in searching for their child, few offer psychological assistance. The purpose of this project is to note the reactions of parents and to look for any patterns which lead to successful coping and adjustment. It is hoped that this information may be incorporated into clinical practice.

Based on the preceding discussion, the following hypotheses are proposed:

1. Parents who report a greater number of symptoms on the symptom checklist will also be more depressed.

2. Problem-focused forms of coping, as measured by the Ways of Coping Inventory (Lazarus & Folkman, 1984), will be reported more frequently in the early periods after the abduction. They are likely to be used in conjunction with emotion-focused strategies.

3. As the length of time since the abduction increases parents will report less symptoms, will appear less depressed and better adjusted.

4. The use of emotion-focused techniques will be a more effective coping mechanism especially as the length of time that the child is missing increases.

5. Self-blame, and in particular characterological self-blame, will be associated with less adequate adjustment.

6. Behavioral self-blame, on the other hand will be associated with more adequate adjustment.
(7) Conversely, those parents who focus blame on others will demonstrate greater difficulties in adjusting to the loss of their child, relative to both groups of self-blamers.

(8) Parents who find an answer to the question "Why me?" will cope more effectively than those who are unable to find a satisfactory solution.

(9) Those parents who felt they received social support from a variety of sources will appear better adjusted.

(10) Additionally, parents who report that they have found something positive coming out of their tragedy will be less depressed and report less symptoms than their counterparts.

(11) Belief in a Just World, as measured by Rubin and Peplau's Just World Scale (Rubin & Peplau, 1975), will be positively correlated with the measure of adjustment.
METHOD

Subjects

Questionnaires were sent to 189 parents of stranger-abducted children through the National Center for Missing and Exploited Children (NCMEC). Of these, six were undeliverable due to incorrect addresses. Fifty-one surveys were returned, yielding a 28 percent response rate. Three of the questionnaires were unusable because they did not fit the population being studied, e.g., the child was an adult, the child was found dead, and the child was believed murdered by the other natural parent. Therefore, the final sample was composed of 48 subjects, including one couple.

Procedure

Parents currently active in the "stranger file" (i.e., parents whose children are believed to have been abducted by a stranger) at the NCMEC were sent packages consisting of a consent form (see Appendix A), the questionnaires, and a prelude to questionnaires (Appendix B) which further explained the purpose of the study and gave instructions for completing the surveys. Five questionnaires were utilized, two of which were developed by the researcher specifically for this study. The first of these questionnaires was
designed to obtain demographic data as well as specific information regarding the abduction of the child and the parents' reactions to the situation (e.g., amount and type of self-blame, attributions, social support received and so on). This questionnaire is reproduced in Appendix C. The second questionnaire was similar to a "symptom checklist" in which parents indicated on a scale of one to five (where one equaled not at all and five equaled very much) the degree to which they have experienced a variety of feelings and behaviors during specified time periods in relation to the abduction (24 to 48 after, 1 week to 1 month after, 1 month to 6 months after, and currently), see Appendix D. This survey was being used as one indication of the parents' level of adjustment. Additionally, parents were given Lazarus and Folkman's Ways of Coping Inventory (Lazarus & Folkman, 1984), Beck's Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), and the Rubin and Peplau Just World Scale (Rubin and Peplau, 1975).

The Ways of Coping Inventory is presented in Appendix E. This inventory asked the respondents to indicate how much they used each of 67 coping techniques since their child was abducted. Each item was rated on a scale of 0 (not used) to 3 (used a great deal). In addition parents were asked to indicate which techniques were used most recently, i.e., within the past 6 months. Responses were categorized as emotion or problem-focused as described
later in the paper. The Beck Depression Inventory (BDI), provided in Appendix F, is composed of 21 categories of symptoms associated with depression. Each category has several responses for the subject to choose from which are rated according to severity. Beck et al. (1961) performed a split-half item analysis and arrived at a reliability coefficient of 0.86, which rose to 0.93 when a Spearman-Brown correction was done. In addition, they compared each of the individual items with the total test score and found significance beyond the 0.001 level for each category with the exception of weight-loss which was significant at the 0.01 level. To determine the validity of the scale, a series of statistical tests was computed between the BDI and the Depth of Depression. These analyses were found to be highly significant. Detailed information is provided by the original authors. The Just World Scale, presented in Appendix G, consists of 20 statements. The subject is instructed to indicate the degree to which he or she agrees or disagrees with the statement on a scale of 1 to 6. Nine of the items are considered unjust and are scored negatively. The Scale was found to have high internal consistency (coefficient alpha = .80). Construct validity was determined by comparing the reactions of subjects to victims. High scorers on the Just World Scale were more apt to blame or derogate the victims, which is what would be expected.
RESULTS

**Description of Respondents**

The sample consisted of 9 males and 39 females. The mean age was 43.8 with the range being from 21 to 66. Whites comprised 72.9% of the sample, blacks 10.4%, and hispanics 8.3%. Religious affiliation was: 37.5% Protestant, 25% Catholic, 2.1% Jewish, and 31.3% "Other"; 64.6% of the respondents considered themselves active in their religion. At the time they received the questionnaires, 54.2% were married, 18.8% divorced, 10.4% single, 8.3% separated, 4.2% cohabitating and 4.2% widowed. Most (56.3%) report an annual income of less than $20,000.

**Description of Children and Abductions**

Most of the children who were abducted were female; 35 females compared to 13 males. Their ages at the time of the abduction range from 2 months to 17 years with the majority, 22.9% \( (n = 11) \), being 17; the mean age was eleven. The children have been missing an average of 5.9 years (5 months to 16 years). The breakdown of location of the abduction is as follows: neighborhood 59.3% (27 respondents), home 20.8% (10 respondents), other's home 10.4% (5 respondents), shopping center 6.3% (3 respondents), unknown location 4.2%
(2 respondents), and while camping 2.1% (1 respondent). As might be expected, older children tended to be abducted from the neighborhood while younger ones were taken from the home. Although the intent of this paper was to deal with stranger abductions, a more appropriate term may be "non-parental" abduction. A large proportion (39.6%) of the parents did suspect someone, whether it be unknown individuals such as professional abductors or someone known, such as a "friend" of a family member.

**Parental Reactions**

Many of the respondents (66.7%) reported the feeling that they were "losing their mind." Symptoms which were reported include frequent and/or uncontrollable crying, forgetfulness, moodiness, auditory and visual hallucinations (i.e., hear or see the child), suicidal and homicidal ideation, and difficulty distinguishing reality from fiction, or as one parent put it "separating the unreal truths from unrealistic bad dream situation."

Although more than half of the parents reported that their first contact with law enforcement agencies were negative, 20.8% described the interaction as positive. The primary feature which distinguished these two groups was the immediacy of action. Parents who reported positive interactions explained that the police responded immediately and were supportive. On the other hand, negative
experiences were defined by the abduction being treated as a runaway and there being a wait before the search was conducted. Several of the parents state that they, or a family member, were accused of some wrongdoing ranging from neglect to murdering the child themselves. Complaints regarding the actual search stated that it was started too late, was not extensive enough, and did not continue for a long enough period. Law enforcement agencies often did not contact the parents when there was a reported sighting of the child. Rather, the parents contacted them to find out or to let them know if they received any news. The emotions experienced when there was news of a sighting range from hope, relief, and happiness to doubt and disbelief, fear and despair. Several of the respondents reported that they prayed and wanted to go out and investigate for themselves. A repeated theme was that the parents try not to get too excited or to build up their hopes too much because of the "heartbreak" and let-down that is experienced when it turns out not to be their child.

As stated in the introduction, uncertainty is a major aspect of these parents' situations. Although they may strongly believe that their child is either alive or dead, they have no way of knowing for sure. When asked what they thought the likelihood was of finding their child alive, 31.7% responded "not at all" and 12.5% ranked it as a slight possibility, while 22.9% felt it was highly likely.
Conversely, 37.5% thought there was no likelihood of finding the child deceased, 20.8% thought it slight and 18.8% believed it highly likely. These results can be interpreted in two ways: One is that these proportions of parents believe, to the degree indicated, that their child is either alive or dead. The other interpretation is that the parents believe that the child will not be found—either alive or dead. This idea is borne out by the fact that a number of the parents answered these seemingly contradictory statements in the same direction (those parents who said "likely" for both questions are viewed as believing that their child will be found, one way or the other). Further support is offered by the father of one child who answered "not at all" to both questions but stated that his main goal with regard to his child was "finding her remains." The majority (77.1%) of the respondents stated that they would prefer to know the child is dead rather than to continue searching without knowing. As one parent explained, she wanted "to give closure to the unknown. I am prepared for anything... I just want to know what anything is!" Those who stated they did not want to know stated that they were not sure they could "handle" knowing if the child is dead. The belief that the child would be found alive was correlated \( r(39) = .3922, p < .010 \) with the score on the BDI, indicating that parents who believed this were less
depressed than those who did not believe the child would be found alive. The correlation between the parents' belief that the child would be found alive was not significantly correlated with the other measures of adjustment. For the symptoms reported, \( r(38) = .2470, p < .070 \), and for the self-rating of adjustment \( r(38) = -.1038, p < .270 \).

The abduction of a child has a tremendous effect on the parents' lives. Initially, the parents focus their energies on finding the missing child. Changes occur in their relationships with other family members, they may have difficulty at work, some turn to drugs and alcohol and still others want to kill themselves. Of those respondents who reported a change in their relationship with the child's other parent, 75% stated this change was negative. When the partner at the time was not the other parent (\( n = 15 \)), 80% of those who reported a change reported it as negative. Parents who stated that their attitudes toward their other children also changed (\( n = 31 \)) most often said that they became more protective and more concerned or worried (\( n = 17 \)). Several (\( n = 5 \)) reported difficulties in loving their other children or showing this love. They reported that they were afraid of losing these children as well. Others turned this fear into allowing the child greater independence (\( n = 4 \)). Still others (\( n = 4 \)) reported that the circumstances brought them closer to their other children.
Of the symptoms endorsed on the symptom checklist, several remained strong (i.e., a rating of 4 or 5) for the majority of the parents. Aside from fear for the missing child, the most often reported of these were feelings of general anger, anger at the person who took the child, feelings of helplessness, anger at authorities, and feelings of hopelessness ($n > 20$). Parents also reported continued feelings of shock ($n = 16$) and disbelief ($n = 18$) as well as feeling isolated ($n = 17$) and being obsessed with thoughts about the child ($n = 16$). Although the general tendency was for the intensity of the symptoms to decrease with time (see Table 1), some of these feelings (such as feelings of hopelessness, anger, deteriorated health, decreased interest in socializing, suspiciousness, use of tranquilizers or sedatives, drug abuse, decreased self-esteem, and homicidal and suicidal ideation) increased. There was also a tendency for some of these symptoms to increase before they decreased to current levels.

**Adjustment Ratings and Time Since Abduction**

The reporting of symptoms at current levels was used as one measure of adjustment. The greater the number and severity of symptoms that were reported, the less well adjusted the parent was seen as being. Another measure was the score obtained on the Beck Depression Inventory (BDI); higher scores indicated greater depression ($mean = 17.1087$, $n = 20$).
TABLE 1
TOTAL MEAN SCORES OF SYMPTOMS REPORTED AT DESIGNATED TIMES AFTER THE ABDUCTION.

<table>
<thead>
<tr>
<th>TIME PERIOD</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 - 48 hours</td>
<td>3.345</td>
<td>.693</td>
<td>39</td>
</tr>
<tr>
<td>1 week - 1 month</td>
<td>3.327</td>
<td>.624</td>
<td>37</td>
</tr>
<tr>
<td>1 - 6 months</td>
<td>3.115</td>
<td>.971</td>
<td>38</td>
</tr>
<tr>
<td>Currently</td>
<td>2.666</td>
<td>.701</td>
<td>45</td>
</tr>
</tbody>
</table>

These scores represent the means averaged across all symptoms for each of the corresponding time periods. Each parent rated their experience of the symptoms on a scale of 1 to 5 where 1 equaled "not at all" and 5 equaled "very much."
standard deviation = 9.9604). The final adjustment measure was the parents' own rating of adjustment. Parents rated themselves on a scale of one to five where one equaled "not coping well at all" and five equaled "very well." A rating of three was regarded as "adequately or average." The majority (37.5%) of parents rated themselves as coping adequately. However, more thought they were not coping well at all or slightly less than average than thought that they were coping better than average or very well. As predicted in hypothesis (1), these measures were all highly correlated at significant levels. Pearson product-moment correlations were significant for the relationship between the total current symptom score and the score on the BDI, $r(41) = .763$, $p < .001$, between the reported symptoms and the adjustment self-rating, $r(41) = -.5062$, $p < .001$, and between the BDI and the adjustment self-rating, $r(41) = -.6142$, $p < .001$.

Hypothesis (3) stated that as the length of time that the child was gone increased, the parents would report less symptoms, score lower on the BDI and report higher levels of adjustment. Although, as previously discussed, there was a slight decrease in the severity of symptoms as time progressed, there was a small but significant correlation between the elapsed time since the abduction and the symptoms reported at the time the parents completed the questionnaires, $r(43) = -.2516$, $p < .050$. In contrast, as
time increased, there was a nonsignificant trend for parents to rate themselves as coping more poorly, \( r(43) = -0.2352, \ p < 0.061 \). The relationship between the length of time since the abduction and the parents score on the BDI was not significant \( [r(44) = -0.1052, \ p < 0.245] \).

Ways of Coping

Items on the Ways of Coping inventory were considered either problem- or emotion-focused as determined by Folkman and Lazarus (1985). The authors used factor analysis to arrive at eight scales, one problem-focused and six emotion-focused which were used for this study. The remaining scale ("seeking social support") was mixed and therefore did not contribute to the hypotheses being considered (2 and 4). The problem-focused scale contained 11 items such as "Just concentrated on what I had to do next, the next step" and "I'm making a plan of action and following it." The emotion-focused scale contained 24 items which were categorized by Folkman and Lazarus as wishful thinking, detachment, focusing on the positive self-blame, tension-reduction, and keep to self.

The sample was split at the median to derive a "short-term" and a "long-term" group. The short-term group (\( n = 22 \)) was composed of parents whose children were missing four years or less while the children of the parents in the long-term group (\( n = 26 \)) were missing five to fourteen
years. A Pearson product-moment correlation was calculated to compare the use of problem- and emotion-focused methods of coping for the two groups for the entire time since the abduction and in the last six months with the measures of adjustment. Tables 2 and 3 present the results of these correlations. Table 2 shows that, for the short-term group, as the use of emotion-focused techniques since the abduction increased, the level of depression also increased \( r(22) = .5661, p < .005 \), and the parents' self-rating of adjustment decreased \( r(20) = -.3837, p < .050 \). For the long-term group (Table 3) the use of problem-focused techniques since the abduction was associated with better adjustment. As the problem-focused techniques increased, the current number and severity of symptoms decreased \( r(23) = -.4314, p < .030 \), depression decreased \( r(24) = -.4581, p < .020 \), and they rated themselves as coping better \( r(25) = .3656, p < .040 \). These results are in direct contrast to hypothesis (4) which stated that emotion-focused techniques would be more effective as time increases. Table 3 also indicates that the use of emotion-focused techniques in the last six months was correlated with the number and severity of current symptoms \( r(23) = .4070, p < .030 \). However, there was no effect on the level of depression \( r(24) = .2354, p < .135 \) or on the parents' self-rating of adjustment \( r(25) = -.1176, p < .290 \).
### TABLE 2

**CORRELATION COEFFICIENTS BETWEEN PROBLEM- AND EMOTION-FOCUSED METHODS OF COPING (SINCE THE ABDUCTION AND IN THE LAST SIX MONTHS) AND THE MEASURES OF ADJUSTMENT FOR THE SHORT-TERM GROUP.**

<table>
<thead>
<tr>
<th>COPING METHOD</th>
<th>CURRENT SYMPTOMS</th>
<th>BDI</th>
<th>SELF-RATING OF ADJUSTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem-focused, since the abduction</td>
<td>.1439 (22)</td>
<td>.1177 (22)</td>
<td>-.0840 (20)</td>
</tr>
<tr>
<td></td>
<td>p &lt; .265</td>
<td>p &lt; .305</td>
<td>p &lt; .365</td>
</tr>
<tr>
<td>Problem-focused, in the last six months</td>
<td>.2934 (22)</td>
<td>.1500 (22)</td>
<td>-.0159 (20)</td>
</tr>
<tr>
<td></td>
<td>p &lt; .100</td>
<td>p &lt; .255</td>
<td>p &lt; .475</td>
</tr>
<tr>
<td>Emotion-focused, since the abduction</td>
<td>.2269 (22)</td>
<td>.5661 (22)</td>
<td>-.3837 (20)</td>
</tr>
<tr>
<td></td>
<td>p &lt; .160</td>
<td>p &lt; .005</td>
<td>p &lt; .050</td>
</tr>
<tr>
<td>Emotion-focused, in the last six months</td>
<td>.1960 (22)</td>
<td>.2103 (22)</td>
<td>-.0542 (20)</td>
</tr>
<tr>
<td></td>
<td>p &lt; .195</td>
<td>p &lt; .175</td>
<td>p &lt; .415</td>
</tr>
</tbody>
</table>
TABLE 3

CORRELATION COEFFICIENTS BETWEEN 
PROBLEM- AND EMOTION-FOCUSED METHODS OF COPING 
(SINCE THE ABDUCTION AND IN THE LAST SIX MONTHS) 
AND THE MEASURES OF ADJUSTMENT 
FOR THE LONG-TERM GROUP.

<table>
<thead>
<tr>
<th>COPING METHOD</th>
<th>CURRENT SYMPTOMS</th>
<th>BDI</th>
<th>SELF-RATING OF ADJUSTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem-focused, since the abduction</td>
<td>-.4314 (23)</td>
<td>-.4581 (24)</td>
<td>.3656 (25)</td>
</tr>
<tr>
<td>Problem-focused, in the last six months</td>
<td>.2727 (23)</td>
<td>.0981 (24)</td>
<td>.0075 (25)</td>
</tr>
<tr>
<td>Emotion-focused, since the abduction</td>
<td>.0552 (23)</td>
<td>.2859 (24)</td>
<td>.1102 (25)</td>
</tr>
<tr>
<td>Emotion-focused, in the last six months</td>
<td>.4870 (23)</td>
<td>.2354 (24)</td>
<td>-.1176 (25)</td>
</tr>
</tbody>
</table>
Attributions of Blame

The parents were nearly evenly split on the issue of self-blame. While 43.8% stated that they did not blame themselves at all, 52.2% blamed themselves to varying degrees. No significant correlation was found between amount of self-blame and adjustment. Self-blame correlated with the symptoms reported $r(45) = .0588, p < .355$, with the BDI $r(46) = .1655, p < .140$, and with the parents' self-rating $r(45) = -.0898, p < .300$. Of the parents who did blame themselves ($n = 25$), 36% cited characterological reasons and 64% gave behavioral explanations. Neither of these were significantly correlated with any of the measures of adjustment as was predicted in hypotheses (5) and (6).

The type of self-blame (where 1 equaled characterological and 2 equaled behavioral) correlated with reported symptoms $r(25) = -.0408, p < .425$, with the BDI $r(24) = .0081, p < .490$, and with the adjustment self-rating $r(23) = -.1786, p < .210$. Hypothesis (7) stated that parents who blame others would be more poorly adjusted than those who blame themselves. However, no correlation was found between how much the parents blamed others and the symptoms reported $r(45) = -.0343, p < .415$, the depression score $r(46) = -.2012, p < .095$, or the self-rating $r(45) = .2421, p < .060$. Table 4 shows the frequency of the various types of blame.
<table>
<thead>
<tr>
<th>BLAME</th>
<th>SELF</th>
<th>OTHERS</th>
<th>ENVIRONMENT</th>
<th>CHANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>58.3</td>
<td>37.5</td>
<td>41.7</td>
<td>50.0</td>
</tr>
<tr>
<td>n</td>
<td>28</td>
<td>18</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>Some</td>
<td>41.7</td>
<td>62.5</td>
<td>58.3</td>
<td>50.0</td>
</tr>
<tr>
<td>n</td>
<td>20</td>
<td>30</td>
<td>28</td>
<td>24</td>
</tr>
<tr>
<td>At least 50%</td>
<td>10.4</td>
<td>39.6</td>
<td>18.7</td>
<td>27.1</td>
</tr>
<tr>
<td>n</td>
<td>5</td>
<td>19</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>100%</td>
<td>4.2</td>
<td>6.3</td>
<td>4.2</td>
<td>6.3</td>
</tr>
<tr>
<td>n</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Attributions of Meaning

The majority of respondents (68.8%) did ask themselves "Why me?" However, it was found that parents who did not ask themselves this question considered themselves to be coping better than those who did \( r(37) = .3778, p < .020 \) and reported lower scores on the BDI \( r(38) = -.3098, p < .030 \). Parents who did ask this question were grouped according to whether they had found an answer (1 = yes, 2 = no). Contrary to expectations, stated in hypothesis (8), whether or not the parent found an answer to this question did not make a difference in their adjustment. Finding an answer was correlated \( r(25) = -.1512, p < .240 \) with the symptoms reported, \( r(25) = -.2367, p < .130 \) with depression and \( r(25) = -.0033, p < .495 \) with the self-rating of adjustment. An attempt was made to categorize parents' responses into the same categories used by Bulman and Wortman (1977). Two primary differences occurred: the category of predetermination was eliminated and the "God had a reason" category was split into explanations using God and explanations stating there was a reason but without reference to God. The categories and their frequency of occurrence are shown in Table 5.

Perception of Positive Impact and Social Support

Although more than half of the parents were able to describe some positive effects that the abduction had on
TABLE 5
PERCENTAGE OF ATTRIBUTIONS FOR RESPONDENTS WHO ASKED THEMSELVES "WHY ME?"

<table>
<thead>
<tr>
<th>ATTRIBUTIONAL CATEGORY</th>
<th>FREQUENCY</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Answer</td>
<td>16</td>
<td>48.5</td>
</tr>
<tr>
<td>Deservedness</td>
<td>3</td>
<td>9.1</td>
</tr>
<tr>
<td>Chance</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>There was a Reason</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>God</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Probability</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Reevaluation as Positive</td>
<td>1</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Note: Percentages were calculated based on the 33 respondents who asked themselves "Why me?"; the percentages do not add up to 100 because 7 of these 33 did not give the answer or answers they arrived at.
their lives, this was not correlated with adjustment as was expected in hypothesis (9). The perception of positive impact was correlated with the symptoms reported \( r(42) = -0.0009, p < 0.500 \), with the score on the BDI \( r(43) = 0.0170, p < 0.460 \), and with the parent's self-rating of adjustment \( r(42) = -0.0822, p < 0.305 \). Of the 29 parents who indicated that others treated them differently after the abduction and stated whether that change was positive or negative, 55.2% believed the change to be positive while 44.8% felt the change to be negative. The perception of positive change was correlated as anticipated with the three measures of adjustment: with current symptoms \( r(34) = -0.3008, p < 0.050 \); with the BDI, \( r(34) = -0.5174, p < 0.002 \); and with the parents' self-rating \( r(33) = 0.2899, p < 0.060 \), although the latter result is not quite significant. These results support hypothesis (10) which stated that the perception of social support would be correlated with better adjustment, however, specifying the sources of perceived support (e.g., spouse, family, friends, co-workers, and/or strangers) was not an accurate predictor of adjustment. These correlations are presented in Table 6.

**Belief in a Just World**

On the average there was a slight tendency to reject the belief that the world is just. The mean score on the Just World Scale was 4.9362 with a standard deviation of
<table>
<thead>
<tr>
<th>Source of Support</th>
<th>Current Symptoms</th>
<th>BDI Score</th>
<th>Self-Rating of Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>0.1248</td>
<td>0.2568</td>
<td>-0.2338</td>
</tr>
<tr>
<td>(34)</td>
<td>(35)</td>
<td></td>
<td>(34)</td>
</tr>
<tr>
<td></td>
<td>p &lt; 0.245</td>
<td>p &lt; 0.070</td>
<td>p &lt; 0.095</td>
</tr>
<tr>
<td>Family</td>
<td>-0.1742</td>
<td>-0.0279</td>
<td>0.1239</td>
</tr>
<tr>
<td>(43)</td>
<td>(44)</td>
<td></td>
<td>(43)</td>
</tr>
<tr>
<td></td>
<td>p &lt; 0.135</td>
<td>p &lt; 0.430</td>
<td>p &lt; 0.215</td>
</tr>
<tr>
<td>Friends</td>
<td>0.1018</td>
<td>0.0089</td>
<td>0.2037</td>
</tr>
<tr>
<td>(43)</td>
<td>(44)</td>
<td></td>
<td>(43)</td>
</tr>
<tr>
<td></td>
<td>p &lt; 0.260</td>
<td>p &lt; 0.480</td>
<td>p &lt; 0.100</td>
</tr>
<tr>
<td>Co-Workers</td>
<td>0.0822</td>
<td>0.0161</td>
<td>-0.1334</td>
</tr>
<tr>
<td>(42)</td>
<td>(43)</td>
<td></td>
<td>(43)</td>
</tr>
<tr>
<td></td>
<td>p &lt; 0.305</td>
<td>p &lt; 0.460</td>
<td>p &lt; 0.200</td>
</tr>
<tr>
<td>Strangers</td>
<td>-0.3302</td>
<td>-0.2843</td>
<td>0.1881</td>
</tr>
<tr>
<td>(43)</td>
<td>(44)</td>
<td></td>
<td>(43)</td>
</tr>
<tr>
<td></td>
<td>p &lt; 0.020</td>
<td>p &lt; 0.035</td>
<td>p &lt; 0.115</td>
</tr>
</tbody>
</table>
possible scores range from -43 to 57 because, as explained earlier, nine of the questions are considered unjust and are scored negatively. It was found that as the belief in a just world increased, the number of reported symptoms decreased, $r(44) = -0.2609, p < 0.050$. This lends partial support to the prediction made in hypothesis (11). However, there was no significant correlation with the level of depression $r(45) = -0.1514, p < 0.165$, or with the parents' self-rating of adjustment. $r(45) = -0.1786, p < 0.210$. 
DISCUSSION

Adjustment Ratings and Time Since the Abduction

While the three measures of adjustment correlated highly with each other (.7630, -.6142, and -.5062), as was predicted in hypothesis (1), they did not always correlate similarly with various measures, i.e., there may have been a significant correlation for one but not for the other two. This was true when the length of time since the abduction was compared to adjustment. The reported symptoms correlated as expected but the scores on the BDI and the adjustment self-rating did not. Hypothesis (3) stated that as the length of time since the abduction increased, symptoms and depression would decrease and parents would rate themselves as more well adjusted. Although symptoms decreased, parents rated themselves as "coping" less well. While this result is not what was predicted, it is possible that the parents whose children were missing for longer periods of time believed that they should have been coping better and therefore rated themselves more poorly. Many of the responses rely on the parents' perceptions and expectations. Because there is no data available and nowhere that the parents come into contact with others in their situation, they may have unrealistic views of what is
"normal." That this is likely to be the case is supported by the finding that a high percentage of parents believed they were "losing their minds."

**Ways of Coping**

The results of the comparison between problem- and emotion-focused ways of coping appear inconsistent with the predictions made in hypotheses (2) and (4). While it was true that for the short-term group, increased emotion-focused techniques were correlated with depression and lower self-ratings, the total use of problem-focused techniques was correlated with better scores on the adjustment scales for the long-term group. These scores reflect all of the methods used by the parent from the time the child was abducted to the present. As such, they may not be useful in differentiating the long-term from the short-term groups. In other words, because the "short-term" group included parents of children who have been missing up to four years, there is not enough distinction between the two groups. It was expected that, in the beginning, problem-focused techniques would be more effective, but no significant correlations were found to support this. However, it is impossible to really know because there is no evaluation of which techniques were used more immediately after the abduction.
An assessment was made of which coping techniques were utilized in the six months prior to receiving the survey. The results indicated that for the long-term group emotion-focused techniques were correlated with more reported symptoms, there were no significant effects of problem-focused techniques. A possible explanation for this is that parents who are experiencing greater symptoms are attempting to control their feelings with these methods. Thus, it may be accurate to conclude that as symptoms increase, parents increase their use of emotion-focused techniques. Another possibility is that parents continue to need the illusion of control which is not being met by emotion-focused techniques. Several of the parents reported that although the official search was over, they were still trying to find their child. Because of the uncertainty of the parents' situation, problem-focused techniques continued to be used as they tried to find out what had happened to their child. Future studies would be necessary to compare parents who have had resolution (i.e., the child was returned to the home or his or her remains had been found) to the parents whose children are still missing.

Attributions of Blame

Neither the presence or absence of self-blame, nor the type of self-blame, was useful in predicting adjustment. It appears that behavioral self-blame did not afford parents
the opportunity for feelings of control as was predicted in hypothesis (6). Contrary to the victims of rape who feel their behavior contributed to their being raped and subsequently were able to alter their actions (Janoff-Bulman, 1979; Schepple & Bart, 1983), the type of self-blame this sample of parents engaged in could not be changed. For example, one parent blamed herself for not being outside with the child at the time even though other adults were present, and another believed she should have noticed the child's absence sooner. These types of self-blame, although they are behavioral, cannot lead to adaptive change (parents cannot be expected to watch their children 100% of the time) which is the primary beneficial aspect of behavioral self-blame. Contrary to hypothesis (5) characterological self-blame had no significant relationship with adjustment.

Attribution of Meaning

This study was different from other related studies (Bulman & Wortman, 1977; Wong & Weiner, 1981) in that the question "Why me?" was not asked spontaneously. Parents who did not ask themselves this question were found to be more well adjusted than those who did. Furthermore, contrary to the expectation stated in hypothesis (8), finding an answer had no significant effect on adjustment. Perhaps asking this question, and the need to understand, is a result of
greater turmoil, so that parents who ask this question are more poorly adjusted to begin with. Parents who asked themselves "why my child?" were included in this group. It may be necessary to divide these types of questions since the focus is different. Parents who are focusing on the child may be more goal-directed (i.e., more actively searching for the child) and feel a greater sense of control, or perhaps a greater sense of hopelessness, than those who may have given up and are now focusing on their own turmoil. Although this was not examined, it may be useful to know if parents tended to place the emphasis on the child in the earlier periods after the abduction.

Perception of Social Support and Belief in a Just World

As was predicted in hypothesis (9), parents who perceived that the changes in how they were treated were positive were more well adjusted than those who perceived negative changes. Often those who reported negative changes stated that others were afraid of them and they were often accused of having something to do with their child's disappearance. This is consistent with the predictions made by the Just World Theory in which people are seen as being deserving of their fate. For the parent, however, this leads to increased feelings of isolation. Being blamed by others when the parents do not attribute blame to themselves was likely to result in increased anger toward others so
that symptoms increase. This finding also runs contrary to expectations that the nature of the victimization would lead to increased social support and sympathy. The support for hypothesis (11) was mixed and suggests that while belief in a "just world" is associated with the parents' experiences of some symptoms, it is no related to their level of depression and belief in their own coping.

Conclusions

Consideration of the results of this study needs to take into account the effects of sampling bias and the effects of self-report. The sample is biased in two ways. First is that not all parents of abducted children are registered with the NCMEC. Second is the question of how representative the respondents were of parents of abducted children in general. It is likely that neither extreme is well represented, i.e., parents who are coping very poorly or very well were not likely to respond to the questionnaires. This may have contributed greatly to the difficulty in finding support for the hypotheses.

The findings of this study do have implications for the various professionals who come into contact with parents of abducted children. The first step to helping these parents is to make their first contact with law officers more positive. This is hopefully improving as awareness of the problem increases and laws such as The Missing Children Act
of 1982 (United States Code, S. 1701) are established (DiNova, 1986). Counselors who work with these parents can assist them in expressing their anger and to let them know that much of what they are experiencing is "normal." If at all possible, therapeutic support groups should be formed so the parents' can see how others in this or a similar situation, such as a parental abduction, are coping. Although at the time of this writing there are no groups for parents of missing children, there is a self-help organization for the parents and families of murder victims (Parents of Murdered Children, personal communication, 1987). Parents will need support and encouragement to socialize. This may be a touchy issue particularly if others are treating them negatively. Parents' acceptance of, and reaction to, others' views should also be examined. It is important that the counselor demonstrate acceptance of the parents' feelings. It may be necessary for the counselor to help the parent evaluate and reframe their feelings in order for them to serve an adaptive role. One parent stated that she had to help her clergy person to accept her child's death while another stated that this was her only chance to explain her feelings of guilt. Parents reported increased anger when they were told by a counselor that they should just get on with their lives. Uncertainty is a very large part of their experience and parents need to express whatever fears and hopes they hold. While many
parents did report that the questionnaires were difficult for them to answer and brought back painful memories, they also stated that they were glad for the opportunity to express themselves. Their statements that they hoped this would help other parents reflect their own need for support as did their expression of appreciation that "someone out there" cares.
CONSENT FORM

Dear Parent,

This form is to provide you with the information about a research project which is being conducted and to request that you participate. The purpose of this research is to look at the reactions of parents who have had a child abducted. While it is not being conducted by the National Center, we encourage you to participate as the results may help all professionals to more effectively serve the parents of stranger abducted children. The study is being conducted by Karen A. Bogart to fulfill a portion of the requirements for a Master's Degree in Clinical Psychology. It is being supervised by Randy Fisher, Ph.D, of the Department of Psychology at the University of Central Florida. Dr. Fisher can be reached at (305) 275-2216.

This study is being conducted in order to gather information regarding the experiences of parents whose children have been criminally abducted by a stranger. When a child is taken, parents find their own special method of coping with this loss. This study will look at the different methods chosen and how effective they have been in helping you adjust. The results of this study will be used to educate the professionals who come into contact with the parents of abducted children. It is hoped that this study will lead to a better understanding of the trauma that parents suffer and how they can best be helped to cope with it.

If you wish to participate, please fill out the attached questionnaires, which will take approximately 60-90 minutes to complete. Because of the nature of the topic and the specific questions, you may feel uncomfortable. You may find that the feelings evoked by this study will be too strong for you to deal with on your own. If this is the case, please seek appropriate local assistance. If you wish to be referred to someone in your area, please call the National Center at 1-800-843-5678. If you wish to participate in this project, anonymity and confidentiality will be maintained. However, it is necessary that you sign and date the consent form and return it in its designated envelope.
I have read the above information and I freely agree to participate in this research.

Signature ________________  Date ________________

I also am willing to be contacted at a later time in the event that a follow-up study is conducted. I understand that this does not obligate me to participate, but merely indicates interest should such a study be conducted.

Signature ________________  Date ________________
APPENDIX B

PRELUDE TO QUESTIONNAIRES
PRELUDE TO QUESTIONNAIRES

This study is being conducted in order to gather information regarding the experiences of parents of children who have been criminally abducted by a stranger. The data obtained will be used to describe parental reactions and to compare the coping responses utilized to the parents' level of adjustment. The results of this study will be used to educate the professionals who come into contact with parents of abducted children. It is hoped that this study will lead to a better understanding of the trauma these parents suffer and how they can best be helped to cope with it.

Instructions are included in the questionnaires. Please read all questions carefully and answer each one to the best of your ability. Be sure to answer both sides of the pages. In the event that a question does not apply to you, for example questions about other children, please indicate that it is not applicable and move on to the next question.

Please place your completed consent form and questionnaire in their designated envelopes and return them within two weeks. Enclosure of the consent form is necessary if your questionnaire is to be used in this project. Results of this study will be provided to the National Center for Missing and Exploited Children and will be available to you.

Thank you for your time and cooperation in this project.

Sincerely,

Karen Bogart
APPENDIX C

INFORMATIONAL QUESTIONNAIRES
Thank you for your participation in this study. Please be sure to answer each question and remember to check both sides of the pages. If a question does not apply to you please indicate.

DEMOGRAPHIC INFORMATION:

1. Sex: ___ M ___ F

2. Age: ___

3. City and State you live in: ______________________

4. Education: ___ some high school
   ___ high school
   ___ some college, includes 2 year degree
   ___ college graduate
   ___ Graduate/professional school

5. Ethnicity: ___ Caucasian
   ___ Black
   ___ Hispanic
   ___ Other (please specify): __________

6a. Religion: ___ Catholic
   ___ Protestant
   ___ Jewish
   ___ Other (please specify): __________
   b. Are you currently active in this religion, in action and/or in belief system: ___ Y ___ N

7. Marital Status: ___ Single
   ___ "Living together"
   ___ Married
   ___ Separated
   ___ Divorced
   ___ Widowed

8a. Number of children not counting your missing child: ______________________
   b. Please indicate their/his/her ages: __________

9a. Occupation - please include homemaker, retired, or unemployed:
   b. Annual Income: ___ less than $10,000
      ___ 10,000 - 19,999
      ___ 20,000 - 29,999
      ___ 30,000 - 39,999
      ___ 40,000 - 49,999
      ___ 50,000 or more

OVER PLEASE
INFORMATION ABOUT YOUR MISSING CHILD AND HIS/HER ABDUCTION:

1. Your child's sex: ___ M ___ F
2. Age at time of abduction: ______________________
3. How long has your child been missing: ____________
4a What was your marital status at the time: ________
   b. If applicable, are you still with that person: ______
   c. Is that person your missing child's other natural parent: ______
5a. Have you moved since the abduction: ___ Y ___ N
   b. How much time elapsed before you moved: ______
   c. How far did you move: ______________________
   d. How many times have you moved: _____________
6. How well do you think you are coping with your child's abduction:
   ___ not well at all
   ___ slightly less than average
   ___ adequately/average
   ___ better than "average"
   ___ very well
7a. Have you had the feeling that you were "losing your mind": ___ Y ___ N
   b. Please explain:
8. Where was your child when he/she was abducted (i.e., home, school, mall, friend's house, etc.):
9. If possible, please explain the circumstances surrounding your child's abduction and your discovery of it:

10. Did you know who to contact about your missing child: ___ Y ___ N

11a. How would you characterize your first contact with law enforcement agencies:

___ Negative
___ Neutral
___ Positive
___ Don't remember

b. Please clarify:

12a. Was there a search for your child: ___ Y ___ N

b. Who assisted in the search for your child:
13. Which of the following did the search consist of. please check all that apply:
   ___ Door-to-door search of the neighborhood
   ___ Door-to-door search of the surrounding area
   ___ Posters of your child were distributed
   ___ Posters of the suspect were distributed
   ___ Helicopter search
   ___ Use of dogs
   ___ Media
      ___ television ___ radio ___ newspaper
   ___ Somebody was brought in for questioning
   ___ Other (please specify:)

14. Were the methods of looking for your child satisfactory to you: ___ Y ___ N

15. Looking back on the search, what methods of searching would you have liked added.

16a. How long did the search continue: __________
   b. Did you feel this was adequate: ___ Y ___ N

17. Please indicate by checking the appropriate spaces in the chart below which, if any, types of media coverage the abduction received and for what time periods:

   24-48 hours 1 week to 1 month to More than
   after the 1 month 6 months 6 months
   abduction after after after

   local
   regional
   national

18a. Did you feel the media exploited you or your child: ___ Y ___ N
   b. Please explain:
19. How often does law enforcement contact you concerning a sighting: __________

20. How recent was your last "lead": __________

21. When you receive news of a sighting what emotions do you experience:

22a. Do you have any thoughts of who took your child: 
b. If applicable, do you know this person and who is it:

23. On a scale of 1-5, what do you think your chances are of finding your child alive (1=not at all; 5=highly likely): ____

24. On the same scale of 1-5 (where 1=not at all and 5=highly likely) what do you think your chances are of locating your child deceased: ____

25. In some stranger abduction cases, unfortunately, the child is found deceased. If this were true for your child, please circle which of the following statements is most true for you:
   1. I would prefer to know if my child was murdered.
   2. I would prefer to continue searching without definitely knowing.

26. What is your main goal with regard to your missing child:

27. How would you characterize any changes that took place in your relationship with your child's other natural parent:
   ____ Negative
   ____ Neutral/no change
   ____ Positive
   Please explain:

OVER
28. If your partner at the time of the abduction was not the child's other natural parent please explain any changes that occurred in your relationship as a result of the abduction:

29a. If applicable, has the abduction changed your attitudes toward your other children (i.e., the way you interact with them, discipline, protection of them, etc.): ___ Y ___ N
b. Please list and explain:

30. What changes, if any, have you made in your religious beliefs and/or practices:

31a. Did people treat you differently after the abduction: ___ Y ___ N
b. In general, were these changes positive or negative and how long did they last:

c. Please explain:

32. Please indicate if any of the following people offered support to you:
   ____ spouse
   ____ other family members (specify:__________)
   ____ friends
   ____ co-workers
   ____ strangers
33. What did people say or do that made you feel they were being supportive (e.g., they assisted in the search for your child, they helped care for your other children, wrote a letter to you, etc.):

38a. Have you sought professional guidance or counseling to help you cope with your child's abduction: ___ Y ___ N
   b. If so, please list (e.g. clergy, psychologist, hotline, etc.) and rank how helpful each of these were to you based on a 5-point scale where 1=not helpful at all and 5=very helpful:

   c. Please explain:

39. On a scale of 1-5 how much do you blame yourself (1=not at all; 5=completely): ___

40. If applicable, what are your reasons for blaming yourself:

OVER
47. If you have anything else you would like to add regarding your child's abduction that has not been covered by this survey, please do so in the space below.

48. Please state your reactions to these surveys, e.g., what emotions were evoked, how upsetting this was for you, were there any positive aspects, etc.:
Please rank your experience of each of the following for the time periods indicated. Be sure to answer each item. Give them a rating of 1 to 5 where:

1 = Not at all  
2 = Slightly  
3 = Occasionally  
4 = Quite a bit  
5 = Very much

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<tr>
<th>Item</th>
<th>24-48 hours</th>
<th>1 week after</th>
<th>1 month after</th>
<th>6 months after</th>
<th>Currently</th>
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<tbody>
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<td>Feeling of &quot;shock&quot;</td>
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<td>Disbelief</td>
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<td>Denial</td>
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<td>Feelings of isolation</td>
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<td>General feelings of anger</td>
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<tr>
<td>Anger at person who took your child</td>
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<td>Fantasies of revenge</td>
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<td>Homicidal thoughts</td>
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<td>Anger at self</td>
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<th>Item</th>
<th>24-48 hours Prior</th>
<th>1 week-1 month after</th>
<th>1 month-6 months after</th>
<th>Currently</th>
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<td>10. Anger at spouse</td>
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<td>11. Anger at child</td>
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<td>12. Anger at authorities</td>
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<td>13. Anger at God</td>
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<td>14. Feeling of fear for your missing child</td>
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<td>15. Fear for your other children (if applicable)</td>
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<td>16. Feelings of anxiety</td>
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<td>17. Helplessness</td>
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<td>19. Depression</td>
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<td>20. Suicidal thoughts</td>
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<td>21. Suspiciousness</td>
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<td>22. Poor or excessive appetite (circle which)</td>
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<td>Item</td>
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<td>1 month-6 months after</td>
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<td>Item</td>
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<td>1 month- 6 months after</td>
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<td>40. Difficulty concentrating</td>
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<td>41. Problems at work</td>
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<tr>
<td>42. &quot;Happiness&quot;/satisfaction with life</td>
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<td>43. Other (please list)</td>
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APPENDIX E
WAYS OF COPING INVENTORY
WAYS OF COPING (REVISED)

Please read each item below and indicate, by circling the appropriate category, to what extent you used it since your child has been abducted. Also indicate which of these have been used most recently, within the past 6 months, by placing a checkmark in the space provided.

<table>
<thead>
<tr>
<th></th>
<th>Not used</th>
<th>Used somewhat</th>
<th>Used quite a bit</th>
<th>Used a great deal</th>
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</thead>
<tbody>
<tr>
<td>1. Just concentrated on what I had to do next, the next step.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2. I tried to analyze the problem in order to understand it better.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>3. Turned to work or substitute activity to take my mind off things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4. I felt that time would make a difference— the only thing to do was wait.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>5. Bargained or compromised to get something positive from the situation.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6. I did something which I didn't think would work but at least I was doing something.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>7. Tried to get the person responsible to change his or her mind.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>8. Talked to someone to find out more about the situation.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

OVER PLEASE
9. Critized or lectured myself.  
10. Tried not to burn my bridges, but leave things open somewhat.  
11. Hoped a miracle would happen.  
12. Went along with fate; sometimes I just have bad luck.  
13. Went on as if nothing had happened.  
14. I tried to keep my feelings to myself.  
15. Looked for the silver lining, so to speak; tried to look on the bright side of things.  
16. Slept more than usual.  
17. I expressed anger to the person(s) who caused the problem.  
18. Accepted sympathy and understanding from someone.  
19. I told myself things that helped me to feel better.  
20. I was inspired to do something creative.  
21. Tried to forget the whole thing.
<table>
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<tr>
<th></th>
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<th>Not used</th>
<th>Used somewhat</th>
<th>Used quite a bit</th>
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<tbody>
<tr>
<td>22.</td>
<td>I got professional help.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>23.</td>
<td>Changed or grew as a person in a good way.</td>
<td>0</td>
<td>1</td>
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<tr>
<td>24.</td>
<td>I waited to see what would happen before doing anything.</td>
<td>0</td>
<td>1</td>
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<tr>
<td>25.</td>
<td>I apologized or did something to make up.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>26.</td>
<td>I made a plan of action and followed it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>27.</td>
<td>I accepted the next best thing to what I wanted.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>28.</td>
<td>I let my feelings out somehow.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29.</td>
<td>Realized I brought the problem on myself.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30.</td>
<td>I came out of the experience better than when I went in.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31.</td>
<td>Talked to someone who could do something concrete about the problem.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>32.</td>
<td>Got away from it for a while; tried to rest or take a vacation.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>33.</td>
<td>Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.</td>
<td>0</td>
<td>1</td>
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<tbody>
<tr>
<td>34.</td>
<td>Took a big chance or did something very risky.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>35.</td>
<td>I tried not to act too hastily or follow my first hunch.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>36.</td>
<td>Found new faith.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>37.</td>
<td>Maintained my pride and kept a stiff upper lip.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>38.</td>
<td>Rediscovered what is important in life.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>39.</td>
<td>Changed something so things would turn out all right.</td>
<td>0</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>40.</td>
<td>Avoided being with people in general.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>41.</td>
<td>Didn't let it get to me; refused to think too much about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>42.</td>
<td>I asked a relative or friend I respected for advice.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>43.</td>
<td>Kept others from knowing how bad things were.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>44.</td>
<td>Made light of the situation; refused to get too serious about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>45.</td>
<td>Talked to someone about how I was feeling.</td>
<td>0</td>
<td>1</td>
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<tr>
<td>46.</td>
<td>Stood my ground and fought for what I wanted.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>47.</td>
<td>Took it out on other people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>48.</td>
<td>Drew on my past experiences; I was in a similar situation before.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>49.</td>
<td>I knew what had to be done, so I doubled my efforts to make things work.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>50.</td>
<td>Refused to believe that it had happened.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>51.</td>
<td>I made a promise to myself that things would be different next time.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>52.</td>
<td>Came up with a couple of different solutions to the problem.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>53.</td>
<td>Accepted it, since nothing could be done.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>54.</td>
<td>I tried to keep my feelings from interfering with other things too much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>55.</td>
<td>Wished that I could change what had happened or how I felt.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>56.</td>
<td>I changed something about myself.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td><strong>57.</strong> I daydreamed or imagined a better time or place than the one I was in.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>58.</strong> Wished that the situation would go away or somehow be over with.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>59.</strong> Had fantasies or wishes about how things might turn out.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td><strong>60.</strong> I prayed.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>61.</strong> I prepared myself for the worst.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>62.</strong> I went over in my mind what I would say or do.</td>
<td>0</td>
<td>1</td>
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<tr>
<td><strong>63.</strong> I thought about how a person I admire would handle this situation and used that as a model.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td><strong>64.</strong> I tried to see things from the other person's point of view.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>65.</strong> I reminded myself how much worse things could be.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>66.</strong> I jogged or exercised.</td>
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<td>1</td>
<td>2</td>
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<tr>
<td><strong>67.</strong> I tried something entirely different from any of the above. (Please describe).</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</table>
BECK'S INVENTORY

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY! Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

A. 0 I do not feel sad.
   1 I feel blue or sad.
   2a I am blue or sad all the time and I can't snap out of it.
   2b I am so sad or unhappy that it is very painful.
   3 I am so sad or unhappy that I can't stand it.

B. 0 I am not particularly pessimistic or discouraged about the future.
   1 I feel discouraged about the future.
   2a I feel I have nothing to look forward to.
   2b I feel that I won't ever get over my troubles.
   3 I feel that the future is hopeless and that things cannot improve

C. 0 I do not feel like a failure.
   1 I feel I have failed more than the average person.
   2a I feel I have accomplished very little that is worthwhile or that means anything.
   2b As I look back on my life, all I can see is a lot of failures.
   3 I feel I am a complete failure as a person (parent, husband, wife).

D. 0 I am not particularly dissatisfied.
   1a I feel bored most of the time.
   1b I don't enjoy things the way I used to.
   2 I don't get satisfaction out of anything anymore.
   3 I am dissatisfied or bored with everything.

E. 0 I don't feel particularly guilty.
   1 I feel bad or unworthy a good part of the time.
   2a I feel quite guilty.
   2b I feel bad or unworthy practically all the time now.
   3 I feel guilty all of the time.

OVER PLEASE
F. 0 I don't feel I am being punished.
  1 I have a feeling that something bad may happen to me.
  2 I feel I am being punished or will be punished.
  3a I feel I deserve to be punished.
  3b I want to be punished

G. 0 I don't feel disappointed in myself.
  1a I am disappointed in myself.
  1b I don't like myself
  2 I am disgusted with myself.
  3 I hate myself.

H. 0 I don't feel I am worse than anybody else.
  1 I am critical of myself for my weaknesses or mistakes.
  2a I blame myself for everything that goes wrong.
  2b I feel I have many bad faults.

I. 0 I don't have any thoughts of harming myself.
  1 I have thoughts of harming myself, but I would not carry them out.
  2a I feel I would be better off dead.
  2b I have definite plans about committing suicide.
  2c I feel my family would be better off if I were dead.
  3 I would kill myself if I could.

J. 0 I don't cry anymore than usual.
  1 I cry more now than I used to.
  2 I cry all the time now. I can't stop it.
  3 I used to be able to cry, but now I can't cry at all even though I want to.

K. 0 I am no more irritated now than I ever am.
  1 I get annoyed or irritated more easily than I used to.
  2 I feel irritated all the time.
  3 I don't get irritated at all at the things that used to irritate me.

L. 0 I have not lost interest in other people.
  1 I am less interested in other people now than I used to be.
  2 I have lost most of my interest in other people and have little feeling for them.
  3 I have lost all of my interest in other people and don't care about them at all.
M. 0 I make decisions about as well as ever.
   1 I am less sure of myself now and try to put off making decisions.
   2 I can't make decisions anymore without help.
   3 I can't make decisions at all anymore.

N. 0 I don't feel I look any worse than I used to.
   1 I am worried that I am looking old or unattractive.
   2 I feel that there are permanent changes in my appearance and they make me look unattractive.
   3 I feel that I am ugly or repulsive looking.

O. 0 I can work about as well as before.
   1a It takes extra effort to get started at doing something.
   1b I don't work as well as I used to.
   2 I have to push myself very hard to do anything.
   3 I can't do any work at all.

P. 0 I can sleep as well as usual.
   1 I wake up more tired in the morning than I used to.
   2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
   3 I wake up early every day and can't get more than 5 hours sleep.

Q. 0 I don't get any more tired than usual.
   1 I get tired more easily than I used to.
   2 I get tired from doing anything.
   3 I get too tired to do anything.

R. 0 My appetite is no worse than usual.
   1 My appetite is not as good as it used to be.
   2 My appetite is much worse now.
   3 I have no appetite at all any more.

S 0 I haven't lost much weight, if any, lately.
   1 I have lost more than 5 pounds.
   2 I have lost more than 10 pounds.
   3 I have lost more than 15 pounds.

T 0 I am no more concerned about my health than usual.
   1 I am concerned about aches and pains or upset stomach or constipation or other unpleasant feelings in my body.
   2 I am so concerned with how I feel or what I feel that it's hard to think of much else.
   3 I am completely absorbed in what I feel.
U 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely.
APPENDIX G
JUST WORLD SCALE
Please indicate in the space provided how much you agree or disagree with each of the following statements. Rate them on a scale of 1 to 6 where:

\[\begin{array}{cccccc}
\text{Strongly Disagree} & \text{Disagree} & \text{Mildly Disagree} & \text{Mildly Agree} & \text{Agree} & \text{Strongly Agree}
\end{array}\]

1. I've found that a person rarely deserves the reputation he has.
2. Basically, the world is a just place.
3. People who get "lucky breaks" have usually earned their good fortune.
4. Careful drivers are just as likely to get hurt in traffic accidents as careless ones.
5. It is a common occurrence for a guilty person to get off free in American courts.
6. Students almost always deserve the grades they receive in school.
7. Men who keep in shape have little chance of suffering a heart attack.
8. The political candidate who sticks up for his principles rarely gets elected.
9. It is rare for an innocent man to be wrongly sent to jail.
10. In professional sports, many fouls and infractions never get called by the referee.
11. By and large, people deserve what they get.
12. When parents punish their children, it is almost always for good reasons.
13. Good deeds often go unnoticed and unrewarded.

OVER PLEASE
14. Although evil men may hold political power for a while, in the general course of history good wins out.

15. In almost any business or profession, people who do their job well rise to the top.

16. American parents tend to overlook the things most to be admired in their children.

17. It is often impossible for a person to receive a fair trial in the USA.

18. People who meet with misfortune have often brought it on themselves.

19. Crime doesn't pay

20. Many people suffer through absolutely no fault of their own.
REFERENCES


DiNova, B., Founder, director and secretary of the Dee Scofield Awareness Program. (personal communication, November 23, 1984)


