Birthmothers' Experiences of Open and Closed Adoption

Krista L. Jones

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Abstract

In a study designed to compare the impact of adoptions varying along the continuum of openness, fifteen women (age = 23 – 52 yrs.) recruited from online newsgroups and discussion boards participated in one-hour semi-structured interviews during which they were asked about their decisions to relinquish their child to adoption and its impact on them. These women also completed quantitative measures of the effects of relinquishment in the six months after the relinquishment and in the six months prior to their participation in this study. Guided by the methods of grounded theory (Strauss & Corbin, 1998), the analyses of the interview data indicated that all but one of the birthmothers who had a choice in the relinquishment chose to have some form of ongoing contact with her child. This desire for ongoing contact was driven by these women's attachment to their baby and/or their desire to know their child and how s/he was doing. In addition, all but one of the birthmothers, regardless of the nature of the adoption and contact arrangements, experienced grief in the wake the relinquishment. In the long-term, however, choice moderated the long-term effects of relinquishment. Thus, relative to birthmothers who had no choice in the adoption arrangements for their child, those who had some choice were, on the whole, better able to accept their decision and resolve their grief. Analyses of the data provided by two birthmothers who had each relinquished two children, one with and one without choice, also pointed to choice as a crucial factor affecting birthmothers' psychological well-being, as did the analyses of the quantitative data. The implications of these findings for our understanding of previous research, future research and counselling for women contemplating the relinquishment of their child are discussed.

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Birthmothers' Experiences of Open and Closed Adoption

Adoption has probably always existed as an option for parents who desired a child. Indeed, adoption was reported as far back as the times of the Old Testament when Moses was said to have been found and adopted by an Egyptian princess. More recently, as of 2001, there were approximately six million adoptees in the United States (Evan B. Donaldson Adoption Institute, 2002). Of these six million, approximately 1.5 million are still children, representing 2% of all American children. As there are usually two birthparents and two adopted parents involved in each adoption, the number of people directly affected by adoption is at least 30 million. Including aunts, uncles, siblings, and grandparents dramatically increases the number of people affected by adoption. Consistent with this, approximately 60% of Americans have a personal connection to adoption in some form and 58% of Americans know someone who is adopted (Evan B. Donaldson Adoption Institute, 2002). Unfortunately, similar statistics have not been compiled in Canada to date. Clearly though, the number of people affected by adoption is astronomical. Just as dramatic are the ways adoption affects people's lives. Although adoption has a profound and permanent effect on the lives of the birthparents, the adoptee, and the adoptive parents (Arms, 1990), the present study focuses on the experiences of birthmothers.

Birthmothers

For years, research, articles, and books on adoption focused primarily on the adoptee, ignoring both the biological and adoptive birthparents. A number of studies, for example, compared the psychological health of adopted and non-adopted children (Bohman, 1970; Rutter, 1979). The majority of such research portrayed adopted children as at a disadvantage and at greater risk for numerous problems. It was found that adopted children were seen by

mental health clinics two to five times more than their non-adopted counterparts (Bohman, 1970). Adopted children were also found to be significantly more aggressive and antisocial (Brodzinski, 1987), in addition to being more likely to suffer from Attention Deficit and Hyperactivity Disorder (Bohman, 1970). Not only did adopted children seem to suffer from more emotional problems (Rutter, 1979), they were also seen by teachers and doctors as more problem-prone (Shaw, 1984). Contrary to these profoundly negative findings, however, other studies found no differences between adopted and non-adopted children (Brodzinsky, 1987). Although the research findings were contradictory, adopted children nevertheless received extensive research consideration, attention that was clearly lacking when it came to the experiences of birthmothers.

The lack of research on birthmothers is best understood within the context of the social climate of the times. During the 1960s, baby boomers were entering adolescence and a sexual revolution was underway. Due to “relaxed sexual mores, the illegality of abortion and the not-yet-widespread use of oral contraception, out-of-wedlock pregnancies among young women soared in the United States” (Kelly, 1999, p. 1). As unwed motherhood was frowned upon at that time, a number of these unplanned pregnancies ended with adoption. Indeed, 95% of pregnant women in the United States who did not marry the father of the child surrendered their child for adoption (Sorosky, Baran, & Pannor, 1984). As a result, the number of adoptions skyrocketed from 50,000 in 1944 to 175,000 in 1970 (Evan B. Donaldson Adoption Institute, 2002). Despite the widespread occurrence of relinquishment, however, the experiences of birthmothers remained largely unexplored.

In the 1950s and 1960s the research that did emerge on the experiences of birthmothers focused primarily on the psychological reasons for pregnancy outside of

marriage and the predictors of the relinquishment decision (Young, 1954). In effect, researchers were attempting to discover the personality or psychological characteristics of women who would allow themselves to become pregnant out of wedlock (Yelloly, 1965; Young, 1954). In this research, women who kept their babies and became single mothers were described as lacking, unstable, defective and deviant (Young, 1954). On the other hand, women who placed their children for adoption were at odds with society's view of the good mother (Bergum, 1997). As a consequence, they faced shame and stigma for not only having a child out of wedlock, but for defying their maternal instinct and placing their child for adoption.

The invisibility of birthmothers' accounts of their own experiences during these years was apparent not only in research, but also in the adoption community. Beginning in the 1940s, and at the insistence of social workers, legislators in every state enacted laws that required adoption records to be sealed, forever preventing birthparents and adult adoptees from learning anything about each other. At the time this privacy was thought to be in the best interests of all three members of the adoption triad – the birthmother, adoptee, and adoptive parents. It was thought that secrecy was necessary in order to protect them from the stigmas associated with each of their 'shortcomings' (Byrd, 1988). For the birthmothers, the shame of being an unwed mother was a very real concern and, to protect birthmothers from such shame, confidentiality was promised. The secrecy was also thought to benefit the adoptee and their parents, protecting the former from the pains of their so-called illegitimacy and the latter from having to admit and accept their infertility. While it was not the intent of early statutes to create anonymity and secrets between adoptive parents, adoptees and

birthparents, that is exactly what happened. This era of secrecy, anonymity and confidentiality later became known as the ‘closed adoption’ era.

Closed Adoption

The closed adoption system had far-reaching consequences for all members of the adoption triad. Through interviews with dozens of adoptees, birthparents, adoptive parents, and adoption professionals, Lifton (1979) documented many of these consequences in one of the first books addressing all three members of the adoption triad. According to those she interviewed, relinquishing a child for adoption is a major loss and the powerlessness associated with the closed adoption system served only to further perpetuate the birthmother’s feelings of guilt, worthlessness, and suffering. These feelings were evident in many of the birthmother interviews, with one birthmother commenting, “For approximately four years I tried desperately to forget my daughter, but then I became almost frozen, unable to sleep, work, eat, or drink. I sought psychiatric help for a few months. I felt worthless until a year ago when I read about other birthmothers who felt like I do” (Lifton, 1979, p. 223). Such powerlessness was a characteristic also shared by many of the interviewed adoptees. Adoptees voiced their displeasure with the system, noting that essential parts of their histories were kept secret from them by the state even as they reached adulthood, including the basic medical and social histories of their birthparents (Lifton, 1979). While some children grew up never knowing they were adopted, those who did know and sought information on their birthparents quickly had their efforts thwarted by a system of confidentiality. One adoptee shared, “We are a held-back people – inhibited, tentative, dreamers not doers. Holding back curiosity about oneself for the sake of others makes one hold back in other things too” (Lifton, 1979, p. 64). Feelings of shame, embarrassment, and

low self-esteem, along with feelings of being ‘unwanted’ and ‘given away’ due to some fault of their own, characterized many of the adoptees that Lifton interviewed. Not knowing where they came from left many adoptees struggling with issues of who they were and where they fit into the world. Although often well intentioned, their adoptive parents were unable to offer help as they too had been silenced by the shroud of secrecy that characterized the closed adoption system (Lifton, 1979).

Trends in adoption began to change in the late 1960s and early 1970s, when the literature, research, and practice of adoption began to include the voices of birthmothers. Festinger (1971) studied a sample ($N = 137$) consisting of all the unwed pregnant women who sought services from a New York City social service department in the late 1960s. Of these women, 70 parented their babies and 67 relinquished their child for adoption. These case records were analyzed independently by two coders who scored each record on over 70 items. In total, fourteen items were found to be significantly associated with the relinquishment decision. Women who placed their babies for adoption tended to be younger, without their own households, better educated and from a higher socioeconomic status than those women who parented their children (Festinger, 1971). Additionally, more women who parented their children were from homes plagued by divorce or death (46%) than women who placed their children for adoption (12%). Parental influence was also found to have a major impact on the decision to place a child for adoption. While 42% of those women who parented reported parental support for their parenting decision, 0% of those women placing children for adoption had parental support to parent (Festinger, 1971). Future studies replicated many of these findings (Grow, 1979).

Grow (1979) undertook in-depth interviews with women who parented ($n = 182$) and women who placed their child for adoption ($n = 28$). Participants were recruited from a Wisconsin social service department and compared on 100 variables that were thought to distinguish women who placed children for adoption from those who parented. Among the factors differentiating women who placed their children for adoption were their higher levels of education, younger ages, and decreased likelihood of coming from a broken home. Additionally, a lack of support was more characteristic of women who placed their child for adoption. While one third of women who parented reported having the support of their family, their best friend, and the father of the baby, only 7% of women who placed their child for adoption reported such support (Grow, 1979). Although further studies attempted to reveal predictors of the adoption decision (e.g., Cocozzelli, 1989; Smith & Toogood, 1990), birthmothers were rarely consulted about the decisions that so affected their lives. Failing to do so resulted in “observations of tendencies rather than identifying determinants of behaviour” (Friedman, 1975, p. 322) and erroneous assumptions about the reasons behind relinquishment decisions. Despite the gradual inclusion of birthmothers as a focus of study, birthmothers' personal stories were almost nonexistent in the literature until the 1970s.

Around the time adult adoptees were demanding their records be unsealed, birthparents emerged to let the world know that they had never forgotten the children they placed for adoption. When researchers did begin to ask birthmothers about their experiences with adoption and how it shaped their lives, a very interesting and different literature began to emerge. For example, as opposed to being the uncaring and heartless people that past research had suggested (Young, 1954), Baran, Pannor and Sorosky's (1977) interviews with thirty-six female and two male birthparents revealed that they never stopped caring for their

birthchildren. Through newspaper articles and programs on local and national television, birthparents were recruited to participate in the study. During in-depth interviews, these participants revealed that placing their child for adoption was an experience that stayed with them forever. The majority (82%) reporting wondering what their child looks like and almost half (40%) said they thought of their child on the child's birthday. In addition, almost all (95%) of the 38 birthparents said they wanted the information about themselves in the agency records to be updated so that their children would one day be able to find them (Baran et al., 1977).

In a large study of birthparents' post-adoption experiences, Deykin, Campbell and Patti (1984) administered surveys to 321 birthmothers and birthfathers recruited through a local adoption agency. Participants were asked about the effect that relinquishing a child had on their lives. In their pioneer study, they found that birthparents perceived the surrender of their child "as having a protracted negative influence on their lives, in the areas of marriage, fertility, and parenting" (Deykin et al., 1984, p. 271). They found that the relinquishment of a child manifested itself in a number of areas in a birthmother's life, including failed or multiple marriages, infertility, and low self-esteem.

In a study designed to guide future treatment and counseling initiatives, Davidson (1994) interviewed eight birthmothers who had relinquished a child at least ten years earlier. Participants were recruited through newspaper ads and personal invitations extended to the researcher's friends and acquaintances. Her research revealed many ways in which birthmothers were profoundly affected by their relinquishment experiences. Low self-esteem, reproductive and parenting issues, failed relationships, and dreams of reuniting with their birthchildren characterized the women she interviewed (Davidson, 1994). The pain

they experienced from years of shame and secrecy over their loss was also evident in the interviews. Not only did they feel that they had lost a child, but in many cases birthmothers spoke of losing self-esteem, all sense of control over their lives, a sense of wholeness, and numerous friendships and family relationships. Overall, the study found that women's adoption experiences had profound impacts on not only their relationships with others, but also their reproductive and parental futures.

In a longitudinal study, Donnelly and Voydanoff (1996) examined the experiences of 181 pregnant and newly post-partum adolescents recruited from public health clinics, crisis pregnancy centres and a private social service agency. These adolescents completed surveys assessing their satisfaction with their parenting or adoption decision, their mental health, and their sexual risk-taking behaviour at the time of the birth of their children, as well as six, twelve, and twenty-four months post-partum. Comparing the responses of those who parented their children ($n = 139$) with those who placed their children for adoption ($n = 42$) revealed that, at each of six, twelve, and twenty-four months post-partum, birthmothers reported greater sorrow and regret than the women who parented their children. This regret, however, was interpreted as being rational and expected, and viewed as unrelated to depression (Donnelly & Voydanoff, 1996). While past studies failed to mention any positive outcomes of the adoption experience, this study did touch on the benefits of adoption for the adolescent birthmother. In particular, adolescents who had placed their children for adoption were more likely, two years post-partum, to have higher socioeconomic status, more education, to be employed, and to be postponing further reproductive behaviors. Such benefits of relinquishment, ones that had not been explored in the past, were pivotal dimensions tied to these adolescents' improved life circumstances.

In sum, research examining the impact of closed adoption revealed a number of positive and negative outcomes. On the positive side, the findings of Donnelly and Voydanoff (1996) draw attention to the positive benefits of adoption for adolescent mothers. On the negative side, however, the research suggests that relinquishing a child has a profound and long-lasting negative effect on birthmothers, including infertility, low self-esteem, multiple failed marriages, overprotective parenting style, feelings of anger and guilt, depression, fatigue, and somatic problems (Baran et al., 1977; Millen & Roll, 1985; Weinreb, 1991). More recent research has confirmed these findings, adding reproductive issues, dreams of reunification, and pain from the shame and secrecy to the list of negative outcomes (Davidson, 1994).

Open Adoption

As a result of demands for change on the part of birthparents and adult adoptees, social workers realized that the “practices they had long held to be compassionate and humane were perceived as cold and coercive” (Siegel, 1993, p. 17). In an attempt to alleviate some of the problems inherent in the closed adoption system, a new system eventually emerged in the early 1980’s, a system known as open adoption. Open adoption refers to “the exchange of information (usually identifying) between birthparents and adoptive parents, and to the possible opportunity for face-to-face contact among birthparents, adoptive parents, and the adopted child” (Roles, 1989, p. 3). Within the limits of open adoption there is a continuum of contact. At one end of the continuum, there is minimal contact between the birthparents and adoptive parents. Such contact may include the birthparents (usually the birthmother) choosing the adoptive parents who will raise her child. This is often done by presenting the birthmother with the profiles of numerous potential adoptive families and

allowing her to choose the family she feels most comfortable with. Last names, addresses, and phone numbers are usually not exchanged in such agreements (often termed 'semi-open'), with the agency working as an intermediary, forwarding yearly letters and pictures to the birthparents.

At the opposite end of the continuum are open adoption agreements that consist of the birthmother not only choosing the adoptive parents, but also meeting and having ongoing contact with them throughout her pregnancy. Adoptive parents often play a very active role before the child is born, attending doctor's appointments and ultrasounds, and providing emotional support to the pregnant woman. In some cases, the pregnant woman lives with the potential adoptive parents for the duration of her pregnancy, allowing for a strong bond to develop between them. In addition to this substantial amount of pre-placement contact, open adoptions at this extreme continue the contact after the child is placed in the adoptive home. Letters, phone calls, and photos are often exchanged on a regular basis throughout the adoptee's childhood and adolescence. In the most open forms of adoption, visits also occur between the biological parent(s), adoptive parents and the child. Clearly, there are a number of alternatives between each of these extremes, within which many adoptive arrangements fall. The nature of the openness is dictated by the needs and desires of the biological and adoptive parents, although social workers' beliefs may also come into play. Regardless of the level of openness, such agreements are not to be confused with co-parenting or foster care. Once legally adopted, the birthparent has relinquished all parental rights and claims to the child and the adoptive parents are the legal parents of the child.

Advocates for open adoption claim that open adoption is beneficial to all members of the birth triad. For the child, open adoption is said to fulfill an innate human need to know

one's biological history (Lee & Twaite, 1997). Advocates also assert that the emotional problems caused by denying adoptees information about their biological history are abundant. Adult adoptees are left not only angered over the fact their lives are shrouded in secrecy, but often with numerous problems related to their identity formation (Bohman, 1970). Adult adoptees had endured enough pain from living the lie that they were genetically connected to their adoptive families and demanded answers to their questions.

For birthparents, empowerment is described as the key benefit of open adoption (Baron & Pannor, 1993). Power and control are taken away from the state and agencies, once responsible for controlling all information and contact within the adoptive relationships, and given to the biological and adoptive parents. Potential birthparents are given the power and responsibility of choosing the parents who will raise their child. Rather than being forced to hand their baby over to strangers, birthparents are given the opportunity to select and get to know the people their child will know as 'mom' and 'dad.' While relinquishment may never be an easy process for a birthmother, knowing that their child is being well taken care of by a trusted family is thought to allow many birthmothers to better cope with the mourning and grief associated with their loss (Gritter, 1997).

Open adoption is also described as having a number of advantages for the adoptive parents. According to Gritter (1997) and Roberts and Robie (1981), open adoption eliminates adoptive parents' fears of the unknown. Rather than fantasizing about what the birthmothers of their children may be like, adoptive parents are given the opportunity to get to know the birthparents firsthand, gaining knowledge about their lives and insight into their personality. Such information may not only quell adoptive parents' fears of the birthparent

coming back and kidnapping the child, it may also allow them to be better equipped to answer their child's inquiries about their heritage.

Critics of open adoption, on the other hand, assert that openness will cause loyalty conflicts within the adoptee and destructive relationships among the members of the triad (Derdeyn, 1979). It is feared that children will become confused about the roles that their birth and adoptive parents play, leaving them unsure of who their 'real parents' are and where their loyalties should lie. Their identity formation, already hindered by the fact they are adopted, is thought to be exacerbated by ongoing contact with their biological family (Austin, 1979). Some researchers also speculate that open adoption detracts from the ability of the adoptive parents and the child to bond (Derdeyn, 1979). It is thought that constant interferences by the biological parents in the form of frequent communication and visits will impede the child's adjustment to their new family (Byrd, 1988). Critics also express some trepidation over the fact that birthparents may want their child back as a result of their close contact after the child is placed. In addition to these hypothesized disadvantages for the adoptee and adoptive family, it has been suggested that open adoption is detrimental to the birthparents' ability to deal with their grief (Byrd, 1988). It is thought that seeing and hearing about their children will only perpetuate the pain and grief of birthparents, and that only through distancing themselves from their children will they be able to truly move on with their lives.

Research, although limited, has documented both positive and negative consequences following open adoption. In one of the first studies of open adoption, Siegel (1993) conducted semi-structured interviews with 21 sets of adoptive parents involved in open adoption. During the interviews participants were asked about their experiences with

adoption, their views toward birthmothers and their opinions regarding open adoption. Overall, these adoptive parents described open adoption as preferable over closed adoption for both adoptive and biological parents. Consistent with the empowerment attributed to open adoption, these adoptive parents spoke of the desirability of having personal control over the adoption rather than having an agency or the state making decisions for them. They also valued the opportunity to meet and get to know the birth parents afforded by open adoption, particularly because it allowed them to gain firsthand information about the personalities, history, and health that may have an impact on their child. Moreover, they described open adoption as a more compassionate way for adoption to occur and voiced the benefits of having more family to love their children. Perhaps most importantly, these adoptive parents reported enjoying the feeling of being 'chosen' by the birthparent(s).

More important than the benefits open adoption has for the adoptive and birthparents, however, are the potential advantages for the children as suggested in the interviews with the adoptive parents. One adoptive couple noted in their interview that they felt children in open adoptions would grow up feeling less rejection as they would be told of their adoption story and why they were placed by their birthparents (Siegel, 1993). Having their birthparents in their lives would demonstrate to the adoptee that they were not abandoned or unloved. In contrast with those who assert children will be more confused with this family system (Austin, 1979), those adoptive parents interviewed by Siegel (1993) believed that the children would grow up with a better sense of self, aided in part by firsthand knowledge of their biological, medical and genetic history. Additionally, the need to search and reunite with their birthfamily (along with the stress and potential trauma that goes with it) would be virtually eliminated.

Lee and Twaite (1997) examined the nature of the contact between 238 adoptive mothers and birthmothers recruited through a New York adoption law firm. The results of their survey indicated that adoptive mothers who had contact with their child's birthmother prior to the birth (73.1%) were slightly more likely to have favourable attitudes toward the biological mother than those who did not have such contact (69.8%). Significantly fewer adoptive mothers who had contact with their child's birthmother (14.6%) saw the birthmother as boorish (14.6%), relative to adoptive mothers who did not have contact with the birthfamily (16.8%). Openness was also seen as affecting the adoptive parents' views of their children. Of the adoptive mothers who reported some degree of openness, for example, 76.9% reported viewing their child as competent, compared to 69.8% of adoptive mothers without contact with their child's biological family.

In a study designed to critically evaluate the alleged benefits of open adoption, Hughes (1995) interviewed 28 birthmothers, all of whom had relinquished their children during the closed adoption era. These women overwhelmingly agreed that, in principle, open adoption is an excellent idea. Participants supported open adoption as a viable way of maintaining a link that would 'keep the door open' for future contact and reunification with their children. They also believed that open adoption would have given them the opportunity to both know how their child was doing and see them growing up. In practice, however, they did not think that they could cope with or would desire open adoption. Consistent with the critics of open adoption, these birthmothers voiced their concern that such contact would have impeded their child's bonding with their new family and confused the child over loyalties. They also thought that open adoption would have been too difficult for them

because seeing and hearing about their child through the years would have reminded them of all that they had given up.

Negative effects of open adoption were also documented by Yngvesso (1997). Yngvesso interviewed six birthmothers and six adoptive mothers, all of whom were involved in some form of open adoption. The interviews revealed that, while both adoptive and birth mother viewed themselves as a 'real' mother, they often felt 'not real' at the same time. As part of an open adoption, their relationship entailed a struggle to balance distance and proximity. The birthparents voiced concern over positioning themselves in a relationship with the adoptive family and birthchild, without burdening or imposing themselves on the adoptive family. Adoptive mothers, on the other hand, saw birthparents as constant reminders of the fact that their children were biologically tied to another woman (Yngvesso, 1997).

Overall, then, few studies have evaluated the effects of open adoption and these studies have yielded both mixed and limited findings. While Hughes' (1995) study documented both pros (e.g., birthmothers' ability to know about their child's well-being) and cons (e.g., birthmothers' difficulty mourning the loss of their child), birthmothers from the closed adoption era were simply asked to speculate on how they would respond to an open adoption agreement. As a result, the extent to which these opinions are shared by birthmothers actually involved in open adoption remains unknown. The two studies that consulted parents actively involved in open adoption have also produced mixed findings. On the one hand, the findings of Siegel's (1993) study suggest that open adoption allows adoptive parents to feel chosen, empowered and informed. On the other hand, Yngvesso (1997) noted adoptive and biological mothers' ambiguity regarding their status as mother,

birthmothers' struggles balancing distance and proximity, and adoptive mothers' difficulties coping with the constant reminders of their non-biological status.

Unfortunately, many of the other hypothesized benefits and drawbacks of open adoption, such as its effect on biological parents' grieving process, adoptive parents' fears or adoptees divided loyalties, have received no empirical study. More fundamentally, no study has directly compared the experiences of parents involved in open relative to closed adoptions. Until such research exists, it is premature to draw any conclusions about the relative impact of open and closed adoption. Given this, the present study is designed to assess and compare the experiences of birthmothers involved in adoptions that lie along the continuum of openness, from totally closed to totally open.

Method

The present study aimed to explore an area that remains largely unexplored. Given this, the study did not begin with a set of predetermined hypotheses. Rather, the intent was to explore and come to understand the experiences of birthmothers engaged in a variety of adoption relationships. A qualitative research method was therefore appropriate for a number of reasons. First, as there is no solid theory regarding birthmothers' experiences, there was no way of knowing what should be measured in a quantitative study. By taking a qualitative approach we were also able to study the subjective reality of research participants and thereby come to see things from their point of view. As people are the experts of their own experiences (Rosenblatt & Fischer, 1993), only by asking them about these experiences are we able to truly understand them. A qualitative approach was also appropriate given the personal and emotional nature of the topic. Many women have rarely shared their experiences as a birthmother. Those that have spoken about it often find it very difficult and emotional, in part, due to the secrecy and shame that cloaks their lives (Lifton, 1979). Thus, a qualitative approach was appropriate for this study because it allowed the participants to convey their emotions, sometimes for the first time. Finally, a qualitative approach is appropriate for research concerned with a process that occurs over time, which is certainly true of this study of birthmothers' ongoing experiences before, during and after their relinquishment of their child.

The Sample

Purposive sampling, snowball sampling and theoretical sampling were used to locate a heterogeneous sample of women who had placed a child for adoption within the past 20 years. Participants were initially recruited purposively through e-mails sent to various

Internet newsgroups and mailing lists that target birthmothers (see Appendix A for a copy of the recruitment call). These recruitment calls introduced the researcher and explained that a 60 to 90 minute interview study was being conducted exploring the experiences of birthmothers involved in open and closed adoptions. Of the seven birthmothers who responded by e-mail to the initial recruitment call, two birthmothers were sampled from each type of adoption, namely closed, semi-open and open. This sampling strategy was chosen in an attempt to generate as many different categories as possible from the data. Snowball sampling was also implemented by asking participants to tell other birthmothers about the study. Two birthmothers were recruited in this way.

Because data collection and analysis is an ongoing iterative process in qualitative research (Strauss & Corbin, 1998), the sampling method evolved as the research itself evolved. In particular, purposive sampling continued until the need for theoretical sampling became apparent, that is, “sampling on the basis of emerging concepts with the aim being to explore the dimensional range or varied conditions along which the properties of concepts vary” (Strauss & Corbin, 1998). Two aspects of the data made theoretical sampling necessary. The first occurred when it became apparent that five of the initial six participants were very involved in the adoption community (i.e., gave talks on adoption, participated at adoption conferences). Given this, attention was devoted to obtaining birthmothers who were not actively involved in the adoption community. The second aspect of the data that called for theoretical sampling occurred near the end of the sampling process, when it became apparent that I needed to sample more participants in closed adoptions who had little choice over the relinquishment of their child. I therefore expanded my study to include birthmothers who had relinquished 20+ years ago in closed adoptions. As the type of

sampling changed, interview questions were revised accordingly. For example, once I began sampling birthmothers who relinquished a child 20+ years ago without a choice, I needed to add questions to probe how their lack of choice affected their adoption experience.

In accordance with grounded theory (Strauss & Corbin, 1998), the number of interviews to be completed was not determined in advance. Rather, sampling continued until theoretical saturation was achieved (Strauss & Corbin, 1998). That is, when no new codes or categories were emerging from the data, the categories were well developed in terms of their properties and there was variability along these dimensions, and the relationships among the various categories were well established. Consistent with other research, which suggests that theoretical saturation is often achieved after 10 to 20 interviews (Glaser & Strauss, 1967; Kvale, 1994; Rennie, Phillips, & Quartaro, 1988), theoretical saturation was attained in the present study after 15 interviews.

As shown in Table 1, which presents information about the 15 participants' demographic characteristics, these women were currently between the ages of 23 and 52 (median age = 30 years). More specifically, five women were in their twenties, six in their thirties, one in her forties, and three in their fifties. As a group, these women had relinquished a child between 1969 and 2002, which was one to 35 years earlier (median years since relinquishment = 8 years) when they were between the ages of 15 and 26 (median age at time of relinquishment = 19 years). All participants were White, with the exception of one participant, Tracey, who was Aboriginal. Eight participants were currently single while the remaining seven were married. In regard to education, 13 of the women had some form of college or university education, one participant had a high school education and one had less than a high school education. Twelve participants were currently employed full-time, one

characterized herself as a homemaker, and the remaining two had recently been laid off. In addition, eleven participants were raised by their two biological parents, two were raised by a single biological parent, one was raised by a biological parent and step-parent, and one participant was adopted at birth. Four participants had an open adoption arrangement, five had a semi-open adoption arrangement and six had a closed adoption. Thirteen of the participants had relinquished one child for adoption, while two participants, Tracey and Joyce, relinquished two children for adoption. Finally, nine of the participants were active in the adoption community, either through speaking at conferences or seminars, while the remaining six participants were not activists in the adoption community.

The Interview

Tape-recorded semi-structured interviews, which lasted from 41 to 69 minutes (median length = 57 minutes), were typically conducted in the participant's home ($n = 11$), although one took place in the researcher's home, two in a coffee shop and one in a park. The interviews began only after discussion and completion of the informed consent forms shown in Appendix A.

In order to gain an in-depth understanding of birthmothers' experiences, a semi-structured interview was used (Kvale, 1996; Rubin & Rubin, 1995; Seale, 1999; Strauss & Corbin, 1998). This type of interview was also chosen as it allowed the flexibility to cover certain predetermined topics, as well the opportunity for birthmothers to raise any issues they deemed important and the opportunity for the researcher to pursue any unforeseen, but

Table 1

Participants' Demographic Characteristics

Pseudonym	Current age	Years since adoption	Marital status	Education	Employment	Activist status
Barb	30	8	Single	Post-secondary	Teacher	No
Arlene	24	5	Married	Post-secondary	Administrator	Yes
Jen	28	5	Single	Post-secondary	Administrator	No
Anne	30	4	Single	Post-secondary	Administrator	Yes
Catherine	32	8	Single	Post-secondary	Social worker	Yes
Deborah	25	1	Single	Post-secondary	Director	No
Rebecca	31	13	Married	Post-secondary	Laid off	Yes
Megan	25	1	Single	Post-secondary	Engineer	No
Heather	33	17	Single	Post-secondary	Occupational therapist	Yes
Pat	51	32	Married	High school	Homemaker	No
Marie	41	26	Single	Post-secondary	Counselor	Yes
Elana	50	31	Married	Post-secondary	Laid off	Yes
Gloria	52	35	Married	Post-secondary	Law clerk	Yes
Joyce	30	14	Married	Post-secondary	Factory worker	Yes
		9				
Tracey	23	9	Married	Grade 11	Telemarketer	No
		2				

potentially informative, topics. Both open and closed questions were used, covering a variety of topics (see the interview guide in Appendix A). Questions proceeded in a logical sequence, covering personal/demographic characteristics, the birthmother's decision to relinquish her child, the circumstances surrounding that decision, her emotions surrounding the relinquishment, how the adoption experience affected her life, how she coped with any negative effects, and how the amount of contact with her child affected her experience of adoption.

Upon completion of the interview, participants were asked to complete the "Birthmothers' Experiences Questionnaire" shown in Appendix A. The items in this questionnaire were designed to assess the impact of relinquishment on the key areas identified by prior research as being affected by relinquishment. Specifically, participants used Likert-type scales to rate how they felt emotionally, how they felt about themselves, their satisfaction with the adoption arrangements, how much control they had over the adoption arrangements, how much they regretted placing their child for adoption and how they felt when they thought about their child. In addition, participants indicated how many days they had thought about their child. These items were completed for each of two time periods, namely in the six months after they had relinquished their child and in the past six months. The two birthmothers who placed more than one child for adoption each completed the questionnaire twice, once for each adoption experience.

After completing the Birthmothers' Experiences Questionnaire, the participants were furnished with a full debriefing, shown in Appendix A, which included a discussion of the research and contact information should they desire further information concerning the research or their own well-being. Participants were also asked if they would be willing to be

contacted to provide feedback on the interpretation of the data and the extent to which the emergent model applied to them. While thirteen birthmothers initially agreed to participate in this member validation process (Kvale, 1996; Seale, 1999), only seven were subsequently available to complete the member validation. Each woman was also offered the opportunity to receive a summary of results, and all accepted. Finally, each participant was asked to provide a pseudonym to facilitate their anonymity in the write-up of the findings.

Each participant was also called and/or e-mailed within one week of their interview to see whether or not there was anything that they wanted to add or retract from their interview. While no participants wished to add or retract anything from their interview, one participant did question how the researcher was controlling for her own bias in the research process. I provided this woman with information on reflexivity and the steps I was taking in my attempt to control for my inherent bias.

Upon the completion of each interview, I completed the Post-Interview Comment Sheet (shown in Appendix A) where I recorded my thoughts and impressions of both the participant's and my own reactions to the interview. I made note of the overall mood of the interview, how the participant responded emotionally to the various questions, and my own response to what the participant said. The strong and weak points of the interview were also noted, with this information being used to improve subsequent interviews, along with any notable features of the interview.

Analysis

While quantitative research attempts to quantify observations, qualitative research endeavours to understand the contextualized complexity of human experiences. It was imperative that the researcher form an interpretive relationship with the transcribed

interviews in an effort to capture the essential quality of the findings. This interpretive relationship was formed by the researcher immersing herself in the transcripts, reading and rereading them throughout the analytical process. Taking an idiographic approach, particularities were noted before generalizations were drawn. As each interview was completed and transcribed, the researcher thoroughly examined and analyzed the transcript.

The analysis proceeded through the three stages that typify grounded theory (Strauss & Corbin, 1998). Known as open coding, the first stage involved a line-by-line microanalysis of the data and the labeling of meaningful units of information. Using the method of constant comparisons (Glaser & Strauss, 1967), pieces of information were compared with each other and those that were similar in terms of their essential properties were grouped into categories. Names were given to these categories and the categories were defined in terms of their properties and dimensions. Each incident in the data was coded into as many categories as possible. As the coding continued, the “constant comparative units change [d] from comparison of incident with incident to comparison of incident with the properties of the category that resulted from initial comparisons of the incident” (Glaser & Strauss, 1967, p. 109). By the end of the open coding stage, a list of approximately thirty codes had emerged.

Axial coding, the second stage of the analysis, involved saturating the identified categories and identifying the relations between the categories at the level of their properties and dimensions. In order to increase the explanatory power of the emerging concepts, questions were directed at the data, such as who, what, where, when, why and how (Strauss & Corbin, 1998). During this stage one negative case was identified and examined. This case involved Megan, who did not exhibit the pattern of grieving that was common to all of

the other participants. Rather than suggesting that the emerging model had gone astray, however, it became apparent that Megan's unique reaction to relinquishment could be attributed to her unique circumstances, as explained later in the results section.

The integration and refinement of the emerging theory comprised the third stage of the analysis, known as selective coding. Selective coding involved coding for any as yet unsaturated categories and relationships, eliminating any unimportant or redundant categories, and identifying the core category that linked all of the codes into a whole. During this stage, then, codes that described the same phenomenon (e.g., 'pain' and 'grief,' 'pressured' and 'no choice') were combined. A number of codes (e.g., embarrassment, caring, overwhelmed, fear) were also eliminated as they were relatively unimportant to the overall emerging model. By the completion of selective coding, five codes were related to the core concept labeled *Choice*.

A qualitative data analysis program, Atlas.ti, was used to facilitate the organization of the coding process and a process called memoing. Memos were used throughout the analysis to record my thoughts, hunches and decisions regarding the coding process. Memoing helped keep the coding process, and myself, grounded during the analysis (Strauss & Corbin, 1998). Because memos provide an ongoing record of the analytic process, they also facilitated the write-up of the methods and results sections of the thesis. A strong member validation check was conducted after the data collection and analysis were completed (Kvale, 1996; Seale, 1999). This was done with seven participants who evaluated the extent to which the emerging model reflected their experiences. The model was then revised in view of these participants' comments.

Reflexivity

Two types of reflexivity were engaged in throughout the entire research process, namely self-reflexivity and methodological reflexivity. Throughout the research process, I kept a personal self-reflexive journal (Banister et al., 1994; Denzin & Lincoln, 1998; Lincoln & Guba, 1985; Strauss & Corbin, 1998) and methodological journal (Seale, 1999). Within the self-reflexive journal I documented the ongoing dialogue with myself regarding the research process and the direction of the study. It is acknowledged that my own experience being a birthmother involved in an open adoption has had an impact on my research on this topic. Although such bias can never be eliminated, efforts were made to reveal and consciously address my personal biases. Within this dialogue I pondered how my own very direct experience with birthmotherhood has, and will continue, to affect the research process. Clearly, I have an emotional involvement with this research, but rather than dismissing it, I acknowledge and embrace it. Within my self-reflexive journal I also considered and documented my thoughts regarding the ways in which my own age, sex, class, race, and sexual orientation affect my experience of birthmotherhood and how they may have affected this research. An examination of this reflexive journal reveals my evolving views of the research process and how who I am affected where I was going and what I was seeing. Documenting such thoughts has allowed my final product to be a more honest account of the experiences of birthmothers as it allowed me to articulate the vantage point from which I understood women's accounts. As it is impossible to eliminate all personal bias from qualitative research, identifying how my own experience with adoption has impacted the research was a necessary and valuable task.

Within the methodological journal I kept a detailed account of all methodological decisions and procedures used to generate my findings. This included noting details such as how I obtained a sample and the ways I went about data collection and analysis. This journal, along with the memoing conducted during the data analysis, provide a methodological audit trail (Seale, 1999) that is available to anyone who might wish to replicate the study.

Research Quality

“Every research study, whether qualitative or quantitative, must be evaluated in terms of the canons and procedures of the method used to generate the research findings” (Strauss & Corbin, 1998, p. 273). Those who favour quantitative methods sometimes label qualitative research a ‘soft’ science, believing that the standard rules of scientific evidence are not followed in qualitative methods. This criticism, however, is ill informed. Qualitative research, when done properly, is just as rigorous as quantitative research (Rice & Ezzy, 1999). In the same way quantitative researchers pride themselves on internal and external validity, qualitative researchers strive to achieve internal and external reliability. Rather than be criticized for failing to adhere to various quantitative evaluative standards, it is important to consider the qualitative counterparts to those standards when evaluating qualitative research.

External reliability is concerned with the ability of other researchers to replicate the findings of a study in similar settings (LeCompte & Goetz, 1982). While neither quantitative nor qualitative research can guarantee such a feat, LeCompte and Goetz (1982) outlined five steps that can be taken to improve the chances that findings could be replicated in a similar setting. First, it is important that the status of the researcher be made available so that the

ways that the researcher's age, sex, race, etc. affect the research are made apparent. In the present study, the fact that the researcher is a Caucasian, heterosexual birthmother involved in an open adoption is clearly recognized, and the ways that this status may affect the research are acknowledged. For example, my own decision to engage in an open adoption may have caused me to selectively attend to the positive features of open adoption and the negative aspects of closed adoption. Although I believe that such selectivity did not occur, making this information available to the consumers of the findings should alert them to the possibility.

Second, it is important that as much information as possible be given about the sample. In this study, a sample of birthmothers was taken from various online support groups. While the present findings may not be representative of all birthmothers, they should be transferable to other birthmothers who participate in online discussions.

Third, the social situation in which the research is done must be outlined. It is acknowledged that the present study was done in a time when adoption is much more accepted than it has been in the past. Had this study been done in the 1960s, it is expected that a variety of differences would have occurred. Most fundamentally, sampling would have been much more challenging as adoption was shrouded in secrecy. Although much of this secrecy has since decreased and, as a result, sampling is more manageable, it is conceivable that the zeitgeist of the current times may cast a shadow on mothers who decide to engage in closed adoption. If so, mothers involved in closed adoption may feel a greater need to account for their choices. Being aware of the social and historical context of the research, then, is important for external reliability.

Fourth, the themes and ideas that informed the research must be outlined. The current project was undertaken to fill in the gaps in past research by giving voice to a more diverse group of birthmothers (i.e., birthmothers who have experienced a variety of types of adoption). Finally, it is important that a detailed account of the methods be reported. Such reporting is found throughout the current thesis and is also available in the methodological journal and memoing described earlier.

Internal reliability, which concerns the “degree to which other researchers would match the given constructs to data in the same ways as the original researcher” (Seale, 1999, p.98), is also imperative to good qualitative research. Five guidelines have been outlined to enhance internal reliability (LeCompte & Goetz, 1982), three of which were used in the present study, namely mechanically recording the data, using low inference descriptors and member checking. Tape recording the interviews and using the participants' own words to name at least the initial codes, a process known as 'in vivo' coding, reduced the extent of research inference and thereby increased the internal reliability of the analysis. In addition, having participants critique the meaningfulness and applicability of the emergent model provided information about the credibility of the findings. While no study can claim perfect reliability, these steps go at least some way to enhancing the study's internal reliability.

Finally, credibility is an important consideration when evaluating qualitative research. Credibility refers to the believability of the findings. Many of the ways of ensuring credibility have already been discussed (i.e., self-reflexivity, iterative sampling and analysis, searching for and addressing negative cases that challenge the emerging model and member validation). Another way of facilitating credibility is by presenting enough verbatim material from the participants so as to demonstrate the connection between the data and the

researcher's interpretation (Charmez, 1996). With this end in mind, and following convention, two to three quotes will be used to illustrate the essence of major categories and one or two quotes will be used to convey the meaning of minor categories (Rubin & Rubin, 1995). It is hoped that including extensive, informative, and articulate quotes increases the credibility of my interpretation of the data.

RESULTS

In this section, the findings of the analyses of the qualitative interview data are considered first, followed by the results of the quantitative analyses of women's responses to the Birthmothers' Questionnaire.

Qualitative Findings

Table 2 summarizes the characteristics of participants' adoption arrangements. Four women had an open adoption arrangement, five had a semi-open adoption arrangement and six had a closed adoption. Thirteen women had relinquished one child for adoption, while two participants, Tracey and Joyce, had relinquished two children. The experiences of Joyce and Tracey will be considered later, in a section devoted to within-participants analyses.

The analyses of the interview data indicated that all but one of the birthmothers who had a choice in the matter, chose to have some form of ongoing contact with her child. This desire for ongoing contact was driven by these women's attachment to their baby and/or their desire to know their child and how s/he was doing. In addition, every birthmother, regardless of the nature of the adoption and contact arrangements, experienced grief in the wake of the relinquishment. In the long-term, however, choice moderated the long-term effects of relinquishment on birthmothers. Thus, relative to birthmothers who had no choice in the adoption arrangements for their child¹, those who had some choice were, on the whole, better able to accept their decision and resolve their grief.

Adoption Decisions

Adoption was the self-chosen option of 10 of the 13 women who relinquished one

¹ Birthmothers who had a choice in the relinquishment decision also had a choice regarding the type of adoption they would be involved in. The sole exception to this was Pat who chose adoption but did not have a choice in the level of contact she would have with her child.

Table 2

Participants' Adoption Arrangements and Experiences Following Relinquishment

Pseudonym	Type of adoption	Choice	Attachment	Desire to know	Initial grief	Accept-ance	Ongoing grief
Barb	Open	Yes	Yes	Yes	High	Yes	Low
Arlene	Open	Yes	Yes	Yes	High	Yes	Low
Jen	Open	Yes	Yes	Yes	High	Yes	Low
Anne	Semi	Yes	Yes	Yes	High	Yes	Low
Catherine	Semi	Yes	Yes	Yes	High	Yes	Low
Deborah	Semi	Yes	Yes	Yes	High	Yes	Low
Rebecca	Closed	Yes	Yes	Yes	High	Yes	Low
Megan	Closed	Yes	Yes	No	Low	Yes	Low
Heather	Semi	Yes	Yes	Yes	High	Yes	Low
Pat	Closed	Yes	Yes	Yes	High	Yes	Low
Marie	Closed	No	Yes	Yes	High	No	High
Elana	Closed	No	Yes	Yes	High	No	High
Gloria	Closed	No	Yes	Yes	High	No	High
Joyce	Semi	No	Yes	Yes	High	No	High
	Semi	Yes	Yes	Yes	High	Yes	Low
Tracey	Closed	No	Yes	Yes	High	No	High
	Open	Yes	Yes	Yes	High	Yes	Low

child. Two birthmothers, Joyce and Tracey, chose to relinquish their second child, but not their first. Thus, the 13 women spoke of the circumstances surrounding nine chosen and four unchosen adoptions.

While each participant had her own reasons for choosing adoption, these reasons typically involved the inability to parent at that time, either because of the woman's own instability (e.g., substance abuse, immaturity) or the instability of her social circumstances (e.g., homelessness, financial concerns). For some birthmothers, a combination of these factors made them decide to place their child for adoption. Rebecca, who was 18 when she relinquished her child to a closed adoption 13 years ago, discussed the role of the instability of her social circumstances:

I just didn't really feel that I was in a position to viably support another individual in addition to myself. I quit high school at that time and was working fulltime in restaurant services and realized that is not what I wanted for my children and myself, so I moved into a home for unwed mothers. I went through the options but parenting did not look like a goal that I would achieve at that time and I was past the point of abortion.

More extreme situational and personal factors contributed to Jen's perception that she was unable to parent and, as a result, her decision to place her child in an open adoption five years ago, when she was 28. As she explained:

It was the whole situation that, not so much the pregnancy and the relationship with the baby's father, more the situation at the time I conceived. I had lost my apartment. I was staying at a shelter at the time. I was using drugs. I was in a bar drinking every night. That was the extent

of my life at that time so I didn't feel that I could take care of a baby at that time. The more and more I thought about it I wanted my baby to have two parents and I knew that my baby's father wasn't going to be in the picture. I mean, I could be a father figure to it to a certain extent, but I couldn't do a lot like a father, especially with him being a boy.

Some birthmothers chose adoption early in their pregnancy and spent most of the nine months knowing that they would be placing their child for adoption. Barb explained how situational factors motivated her immediate decision to place her child in an open adoption eight years ago, when she was 22:

I just knew. I knew that I couldn't give her the opportunities to travel and do the extra curricular activities. I knew my parents couldn't do it. I knew the birthfather wasn't going to be able to do it. I just decided adoption because I knew that I couldn't raise her alone. I didn't want to place that burden on her that I had to give up my whole life. She was, I wouldn't say a mistake, but she was definitely a surprise and I just didn't think that was fair for her. I realized I wanted to raise a child with a partner and I didn't think that would happen with the birthfather.

Other birthmothers did not decide on adoption until their last trimester. Arlene, who was 19 at the time of her relinquishment to an open adoption and no longer involved with the birthfather, commented:

I made my decision probably when I was about 7½ or 8 months pregnant. I had grown up a lot during my pregnancy and I realized that there was no

way, no way that I was going to raise a child now the way I had always wanted to raise one.

Only one woman chose to place her child for adoption simply because she did not want to parent at the time. Megan, an engineer who was 24 when she gave up her child to a closed adoption one year ago, said:

... my reason for not keeping her was that I wanted to have my own life, so I'm not sure if I have room for her. So, I think it's easier if I stay out of her life.

While the aforementioned birthmothers chose to relinquish their children, Marie, Elana and Gloria did not. Each of these women placed their child for adoption more than 26 years ago and believed that they had little control over the situation. According to Marie:

I begged [my mother] to not put this baby up for adoption but she said she wasn't going to take responsibility for any more babies. She already had four children and just wasn't going to do it. My mom was pretty firm. I was a 15-year-old and she was a 50-year-old woman, so it was hard for me to do anything.

Marie explained that she also felt utterly powerless when it came to making a decision that would affect her and her child forever:

I felt really horrible. In retrospect, with all my education, I know that I had postpartum depression that went undiagnosed and untreated. I felt that I had no power or control over the matter.

Marie also reflected on the advice that she was given by professionals at the time:

The CAS did say something to me. They said, 'Give her to a family that would love her – two parents that would love her – and move on with your life as if nothing ever happened.' That was the mantra back then and of course it is reflected on the birth certificate where it says the adoptive parents are as if they are the ones that she was born to.

Elana also described how the lack of resources available to her detracted from her freedom to choose:

I wish I could tell you that it was a well thought out plan, but it wasn't ... I can't describe the feeling of feeling trapped – no family, no insight. I just didn't know about any options or choices. I had no counseling, no information or nothing. I wasn't even cared for well medically.

Feeling that she had nowhere else to turn, Elana spoke to her family doctor about her options. Her doctor told her that she could keep her baby, although he didn't know how she would be able to manage that, or place the baby for adoption, which he would be able to help her arrange. Feeling that she had no real choice, Elana opted for adoption.

Gloria also reported having no choice in the relinquishment of her daughter:

You know, I don't know that there was a choice. My recollection is that it was presented as 'this is what is going to happen.' It was just that this is what we were doing. I certainly don't remember ever being consulted. It was like 'you are still a young kid,' so everything was decided for me. I always tried to find out how the decision happened but I never got those answers. It was weird, there were so many forces at that time and none of

them were saying 'what would you like to do?' They were all saying 'you shouldn't do this' or 'you shouldn't do that.'

When asked how she felt about the decision being made for her, Gloria replied, "I remember feeling very helpless. Like, that is the best way to describe it - very helpless and very powerless."

Contact Decisions

The three birthmothers who had no choice in the adoption of their child – Elana, Marie and Gloria - were also not afforded the option of ongoing contact. Moreover, in Elana's case the lack of choice was veiled with deceit. As Elana explained when she was asked whether she was presented with any options for ongoing contact with her son:

No. In fact, I could tell you a story – they actually lied to me. The lawyer knew the family that was going to adopt him. I never saw my son in the hospital. I wasn't allowed to see him because they said it wouldn't be good for me. So what happened was in order for me to go through with it, I detached the moment I made the decision – I could not possibly imagine that I was having a baby and not keeping it. I had a problem, that's what I had. So in the hospital the lawyer, I asked him if I could call around his birthday to see how he was doing and the lawyer said 'Ya, sure, that would be fine.' And that certainly never happened.

Although Pat chose to relinquish her daughter 32 years ago, she had no choice regarding the amount of contact she would have with their children after relinquishment. According to Pat:

That was totally never discussed ... I would have liked a choice. I had a conscience about what had happened and I was interested. It broke my heart leaving her behind in the hospital.

Having placed her child for adoption over a decade ago, and informed by her activism within the adoption community, Rebecca reflected on the changes that have occurred in adoption procedures:

You know, well, thirteen years ago there wasn't a lot. The contact they were talking about was prior to placement. Open adoption was really not happening too widely. I think it was happening in the States, but here contact was more before the birth, um, I think a lot of professionals tried to bring it in. I did arrange and had a lot of resistance with the adoptive mother being in the delivery room with me. The resistance came from the hospital, the professionals, the licensee, they just didn't encourage it, and the resistance was not from the adoptive family. And another thing, this was a very different time, but on her bed it would say 'Adoption.' It wouldn't say my last name or anything. It would say 'Adoption' on her bed, so people would look through the window and see that. I didn't like that, but it was a different time I guess.

The birthmothers who chose adoption within the past 15 years or so were given the opportunity to decide how much contact they wanted with their children after placement and in this regard the participants varied. Three birthmothers, Arlene, Jen, and Barb, chose completely open adoptions that included ongoing exchanges of pictures, letters and visits. The adoptions of ten women involved semi-open arrangements characterized by the

exchange of non-identifying information but some form of ongoing contact through a third party, usually in the form of letters and/or pictures. On the other end of the continuum, Megan chose to have no further contact with her child. In addition, three women eventually changed their contact arrangements. Anne and Catherine, who initially intended to engage in closed adoptions changed to a semi-open arrangements and Rebecca, who initially chose a semi-open adoption, ultimately opted for a closed adoption. Analyses of the interview data suggested that two factors motivated these women's contact decisions. These factors involved their sense of attachment to their child and their desire to know how their child was doing, both of which contributed to more open adoption arrangements.

Attachment. Each of the women who chose an open adoption cited their attachment to their child as strong motivational force. Arlene explained that open adoption was the only option she ever considered: "The first time I met with the worker I let her know that I want[ed] to have as much contact as possible." Arlene went on to explain that, because of the bond she had formed with her son, she could not imagine losing contact:

I had already completely fallen in love with this person growing inside me. I was bonded and there was no way I could go through life and not know his personality, know what he looked like, what he liked, what he didn't like, and what kind of physical traits or characteristics he had that were similar to mine.

Barb echoed these sentiments, reflecting on her connection with her daughter and how she could not see herself choosing anything other than open adoption:

I just can't understand why someone wouldn't want it open and getting on with your life. I mean, if you are going to make that decision to be

pregnant for nine months of your life, you've already decided to have a connection to that person. So to sever that connection at birth just seems so bizarre. I mean, you made that person. I made a decision in my life to give up this time, to sacrifice so that this person can be a human being and bring joy into their lives and the lives of other people.

Deborah, who placed her son in a semi-open adoption when she was 24, spoke of her connection to her baby:

Oh I can't imagine loving anybody anymore than that. I was just overwhelmed with love, we had three days together in the hospital so we really bonded. He was in my arms continuously. Those were the best days of my life, I had never been so happy. It was hard going from those three days of pure bliss to going home and experiencing pure hell.

Anne, one of the two birthmothers who changed their contact arrangements from closed to semi-open, explained that she “just really didn’t feel that connection” with her daughter during her pregnancy and said, “My gut reaction was that I wanted nothing.” She was very firm in the fact that she did not want to be a parent at that time, was happy with her decision and had put a lot of thought and care into choosing adoptive parents for her baby. She explained that she took the best possible care of her baby and her body, but that she wasn’t connected to the baby at all until:

When I first saw her, the first second - when she was a minute old - I looked over and saw her and that was it for me. I loved her. I've never fallen in love before. Like I love my family and friends and sorta loved some boyfriends, but nothing like that. I'd never felt like that. She's perfect. I

know that's bias, but whatever, she was, and I loved her. It was astonishing how it happened.

Rebecca spoke implicitly of her attachment to her daughter within the context of explaining the circumstances that led her to close the semi-open adoption arrangement she had with her daughter, who was still a toddler. After Rebecca's daughter's adoptive parents offered her video updates and a meeting with her daughter, Rebecca ceased contact with the adoptive family because:

I panicked and never did anything about it, so I think they just think I didn't want it. But I did. I just panicked. I couldn't imagine seeing her again. I did nothing about it because I was pregnant with my first son after that so I think all the feelings of being an unwed mother and having to relinquish a child came all back and I was terrified to see her. I knew it's what I wanted, but I was terrified so I never did it.

Megan, who chose a closed adoption arrangement, was conspicuous in her lack of attachment to her daughter. As she put it:

It was weird. I never really felt that she was mine. I didn't feel a connection to her. She was a wonderful baby and I was really glad I had those two days I stayed with her in the hospital and looked at her but to me, I don't really think about it that much. I sometimes wonder what her life is like and what she is like, but I really don't feel that connection.

Megan also noted:

The pregnancy and the birth were fascinating and she is a wonderful baby but I don't think of myself as a mother at all. I mean I held her and was

like 'wow, that's a nice baby but...' I don't know why I didn't feel attached. One of the social workers I talked to says she hates dealing with engineers because both me and my boyfriend are engineers we are very logical, very literal kinds of people so the emotions didn't really come into it.

Megan's decision to pursue a closed adoption was also influenced by her father's experience with adoption:

... he [Megan's father] never even met his mother, but doesn't feel that there is something missing from his family. He has a complete family – a mother, father and a sister that is adopted as well. That is what I want for my daughter – a concrete family in a box and not people coming out all over the place.

Desire to know. In addition to attachment, a desire to know about their child and how s/he was doing also drove birthmothers in the direction of more open adoption arrangements. Deborah, who initially had an open adoption with her son, explained how crucial knowing how her child was doing was to her overall choice of open adoption:

I did a lot of research and I found that open adoption is best for the children. I have never seen any hard evidence that goes against that. I definitely wanted to have a say in who the family was and most importantly I wanted for my son to know me and why I chose what I did. I just thought open adoption would be better, I definitely wanted to know where he was and how he was doing. If my only option was closed adoption, I wouldn't have done it I don't think.

Arlene, having chosen an open adoption because of her attachment to her son, was also motivated by her desire to know about him:

... there was no way I could go through life and not know his personality, know what he looked like, what he liked, what he didn't like, and what kind of physical traits or characteristics he had that were similar to mine.

Initially, Catherine chose a closed adoption because she “thought that contact would be too painful.” However, her desire to know about her child motivated her to change to a semi-open adoption arrangement. As she put it:

I can't say that I felt a close bond to the child, but there was a curiosity about what he looked like and how he was doing, but not an overwhelming desire to be a parent or have ongoing contact with him. There was a minimal degree of curiosity, particularly about his well-being. That was my biggest thing. What if I place him in a home and he is abused or they don't treat him right? It was more feelings of worry about him being okay.

When asked whether receiving pictures and letters from her son's adoptive parents provided her with the reassurance she was looking for, Catherine replied, “It was a nice experience to see what he looked like and how he was doing. That amount of contact was just what I needed to gain some reassurances that he was safe.”

Short-Term Effects of Relinquishment

The short-term effects of relinquishing a child to adoption were very similar for the 13 participants who relinquished one child, regardless of whether the decision to relinquish their child was their own and the type of adoption. While no two women experienced relinquishment in precisely the same way, each of them, except Megan, spoke of intense, and

often seemingly unbearable, grief following the relinquishment of their child. Jen's description of the feelings she experienced after choosing to relinquish her son to an open adoption were characteristic of what many birthmothers felt:

It was like someone reaching into your chest and actually ripping your heart out. I remember hearing that your heart is an organ that can't feel pain but I swear, I swear on my son's life, that what I felt was, it was like pain from the inside out. I knew there was no medication that could get to that pain. And then it was just depression.

Arlene, who had actively chosen her son's adoptive parents and felt very confident in her decision to relinquish, spoke of the unexpected intensity of her grief:

Right after [I had my son] it was like a truck hit me. It would have been the same experience. It was very painful, something I never expected. Even though they told me it would happen, it's something you don't expect, you don't expect until it actually happens and then it hits you.

Depression was a common part of the grieving process for birthmothers in both open and closed adoptions, with some birthmothers turning to antidepressants to cope. Jen commented, "I went into a depression afterwards. I was on Zoloft and then on Paxil. I was on that for like six months." When asked how long her grief lasted, Deborah, who chose a semi-open adoption for her son, responded:

Until I got on anti-depressants. It lasted awhile. I could not imagine ever being happy again. The thought of anything good coming out of anything was not there. It was so dark in my world – absolutely void of everything.

I mean, I did the motions – I went to work and went out with friends, but I took absolutely no joy in anything.

As demonstrated by Deborah, Jen and Arlene, neither open nor semi-open adoption arrangements negated the short-term grief and pain associated with relinquishing a child for adoption.

Birthmothers involved in closed adoptions also spoke of their experiences of grief. Pat, who had a choice in placing her daughter for adoption but not in the type of adoption, shared, “It broke my heart leaving her behind in the hospital. I did get depressed. I did go into a room and have a post-partum blues thing come on.” Marie, who did not have a choice in either placing her daughter for adoption or the type of adoption, explained how she felt after leaving the hospital without her daughter:

Well, I grieved her. It was a huge loss. I cried a lot and I missed her. I saw her actually for the first three months because she was in a foster home so I saw her every week so. I thought about her all the time and I loved her so much. I just thought that might change something – that something might happen in those three months. So I made her little blankets and spent time with her but um, I felt a lot of love and a lot of sadness at the same time. It was hard saying goodbye. I remember whispering to her that I love her so much and that I'd see her in 18 years.

While other participants went through the aforementioned grieving process, Megan reported that the only feeling she really experienced after the relinquishment was “relief.” When asked if she experienced any of the grief that birthmothers sometimes talk about, Megan said:

I don't think I did. I was emotional when I was in the hospital and I got teary and choked up, but not really torn or anything. The whole idea of the grief, I never had that at all. Well, at first when I found out I was pregnant I grieved then because I want to be a parent, but I knew I didn't want to be a parent now.

Megan's emotional experience after the relinquishment was clearly different from that of the other birthmothers. When asked what she thinks makes her so accepting of the closed adoption, Megan responded:

I guess the fact that I have my father's experience in the background. Personally I'm not a very emotional person so I think we were able to step back and look at what was the best thing to do in this situation. We are both very professional as well. This just seemed more tidy and organized.

However, one might also speculate that, because Megan was not emotionally attached to her child, she had no loss to grieve.

Long-Term Effects of Relinquishment

While the short-term effects of relinquishment were largely the same for all of the participants, the long-term effects were more varied. Moreover, these effects depended on whether or not the birthmother exercised choice in the relinquishment of her child. In particular, birthmothers who had a choice in the relinquishment of their child spoke of their acceptance of the overall adoption situation and the reduction of their grief over time. Those who had no choice in the relinquishment, on the other hand, seemed less able to accept the adoption and resolve their grief.

Acceptance. Those who had a choice in the adoption of their child seemed to accept their decision, regardless of the level of contact involved. When asked how she felt about her child going home to an open adoption with another mother, Anne replied:

Well, it's the situation that I chose. I think I made the best choice. I know I'm not her mother, I never wanted to be her mother, but I am her birthmother and that is my role in her life. I think I made all the decisions to get her to that point where her mother would take over.

Anne also outlined how her acceptance was aided, in part, by the pictures and letters she received from her daughter's adoptive parents: "Those pictures for me are the proof that I made the right decision." In effect, seeing her daughter happy and well taken care of eliminated many of the worries that Anne may have otherwise experienced.

Catherine also appeared to be satisfied and accepting of the semi-open adoption arrangements she chose to have with her son:

I truly believe that mothers come in different forms and just because this person did not give birth to him doesn't mean that she couldn't be an effective mother. The way I observed her interactions with her other child, I knew she was very caring, loving, nurturing, and I knew she would provide excellent care for him.

Anne and Catherine appeared to accept their role as 'birthmother' and are comfortable with their decisions to allow another woman to be the 'mother' in their child's life. Such acceptance also characterized the two birthmothers, Megan and Rebecca, who had chosen closed adoption in recent years. Megan had this to say:

I think it's wonderful! It's the best thing ever because I really don't think I could fulfill that role because I'm not wanting to and I'm not as comfortable with myself as I'd like to be in order to have a little person and guide their life. I think I'd just get stressed about it. I'm just not ready. It's something for when you are starting your life and have your life prepared, and they are prepared. They already have one child and they are ready for it, so I think they would be better at it.

Similarly, Rebecca was able to accept and find meaning in the closed adoption that she ultimately chose:

I look at it as she has two mothers – one that gave birth to her and made a plan for her and one that would be the one to carry out that plan. I really did feel that way. We were her two mothers and it was our responsibility to carry her through. I gave her life and she gave her a way to live it.

Rebecca also reflected on how her educational and advocacy activities in the adoption community since the time of her relinquishment helped her come to accept her decision to close the door on contact with her daughter:

I'm more secure in my decision now than I ever was. I don't second guess it like I did right afterwards. Even after six months I was still questioning it. That probably lasted like five years at least. Now I don't second guess it. It's a decision I made at that time and have to live with, but I don't think it's a bad decision, it's just part of my life. I don't regret it in any way, shape or form like I did slightly after.

A lack of choice in the adoption decision, on the other hand, impeded women's ability to eventually accept and make sense of their adoption experience. Marie, who had no choice in any aspect of the relinquishment of her child, explained why she was never able to accept the relinquishment decision: "I think it formed a lot of my views. I think it left a little bit of bitterness around such a huge decision and how it has affected me for a long time."

Marie explained how, for years after the relinquishment, she dealt with her loss:

Post partum depression and a lot of acting out – drugs, alcohol, trouble with the law, promiscuity – you name it... the acting out happened for a good ten years, maybe more, ok twelve years.

Marie and the other birthmothers who had no choice in the relinquishment process admit that their experiences have changed how they look at adoption. While most birthmothers expressed positive attitudes toward open adoption, both Elana and Gloria spoke of their disapproval of any form of adoption, be it open or closed. Both women spoke of an 'innate bond' between mother and child and their belief that this bond should never be broken. As Elana put it, "In my world, mothers and babies belong together. Whatever the struggles are temporary, it's not worth the disconnection. It's an unspoken connection." Elana went on to state:

I think [open adoption] is exploitation of the highest order. I think it's really very sad because the birthmother still has no real voice because it is not legal in the law, it has no legal standing so if you don't behave properly you'll find out how long that is open. It is still the powerful and the powerless, that's how it is. I've heard stories where one adoptive mom lost contact with her three children's birthmothers because they just couldn't

handle seeing the child, they just didn't have that support. There is no support... there is no counseling for the rest of your life – this is a lifelong thing. I think it is criminal. I mean, it's not like I was any more ready to raise my daughter five years later. I'm disappointed I didn't know how to solve a temporary problem with such a permanent decision. I mean, any other decision in your life – your house, your car, your career, your husband – you can change, but not this one. I mean, we can't even get open records in Canada. People can't even know what their roots are. It's pretty scary. I'm quite passionate about it.

Both Elana and Gloria were adamant that, with the benefit of hindsight, they would never relinquish a child again. Gloria explained the basis of her skepticism toward adoption in any form:

I certainly would like to see a lot more in place to support birthmothers that want to keep their children but don't because they feel that they cannot provide or there is not support in place. So there is a choice but I think it's not a true choice when there is pressure. I've heard it said that adoption is a long-term solution to a short-term problem. I'd say most women would be good mothers but there may be a period of time when it is hard for them – but to give up their children for the rest of their lives because of that? I don't think so.

While all three women who did not have a choice in the adoption decision have since reunited with their children, none of them accepts the fact that they relinquished their child for adoption.

Ongoing grief. Each of the birthmothers who had a choice in the relinquishment, with the exception of Deborah, reported that the intense grief they experienced in the days and weeks after their child's birth eventually leveled off. Jen, a birthmother involved in an open adoption with her son, described how her grief leveled off:

...after a bit, I came to, I know he is happy where he is and I see how happy adoptive parents that come in (to the adoption agency) are. I wouldn't change it for the world. It made me who I am today. ... I don't think I would change anything, not a thing.

Megan, the lone birthmother in this study who chose a closed adoption from the beginning, also reported no long-term grief. When asked how the adoption experience was affecting her now, one year after the relinquishment, Megan responded:

Um, I'd say almost not at all. I just feel that my life is back to normal. Its something I think about occasionally, just sort of wondering. ... I just don't think grief is something that was there though. I don't think I'm that kind of person.

The sole exception to the observed reduction in grief on the part of birthmothers who had a choice was Deborah. Deborah initially chose an open adoption but, a year later, changed it to semi-open because of the intensity of her ongoing grief:

I had a psychologist and he really recommended that I make a clean break because I hadn't really started grieving because he was still part of my life. It's like the difference between someone dying and someone moving away. You don't really grieve for someone that moves away because you know you are going to see him again. That's what it was like. So I made a

decision that I wouldn't see him again. It has allowed me to move on and it has been good.

Deborah originally chose an open adoption because it provided her with the peace of mind of knowing that her son was alright and with a good family. However, her grief made her appreciate the advantages of more closed adoptions:

The advantages of closed adoption are, it's easier to get over it, well, to get used to it. I don't think you ever get over it. I think the grieving would be more poignant, more acute. I think it would be as if someone died, it is always there but there is more closure rather than it dragging out like it does in an open adoption. You know, you have the child and then it is gone in a closed adoption and, while that is hard, I think it would provide closure while with open it drags on and on with every picture you receive.

While the birthmothers who had a choice in the adoption were, for the most part, able to deal with their short-term grief and move forward, the same was not true of the birthmothers who were not afforded such choice. Those who had no control over the decision to give up their child reported that their grief continued to linger. Marie, Elana and Gloria, for example, were unable to move on. Elana explained how it was not until ten years later, after having and parenting another child, that she was able to start dealing with her grief:

To be quite honest, and this may sound a little bizarre, it's like I kinda lived in denial. I call it emotional denial. I mean I knew cognitively what I had done, but it was never talked about and never brought up. My boyfriend never brought it up and I didn't either. So I buried it because if I thought

about it I would panic and stuff. But when my daughter was born five years later, even then I managed to keep it buried for a bit. But one day when my daughter was eighteen months I was driving home from work and it was like hitting a brick wall, literally, because I couldn't get wait to get home to see her. And it hit me - this is what I have done? Now I know what I have done - I forfeited all this. That is the first time on any emotional level I knew what I had done and it was devastating, just devastating. I was completely tuned out until then - no grief work, no processing - nothing!

Although Elana started dealing with her grief ten years after her son's birth, it was not until she was reunited with her son that the real grieving process began. As Elana explained:

Meeting him was like going back to the time I had him and finally meeting my baby. After I saw him and met him it was all this stuff that you might have thought I should have had after I had him. The grief and devastation was like nothing I've ever had in my life - two full years of being grief stricken. The first year was for all the years before and the second year for all the years ahead. It was the most painful thing I've ever had to go through. It was so painful. I've never experienced that in my life.

Gloria's experience was similar. She described how she had been unable to deal with the relinquishment in the short-term and how her grief persisted for years. When asked how the adoption experience affected her years after the relinquishment, Gloria responded:

I'd have to say for the most part an emotional shutdown for years. That might have been in response to trying to forget about it, because that is what we were told. There was no one to talk to. My parents didn't want to

talk about it or didn't know how to talk about it or thought it was best not to talk about it. I'm not really sure why no one talked about it, I don't know. I think the thought in those days was, if you didn't talk about it, it was like it didn't happen. Some kind of weird concept people have. So there weren't many people that I told for years and years and years, so in order to do that it required some emotional shutdown. Years later I saw a counselor and she said, 'Why don't you give yourself permission to feel?', but I never did do that.

Clearly, the women who did not have a choice in the adoption of their children experienced ongoing grief that was not experienced by the birthmothers who chose to relinquish. Even decades later, many of the birthmothers who were not afforded a choice were feeling the aftermath of being denied that choice.

Within Participants Analysis

Both Joyce and Tracey relinquished two children to adoption, each under very different circumstances. Given this, these participants provided a unique opportunity to assess whether choice and control over the adoption decision and contact arrangements affected the impact of relinquishing a child.

Adoption and contact decisions. Joyce explained how, 14 years ago when she was 16, the decision to place her son in a semi-open adoption was largely beyond her control. When asked who decided that her son would be placed for adoption, Joyce responded:

My guardian. I had a next door neighbor who became like a mother. I spent a lot of time at her house and she basically organized the whole adoption and told me not to spend time with my son in the hospital. I didn't

have control over the situation. I didn't understand what I was doing and didn't know what was going on.

Although Joyce had a semi-open adoption arrangement with her son, she “didn’t have much say in the matter.” Five years later Joyce became pregnant again and this time she actively planned a semi-open adoption for her daughter. When asked why she decided to relinquish her daughter, Joyce replied, “Well, the father wasn’t around and I had issues with my family not being a safe place to be or confide and I felt that I had issues to deal with like learning to parent and stuff.”

Tracey responded to the call for participants by saying that she chose to place her son in an open adoption two years ago. She began the interview discussing the open adoption arrangements that she chose for her son. Then, two thirds of the way into the interview, Tracey revealed, “Actually, I have a daughter who was adopted as well. She is going to be eight in November. ... I didn’t sign a consent in that case. It’s a legal issue.” When asked to elaborate, Tracey explained:

I was young [17] when I had her. ... So I went to a maternity type of home where I stayed with her for four months, something like that. I was kinda homeless and stuff so I was at this home and they just weren't treating me good. A social worker called Children's Aid Society because I was using foul language in the labour room. I guess I had been swearing and stuff because the contractions were every couple seconds. There are no words to describe the feelings I was having, the pain. It was so awful. So they said I was violent and using bad language so they called CAS. They treated me so bad. After the four months I spent with her some guy came

over to get me and he took me out of the home with the baby. Basically I just gave up. She ended up with a family. They are a very wonderful family. I started to get more involved - I got a good lawyer and was tracking things down. Next thing I knew she was adopted and I don't know how. I never consented or signed any papers or anything. I just gave up though, trying to get her back. I just gave up and that's when I found out she was adopted. The social worker told me and I couldn't believe it. How can she get adopted when I didn't sign anything?

Just as she had no control over the decision to relinquish her child, Tracey was denied the contact she desired by her daughter's adoptive parents:

One time I called when she was about two years old and they said, 'What do you want to talk to her for? She won't remember who you are. What business do you have with her?' and since then I haven't really called. I haven't gotten a picture or a letter or nothing.

Effects of relinquishment. Both Joyce and Tracey made it clear that having a choice facilitated their ability to grieve. In regard to the adoption of her first child, over which she had no say in either the decision to relinquish or the semi-open contact arrangements, Joyce described her feelings as follows:

I basically was numb. I didn't talk about it with anyone. I had the occasional letter [from the adoptive parents] but basically I did what everyone told me to do and went on with things. I was in grade 12 and just went on.

Her emotions following the relinquishment of her second child, whom she decided to relinquish and actively arranged semi-open contact, were markedly more positive:

I grieved more readily [with my daughter] instead of blocking things out.

There was sadness and, well, the openness was a lot – I knew I did the right thing. ... I felt confident in my choice.

Tracey grieved following the self-chosen relinquishment of her second child, but this grief was time limited and associated with her acceptance of her decision to relinquish her son to an open adoption:

I leveled off with it maybe a month after. I was a little more upset for the first month, but after the first month I was happy. Well, I had spent so much time looking at the profiles, and I felt happy with them, so I guess after the first month I stopped questioning it. Maybe a month and a half and then I accepted it.

When Tracey shifted from talking about the chosen open adoption of her son to the unchosen closed adoption of her daughter, the mood of the interview changed noticeably. Tracey had been generally upbeat and positive while talking about her adoption experience with her son and became visibly upset when she turned to discussing her daughter. Consistent with this, the relinquishment of her daughter was emotionally more challenging and difficult to accept:

I was upset, very upset - it's really hard. For the first couple years with her I was thinking about it constantly. I was thinking about her all the time. Constantly. I'm not comfortable with it. I wouldn't try to get her now though, she's been there all these years, but I'm not happy with it.

When asked if her lack of choice contributed to these feelings, Tracey responded:

With my son I had a choice and I was okay with it and accepted it, but with her it was so different. Even now, I'm still not settled, but I have to live with it. I hope she will understand. I don't want her to grow up and wonder what happened.

Overall, then, the experiences of Joyce and Tracey are consistent with the effects of choice and control over the adoption observed among the birthmothers who had relinquished only one child.

Quantitative Findings

Nonparametric analyses were used to examine the effects of time, type of adoption, and choice on women's responses to the Birthmothers' Questionnaire, which assessed the impact of relinquishment on seven areas.

Effects of Time

As shown in Table 3, which presents the results of Wilcoxin matched-pairs signed-ranks tests, time affected how participants' felt emotionally, their self-regard and how they felt when they thought about their child. Specifically, with time these women's feelings and self-regard shifted from being slightly negative to moderately positive and their feelings while they thought about their child changed from slightly to moderately good. Regardless of time, the birthmothers were typically moderately to extremely satisfied with the adoption arrangements, felt they had some to a good deal of control over the adoption arrangements, had only some regret over placing their child for adoption and frequently thought of their child.

Table 3

Results of Tests Examining the Effects of Time on Participants' Responses to the Birthmothers' Questionnaire

Item	Possible range	<u>Time</u>				<i>Wilcoxon T</i>
		<u>6 months after adoption</u>		<u>Past 6 months</u>		
		Median	Range	Median	Range	
Positivity of feelings	1-7	3	1-7	6	2-7	113.00**
Self-regard	1-7	3	1-7	6	3-7	127.00**
Satisfaction with arrangements	1-7	6	1-7	7	1-7	18.50
Control	1-5	5	1-5	3	1-5	27.00
Regret	1-5	2	1-5	2	1-5	24.50
Days thought of child	0-180	180	30-180	180	80-180	11.50
Feelings as thought of child	1-7	5	1-7	6	3-7	51.50*

** $p < .01$. * $p < .05$. (two-tail).

Effects of Type of Adoption

As shown in Table 4, which presents the results of Mann-Whitney U tests examining the effects of type of adoption, the responses of women engaged in open versus closed adoptions differed for three questions. Relative to women engaged in closed adoptions, in the six months following the relinquishment of their child those involved in open adoptions felt better when they thought about their child, felt they had more control over the adoption situation and were more satisfied with the adoption arrangements for their child. In the six months prior to their participation in this study, the adoption experiences of those involved in closed and open adoptions were largely the same.

Effects of Choice

Given the central role of choice in the qualitative analyses, and the fact that the type of adoption that women were engaged in was confounded with the extent to which they had a choice in the type of adoption, additional analyses compared the responses of the eleven women who had a choice in the adoption with the four women who did not have a choice. As shown in Table 5, the mean scores for birthmothers who had a choice in the adoption decision were significantly different on five questions from those birthmothers who did not have a choice in the adoption decision. In the six months after the adoption, birthmothers who had a choice in the adoption arrangements were significantly more satisfied with the adoption arrangements, felt that they had more control over the adoption, felt better when they thought about their child and felt better about themselves than did birthmothers who did not have a choice in the adoption arrangements. Further, in the six months prior their participation in this study birthmothers who had a choice in the nature of the adoption

Table 4

Results of Tests Examining the Effects of Type of Adoption on Participants' Responses to the Birthmothers' Questionnaire

Question	Mean Rank Open Adoption (<i>n</i> = 10)	Mean Rank Closed Adoption (<i>n</i> = 7)	Mean	Standard Deviation	Mann- Whitney <i>U</i>
<i>First six months</i>					
Positivity of feelings	10.20	7.29	3.41	1.94	23.00
Self-regard	10.50	6.86	3.65	1.84	20.00
Satisfaction with arrangements	11.20	5.86	5.24	2.25	13.00*
Control	11.65	5.21	3.29	1.79	8.50**
Regret	7.35	11.36	2.65	1.32	18.50
Days thought of child	10.30	7.14	160.29	41.78	22.00
Feelings as thought of child	11.5	5.43	4.24	1.79	10.00*
<i>Previous six months</i>					
Positivity of feelings	9.60	8.14	5.82	1.47	29.00
Self-regard	9.90	7.71	5.94	.97	26.00
Satisfaction with arrangements	10.15	7.36	5.29	2.28	23.50
Control	9.70	8.00	2.76	1.75	28.00
Regret	8.25	10.07	2.47	1.50	27.50
Days thought of child	10.20	7.29	152.35	39.73	23.00
Feelings as thought of child	9.60	8.14	5.41	1.50	29.00

***p* < .01. **p* < .05. (two-tail).

Table 5

Results of Tests Examining the Effects of Choice on Participants' Responses to the Birthmothers' Questionnaire

Question	Mean Rank Choice (<i>n</i> = 12)	Mean Rank No Choice (<i>n</i> = 5)	Mean	Standard Deviation	Mann- Whitney <i>U</i>
<i>First six months</i>					
Positivity of feelings	9.92	6.80	3.41	1.94	19.00
Self-regard	10.63	5.10	3.65	1.84	10.50*
Satisfaction with arrangements	11.46	3.10	5.24	2.25	0.50**
Control	11.25	3.60	3.29	1.79	3.00**
Regret	8.04	11.30	2.65	1.32	18.50
Days thought of child	9.75	7.20	160.29	41.78	21.00
Feelings as thought of child	10.67	5.00	4.24	1.79	10.00*
<i>Previous six months</i>					
Positivity of feelings	9.38	8.10	5.82	1.47	25.50
Self-regard	9.04	8.90	5.94	.97	29.50
Satisfaction with arrangements	10.46	5.50	5.29	2.28	12.50 ⁺
Control	9.67	7.40	2.76	1.75	22.00
Regret	7.04	13.70	2.47	1.50	6.50**
Days thought of child	8.38	10.50	152.35	39.73	20.50
Feelings as thought of child	8.96	9.10	5.41	1.50	29.50

***p* < .01. **p* < .05. ⁺*p* < .07. (two-tail).

arrangements experienced significantly less regret and were marginally more satisfied with the adoption arrangements than birthmothers who were not given a choice.

Finally, Spearman rank order correlations examined the relations between participants' sense of control over the adoption, as assessed in the Birthmothers' Questionnaire, and their responses to the other six items at each time period. As shown in Table 6, women who felt more control over the adoption in the six months following the birth of their child experienced moderately more positive self-regard, were much more satisfied with the adoption and felt moderately better when they thought about their child. In addition, birthmothers who felt more control over the adoption in the six months prior to their participation in the study reported being more satisfied with the adoption.

Table 6

Spearman Rank Correlations Between Participants' Control Over the Adoption and Other Birthmother Questionnaire Scores as a Function of Time

Item	Control over adoption	
	<u>6 months after adoption</u>	<u>Past 6 months</u>
Positivity of feelings	.39	.26
Self-regard	.54*	.29
Satisfaction with arrangements	.91**	.66**
Regret	-.37	-.18
Days thought of child	.16	.08
Feelings as thought of child	.56*	.20

**p < .01. *p < .05. (two tail).

DISCUSSION

In this sample of 15 birthmothers, all but one of those who had a choice in the matter chose to have some form of ongoing contact with her child. That women would opt for some type of ongoing contact with their children is not surprising given the findings of earlier research, which indicated that the vast majority of birthmothers involved in closed adoptions never stopped caring for their child, often thought of their child, and hoped to reunite with their child some day (Baron et al, 1977). In the present study, birthmothers' desire for ongoing contact was, at least in part, driven by their desire to know their child and how s/he was doing. Thus, as the birthmothers in Hughes' (1995) study speculated, one of the advantages of more open adoption arrangements is the ability to fulfill this desire.

The openness of birthmothers' contact arrangements was also driven by their attachment to their infant. This too is not surprising if, as Fahlberg (1991) claimed, "between conception and birth, the stage is set for bonding between parents and child. Irrespective of whether or not the baby and birth mother have an opportunity to develop a relationship after the infant's birth, their interdependency during the pregnancy and birth processes leads to an interpersonal connection which cannot be duplicated in any other form of relationship" (Fahlberg, 1991, p. 101). In this regard Verny and Kelly (1981) described the last trimester of pregnancy as the optimum time for such intrauterine bonding because during this time the fetus is capable of sending sophisticated messages to the mother. However, not all of the women in this study felt attached to their infant child and, as a result, not all of the women chose an adoption arrangement that allowed some form of ongoing connection with their child.

The fact that most of the birthmothers felt attached to their child may explain why, as observed in previous studies (e.g., Davidson, 1994; Deykin et al, 1984; Donnelly & Voydanoff, 1996; Lifton, 1979), these birthmothers experienced a range of negative emotions in the months following the relinquishment of their child, including grief, depression, and reduced self-regard. They also frequently thought about their child (Baron et al, 1977) and felt at least some regret (Donnelly & Voydanoff, 1996) over the relinquishment of their child. Thus, birthmothers who feel connected to their child may experience a profound loss when their attachment to their child is severed, regardless of the nature of the arrangements regarding future contact with their child. Indeed, one participant likened the loss stemming from the relinquishment of her child to the loss associated with the death of a child. Similarly, loss is a common theme in earlier adoption research (e.g., Baran et al, 1977; Davidson, 1994; Lifton, 1979). Unlike the death of a child, which is typically accompanied by societal understanding and rituals designed to facilitate closure, the relinquishment of a child is too frequently accompanied by social expectations that birthmothers move on with their lives, little acknowledgement of their loss and a distinct lack of tradition and ritual.

The adverse long-term effects of relinquishment on birthmothers' psychological well-being were, however, only true of birthmothers who had no choice regarding the nature of the adoption arrangements. Relative to birthmothers who had no choice in the adoption arrangements for their child, those who had some choice were, on the whole, better able to accept their decision and resolve their grief. Elana, Marie and Gloria, for example, each spoke of the feelings of powerlessness they experienced as a result of their lack of choice in the surrender of their child to a closed adoption. They also spoke of ongoing grief that was still quite intense decades after the relinquishment of their child. In contrast, Megan, who

chose to relinquish her child to a closed adoption, did not experience any ongoing grief and was able to fully accept that she had given up her child. Thus, the protracted negative influence of relinquishment on birthmothers reported in previous research (e.g., Deykin et al., 1984) was evident in the experiences of birthmothers who had no choice over the relinquishment of their children, but not in the experiences of those who had a choice. Moreover, despite the extensive literature reporting negative effects of closed adoption (Baran et al, 1977; Davidson, 1994; Lifton, 1979), the results of the present study suggest that closed adoption can work when entered into by choice.

Because open adoption gives biological parents the opportunity to control information and contact within the adoptive relationships, empowerment is described as a key benefit of open adoption (Baron & Pannor, 1993). Open adoption is also said to help women cope with the mourning and grief associated with relinquishment because birthmothers are given the opportunity to select the people who will parent their child and, as a result, are likely to believe that their child is being well taken care of (Gristter, 1997). However, rather than being associated with open adoption per se, the present findings, particularly the within participants analyses, suggest that these benefits may be more accurately attributed to choice. The sole exception to the observed benefits of birthmother's having a choice in adoption and contact decisions was Deborah. In line with the birthmothers in Hughes (1995) study who speculated that they would be unable to cope with open adoption because ongoing contact with their child would remind them of their loss, Deborah experienced intense grief despite the fact that she herself chose the open adoption arrangement for her son. Deborah, then, provided some evidence that open adoption may detract from birthmothers' ability to mourn their loss and resolve their grief (Huges, 1995). However, in the long run even Deborah

experienced less grief as a result of having a choice in that the opportunity to change to less open adoption arrangements allowed her to resolve her grieving process and accept the relinquishment of her child.

Finally, none of the birthmothers involved in open adoption arrangements with their child mentioned the drawbacks observed in other studies. For example, none of the current birthmothers mentioned long-term adverse effects such as infertility, failed marriages or somatic complaints (Baran et al, 1977; Davidson, 1994; Millen & Roll, 1985). Similarly, unlike the birthmothers in Yngvesso's (1997) study, none of the current birthmothers involved in open adoptions mentioned struggling to balance distance and proximity. This is not to say that these women did not have these concerns; only that they did not voice them. However, one of the 15 birthmothers, Heather, had some difficulty accepting the adoptive parent as her daughter's mother. As Heather put it, "I think at the time I felt it was hard for someone who wasn't her real mom to love her the way her real mom did. There was some jealousy, wanting to be there for her." Nevertheless, contrary to the salience of such role confusion on the part of the birthmothers in Yngvesso's (1997) study, the birthmothers involved in open adoptions in the present study were, overall, secure in their role as "birthmother" in their child's life.

Because this is the first study to intentionally compare the experiences of birthmothers involved in adoptions that vary along the continuum of openness, these findings should be regarded as preliminary. However, the convergence of the qualitative and quantitative findings suggests that they are reliable. Moreover, although choice and open adoptions were confounded in the between participants analyses, they were independent in

the within participants analyses that also pointed to choice, rather than type of adoption, as the crucial factor affecting women's long-term psychological well-being.

Perhaps the greatest challenge to the present findings comes from the methods used to obtain the sample and the sample itself. In particular, these birthmothers were sampled from online newsgroups and mailing lists and many were members of a support group or active in the adoption community. That these women represent a particular, small subgroup of birthmothers clearly makes generalization difficult. Representativeness and generalizability, however, were not the objectives of the present study. Rather than aiming to generalize the findings to all birthmothers, this research was designed to explore an aspect of women's lives that remains largely unknown. In effect, this research was concerned with sampling experiences rather than people. Further, despite the homogeneity of the sample noted above, the women varied in age, race and socioeconomic status. And while birthmothers in different social situations may vary in how much choice and control they have over adoption arrangements, there is, importantly, no reason to suspect that the impact of choice on birthmothers' well-being would differ as a function of these different social situations.

Taken together, the observed importance of choice to birthmothers' well-being and the potential limits noted above indicate that it would be worthwhile for research to more fully examine the impact of choice on the long-term effects of relinquishment, perhaps using quantitative methods, psychometrically validated measures, and a larger sample of birthmothers, particularly birthmothers who opt for closed adoption arrangements. In the course of doing such research it would also be useful to examine the factors that contribute to the types of adoption arrangements birthmothers prefer, including the role of women's attachment to their child and their desire to know about their child as identified in the current

study. Research might also be designed to examine the extent to which the grief associated with the relinquishment of a child parallels the grief and bereavement associated with the death of a child (Raphael, 1983) and whether any factors that facilitate mourning the death of a child also facilitate mourning the relinquishment of a child to adoption. Finally, while the study and discussion have thus far been limited to birthmothers, it may well be important to examine the impact of choice on birthfathers' well-being.

The present findings also have a number of practical implications. Most fundamentally, they suggest that those who work with potential birthmothers, including social workers and counselors, should do their utmost to facilitate women's control over all adoption decisions. They might also educate potential birthmothers about the possible short- and long-term effects of relinquishment as a way of ensuring that their decisions are fully informed and to prepare them for the effects of relinquishing a child. Such education might include discussion of attachment and the stages of grief that a woman might experience (Roles, 1989), as well as the likelihood that birthmothers will not necessarily be spared from grief if they choose more open adoption arrangements and, conversely, that they will not necessarily be condemned to grief and regret if they choose more closed adoption arrangements. Rather, it is important that birthmothers be made aware of the fact that feelings such as sadness, loss and grief are normal, at least in the short-run, and that they be given the tools to cope with the aftermath of relinquishment.

Personal Endnotes

As a birthmother involved in an open adoption, I began this research with a bias toward openness in adoption. Rather than selectively tuning in to information that presented open adoption in a positive light, however, I found my own biases being shattered throughout the

research process. Due to my own experience with birthmotherhood, I had expected birthmothers involved in open adoptions to be more satisfied and accepting of their adoption arrangements than those in closed adoptions. I also expected to see less initial grieving on the part of birthmothers who had open adoption agreements. These expectations, however, were not met. Instead, I found that both open and closed adoptions could be associated with birthmothers' acceptance. More important than openness in determining a birthmother's acceptance of the adoption was choice. Furthermore, and in contrast with my own preconceptions, birthmothers involved in closed adoptions can be accepting of their adoption arrangements if they themselves had chosen closed adoption. Additionally, I found that birthmothers involved in open adoptions do experience intense short-term grief, similar to that of birthmothers involved in closed adoptions. Clearly, monitoring my own biases throughout the research process was a valuable task. Only by doing so was I able to compare my findings with my initial biases and thereby ensure that I was not selectively tuning in to what I expected or wanted to find.

It is imperative that future researchers studying the experiences of birthmothers prepare themselves for the very emotional and personal nature of the research. It is also crucial that future researchers immerse themselves in the social worlds of the birthmothers before embarking on their research. Only through such immersion will researchers be able to understand participants' experiences from their perspective (Lofland, 1971). As the researcher, I endeavoured to become sensitized to the topic through ongoing participation in various Internet websites, newsgroups and mailing lists. This involvement allowed me to gain first-hand exposure to the lives and experiences of birthmothers prior to interviewing them. It is recommended that future researchers in this area do the same.

Additionally, it is important that researchers be willing to share parts of themselves throughout the interview process (Glaser & Strauss, 1967). In the present study, birthmothers were asked to reveal very intimate, personal, emotional and conceivably painful aspects of themselves. In order for them to do so, rapport between the interviewer and the interviewees was essential. To build such trust and rapport, at times I shared parts of my own birthmother experience with participants, as appropriate (i.e., in a way that didn't detract from a participant's own experiences and perspectives or neglect to respect personal boundaries). I found that by opening up about my own experiences, women were more at ease and comfortable with the questions I was asking. I would recommend that future research be approached in a similar way, with researchers sharing parts of themselves (e.g., the reason for their interest in this research area, personal connection to this research area) if they feel comfortable doing so.

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Appendix A: Research Materials

Participant Recruitment Email:**A Study of Birthmothers' Experiences of Open and Closed Adoptions**

My name is Krista Jones and I am a Master of Arts student in the Psychology Department at Carleton University in Ottawa. I am also a birthmother. I am currently completing my thesis and I am looking for birthmothers who relinquished their child within the past 20 years who are interested in taking part in a one to two hour interview. In the interviews, which will ideally be tape recorded, birthmothers will be asked about a) the circumstances surrounding their decision to relinquish their child and the nature of any arrangements for future contact with the child, b) their experiences, feelings, coping strategies and contact with their child both after the adoption and now, and c) anything about them or their circumstances that makes whatever amount of contact they have with their child a positive or negative experience for them.

As I need to complete the interviews in person, I am looking for participants who live in the Toronto or Ottawa areas. If you would like more information or are interested in participating, please contact me at kjones2@chat.carleton.ca. Please feel welcome to forward this email on to any other birthmothers who you think may be interested in the study.

Thanks.

Informed Consent: Birthmothers' Experiences of Open and Closed Adoptions

Investigators: Krista Jones, MA student, Psychology Dept., Carleton University
Connie Kristiansen, Ph.D., Psychology Dept., Carleton University

The purpose of this consent form is to ensure that you understand the purpose of this study and the nature of your involvement. This consent form must provide you with sufficient information so as to allow you to determine whether you wish to participate. Please ask the researcher to clarify any questions you may have.

This study is being conducted by Krista Jones as part of the requirements for the MA degree in Psychology, and is being supervised by Dr. Connie M. Kristiansen, who are at the Department of Psychology at Carleton University in Ottawa. In this study you will be asked to take part in a one to two hour interview in which you will be asked about a) the circumstances surrounding your decision to relinquish your child and the nature of any arrangements for contact with the child, b) your experiences, feelings, coping strategies and contact with your child both after the adoption and now, and c) anything about you or your circumstances that makes whatever amount of contact you have with your child a good or bad experience for you. After the interview you will be asked to complete a short questionnaire that asks about your feelings and experiences both after the adoption and now.

Due to the personal and potentially sensitive nature of the topic, some of the questions may be emotionally challenging and upsetting for some people. It is therefore important that you realize that your participation is entirely voluntary. You do not have to answer any questions and you may stop participating in the study at any time, for any reason.

You should also know that everything you say will be entirely confidential and that the information you provide will be used for research purposes only. In order to preserve your anonymity, a pseudonym will be used in any reports of the results.

Should you require any further information regarding the study, please feel welcome

to contact Krista Jones at (905) 846-4490 or kjones2@chat.carleton.ca, or Dr. Connie M. Kristiansen at (613) 520-2600 ext. 2674 or ckristia@ccs.carleton.ca. If you have any ethical concerns regarding the study, you can contact Dr. Mary Gick (Chair, Carleton University Research Ethics Committee for Psychological Research) at (613) 520-2600 ext. 2664. If you have any questions or comments about any other aspect of the study, you are welcome to contact Dr. John Logan (Chair, Department of Psychology, Carleton University) at (613) 520-2600 ext. 2690.

My signature below indicates that I have read the above statement and freely consent to participate in this study.

_____	_____	_____
Participant's Name	Participant's Signature	Date

Consent to Audiotape

I hereby consent to the audio recording of this interview. I understand that it is being audiotaped for accuracy purposes only and that the tape will be destroyed upon completion of the study.

_____	_____	_____
Participant's Name	Participant's Signature	Date

Interview Schedule

Consent: Review and Sign

Introduction

- How did you learn of the study?
- Why did you want to participate?

Background

- date/place of birth
- ethnicity
- who raised by
- education
- employment
- marital status

Relinquishment Decision

- When – year? how old were you?
- Reasons for adoption? [probe for personal, interpersonal and situational factors]
- Was anyone involved in the decision besides yourself [probe for parents, birthfather, anyone else]
- Your choice? pressured? by whom?
- Who arranged the adoption? Any agency involved?/Private?

Contact Arrangements

- At the time of your decision, were you presented with any options for how much contact you could have with your child in the future?
 - o If so, why did you chose level you chose? How was this determined? By whom? Why?
 - o If not, would you have liked to have had some choice? Why/why not?

After the Adoption

a) Experiences

- How did the adoption affect your life at that time? (Positives and negatives)

b) Feelings

- How did you feel, emotionally, after your child was adopted?
- How did you feel about yourself (i.e., your self-esteem)?
- How did you feel about your child?
- How did you feel about your child having someone else act as their mother?

c) Coping

- How did you cope with these feelings? Did anything help? In what ways?
- Did you turn to outside help? counseling? support groups?
- Is there anything * friends or family could have done to make it easier?
 - society

- social agencies
- Can you think of anything else that would have helped you?

d) Contact

- How much contact did you have with your child in the months after the birth?
- What was having contact like? How did it affect you? (pros and cons)
- Was this the amount of contact you wanted? Why/why not?
- Were there any good things about having this amount of contact? For you? Your child? The adoptive parents?
- Were there any bad things about having this amount of contact? For you? Your child? The adoptive parents?
- Would you do things differently (contact wise) if you could? What? Why?

Now

a) Experiences

- How does the adoption affect your life now? (Positives and negatives)

b) Feelings

- How do you feel about the adoption now?
- How do you feel about yourself (i.e., your self-esteem)?
- How do you feel about your child?
- How do you feel about your child having someone else act as their mother?

c) Coping

- How do you cope with these feelings? Does anything help? In what ways?
- Do you turn to outside help? counseling? support groups?
- Is there anything * friends or family could do to make it easier?
 - society
 - social agencies
- Do you engage in any celebrations or rituals?
- Can you think of anything else that might help?

d) Contact

- How much contact do you have with your child now?
- Is this the amount of contact you want? Why/why not?
- Are there any good things about having this amount of contact? For you? Your child? The adoptive parents?
- Are there any bad things about having this amount of contact? For you? Your child? The adoptive parents?
- Would you do things differently (contact wise) if you could? What? Why?

Matching Birthmother and Type of Adoption

- ◆ Although open contact may be becoming more common, that doesn't mean it's the best thing for everyone. Some things about some birthmothers or their situations might make them better suited to closed adoptions, while the personality or life circumstances of other birthmothers makes them better suited to open adoptions. Is there anything about you

yourself or your circumstances that makes the level of contact you have with your child a good or bad experience for you or your child? (probe for person [e.g., approach vs. avoidance coping style or desire to be a mother] and situational (e.g., finances, time available] factors)

- ◆ In general, can you think of anything about a birthmother or her situation that would make a certain amount of contact a good or bad thing for her or her child?

Looking Back

- looking back, with the benefit of hindsight, would you do the same thing again or would you change anything?

Wrap Up

- anything else would like to talk about that we didn't cover?
- anything you want to go back to and talk about?
- what has it been like talking about this?

Is there a **pseudonym** you would like to use?

Would you like to receive a **summary of findings**?

Would you being **willing to take part in another interview** to give feedback on whether the results make sense of your experience and help me clarify any things I'm unsure of?

Can I **call you in two or three days** to see how you are doing and if there is anything you want to add or delete from the interview?

Debriefing – verbal and written

Birthmothers' Experiences Questionnaire

Participant No. _____

Participant pseudonym: _____

The following questions ask about various aspects of your experience as a birthmother. The first set of questions asks how you felt in the 6 months immediately after your child was adopted. The second set of questions asks how you felt in the last six months.

Part One: The 6 Months After Your Child was Adopted

1. How did you feel, emotionally, in the 6 months after your child was adopted?

-3	-2	-1	0	+1	+2	+3
Very bad	Moderately bad	Slightly bad	Neutral	Slightly good	Moderately good	Very good

2. How did you feel about yourself in the 6 months after your child was adopted?

-3	-2	-1	0	+1	+2	+3
Very bad	Moderately bad	Slightly bad	Neutral	Slightly good	Moderately good	Very good

3. How satisfied were you with the adoption arrangements for your child?

-3	-2	-1	0	+1	+2	+3
Extremely unsatisfied	Moderately unsatisfied	Slightly unsatisfied	Neutral	Slightly satisfied	Moderately satisfied	Extremely satisfied

4. How much control did you feel over the adoption arrangements for your child?

0	1	2	3	4
None	A little	Some	A fair bit	A good deal

5. How much did you regret placing your child for adoption?

0	1	2	3	4
Not at all	A little	Some	A fair bit	A good deal

6. In the 6 months (180 days) after your child was adopted, on how many days did you think of your child? ____ of 180 days.
7. When you thought about your child, how did you feel?

-3	-2	-1	0	+1	+2	+3
Very bad	Moderately bad	Slightly bad	Neutral	Slightly good	Moderately good	Very good

Part Two: In the Past 6 Months

1. How have you felt, emotionally, in the past 6 months?

-3	-2	-1	0	+1	+2	+3
Very bad	Moderately bad	Slightly bad	Neutral	Slightly good	Moderately good	Very good

2. How have you felt about yourself in the past 6 months?

-3	-2	-1	0	+1	+2	+3
Very bad	Moderately bad	Slightly bad	Neutral	Slightly good	Moderately good	Very good

3. Currently, how satisfied are you with the adoption arrangements for your child?

-3	-2	-1	0	+1	+2	+3
Extremely unsatisfied	Moderately unsatisfied	Slightly unsatisfied	Neutral	Slightly satisfied	Moderately satisfied	Extremely satisfied

4. How much control do you feel over the current adoption arrangements for your child?

0	1	2	3	4
None	A little	Some	A fair bit	A good deal

5. In the past 6 months, how much have you regretted placing your child for adoption?

0	1	2	3	4
Not at all	A little	Some	A fair bit	A good deal

6. In the past 6 months (180 days), on how many days did you think of your child?
_____ of 180 days.

7. When you thought about your child, how did you feel?

-3	-2	-1	0	+1	+2	+3
Very bad	Moderately bad	Slightly bad	Neutral	Slightly good	Moderately good	Very good

Debriefing: Birthmothers' Experiences of Adoption Study

Because birthmothers have historically been ignored in the research literature, their experiences remain largely unexplored. Therefore, one goal of this research is to provide birthmothers with a voice to be heard and an avenue to share their experiences. This research is also designed to explore the experiences of birthmothers involved in various types of adoption (open, semi-open and closed) and whether birthmothers with different types of experiences and life circumstances are better suited to different types of adoption relationships. It is hoped that the knowledge gained from birthmothers such as yourself will be useful to other birthmothers as they contemplate their options, as well as those who advise them.

Should you require any further information regarding the study, please feel welcome to contact Krista Jones at (905) 846-4490 or kjones2@chat.carleton.ca, or Dr. Connie M. Kristiansen at (613) 520-2600 ext. 2674 or ckristia@ccs.carleton.ca. If you have any ethical concerns regarding the study, you can contact Dr. Mary Gick (Chair, Carleton University Research Ethics Committee for Psychological Research) at (613) 520-2600 ext. 2664. If you have any questions or comments about any other aspect of the study, you are welcome to contact Dr. John Logan (Chair, Department of Psychology, Carleton University) at (613) 520-2600 ext. 2690.

Because the study addresses a personal and potentially sensitive topic, some of the questions may be emotionally challenging and upsetting for some people. If you feel the need to talk to someone regarding any issues that may have been stirred up by participating in this study, please do not hesitate to contact your local 24-hour Distress Centre. This service provides confidential assistance and support by staff trained to deal with sensitive issues. The Distress Centre in Ottawa can be contacted at 238-3311 and in the Toronto area at (905) 459-7777.

Thank you for your assistance with this research.

Sincerely,

Krista Jones

Interview Face Sheet

Participant Number _____

Participant Pseudonym _____

Year of Relinquishment _____

Age at Relinquishment _____

Current Age _____

Level of Contact with Birthchild Closed _____

Semi-Open _____

Open _____

Other _____

Wants copy of final results? Yes / No

If yes, mailing address: _____

Willing to do member validation? Yes / No

Date of post-interview follow-up call: _____

Interview Comment Sheet

Mood/Tone of the Interview

Participant's Emotional Reactions throughout Interview

My Emotional Reactions to the Participant

My Emotional Reactions to what the Participant Said

Strengths of the Interview

Weaknesses of the Interview

Additional Comments/Notable Features of the Interview