
From Birth Mothers to First Mothers: Toward a Compassionate Understanding of the Life-Long Act of Adoption Placement

Priscilla K. Coleman, Ph.D.*
Debbie Garratt, R.N., M.Ed.**

ABSTRACT:

Objective: Women who place a child for adoption have historically been far less actively researched than the other individuals in the adoption triad (adoptees and adoptive parents). They often have unmet psychological needs related to the decision to place for adoption, the placement experience, and as they endeavor to move forward post-adoption. In this review an effort is made to provide a description and analysis of the professional literature on women's placement experiences, with attention to methodological challenges inherent in deriving valid results. Next an overview of the results of a mixed method pilot study on birth mothers' decision-making and adjustment is shared. Finally, the most pressing future research needs on the topic of adoption placement from the birth mother's perspective are outlined.

Data sources and extraction: Employing the following search terms: adoption, open-adoption, closed adoption, birth-mother, biological mother, relinquishment, and adoption placement, an exhaustive search for empirical journal articles, reviews, and edited book chapters was conducted yielding over 80 publications. Sources spanning a 50 year period (1974-2014) were identified via MEDLINE, PUBMED, and PsycINFO.

* Professor of Human Development and Family Studies, Bowling Green State University, Bowling Green, Ohio 43402, USA, Telephone: +01.419.372.6492, FAX: +01.372.7854, pcolema@bgsu.edu (Contributions: research design, survey development, data collection, data analysis, and writing of report). The author(s) report no financial or other relationship relevant to the subject of this article.

** Executive Director, Real Choices Australia (Contributions: research design, survey development, data collection, editing of report).

Results: Based on an in-depth analysis of the best available evidence on the psychological lives of women who choose adoption, an argument is made for more focused research attention and enhanced sensitivity to the unmet needs of birth mothers in our communities.

Discussion: As the experiences of birth mothers are more fully understood, more substantive and compassionate counseling before, during, and after adoption will become more feasible.

Introduction

Adoption is relatively common in the U.S. with this family form personally touching the lives of nearly two thirds of the population. Results of the *National Adoption Attitudes Survey* published in 2002 revealed that 64% of the respondents endorsed having been adopted, adopting a child, placing a child for adoption, and/or having a family member or close friend directly involved with adoption (<http://adoptioninstitute.org/publications/2002-national-adoption-attitudes-survey/>). Despite this widespread familiarity, women who have made the life altering decision to place a child for adoption have been largely silenced in contemporary society, the professional literature, and even in popular press constructions of adoption.^{1,2,3,4} The act of signing away all legal rights to a child is viewed by many as the point in time when the birth mother's involvement in her child's life logically ends; and birth mothers have historically been encouraged to move on as if the pregnancy, birth, and adoption never happened.

Adoption in the U.S. is generally perceived as non-normative and less preferable to biologically-based families.⁵ As a result, all members of the adoption triad (adoptive parents, adoptees, and birth mothers) often bear the effects of being stigmatized.⁵ Of all parties involved, however, the role of the birth mother has arguably been the most strongly stigmatized, with women who place for adoption the least supported.

A recent empirical examination of birth mothers represented in children's story books revealed widespread marginalization,⁶ with only 2 of the 104 books analyzed from the perspective of women who place a child for adoption. Most books available to adoptees provide simplistic glimpses into the psyche of a birth mother and perpetuate stereotypes of her as single, poor, and unable, or unwilling to care for her child. As exemplified in the brief excerpt below from Jerome and Sweeney's study,⁶ even in a book wherein the birth mother's perspective is utilized and the decision is portrayed as carefully considered, the adoptive parents are still presented as having so much more to offer than the birth parent, who has only love: "*So I began to search for the best family that I could find. I wanted your parents to be in love and in a good marriage, and I wanted them to have their own home. I wanted your family to be happy and fun to be around. I wanted your family to love you as much as I did.*" Also of note is the use of the past tense, suggestive of the birth mother's love having ended at the point of placement.

Why are birth mothers' experiences so private and of so little apparent interest and value to mainstream society? What is it like to make this profound decision in the immediate and over time? The objectives of this article are threefold: 1) review the empirical literature pertaining to women's adoption decisions and experiences coping with the decision; 2) describe quantitative and qualitative data from a preliminary study of women who placed for adoption; and 3) identify the most pressing future research needs on the topic.

Literature Review

Approximately 50% of the annual 6.7 million pregnancies in the U.S. are unintended, with 82% of adolescent pregnancies in the unintended category.⁷ The U.S. adolescent birthrate is currently the highest in the developed world, and as such actually surpasses the European Union adolescent birthrate by four times.⁸ As an option in cases of unintended pregnancy, adoption is surprisingly uncommon in the U.S. with less than 3% of White unmarried women and less than 2% of Black unmarried women³ deciding to place a child for adoption. These figures represent a marked decline from 50 years ago when 40% of unmarried White women placed for adoption.⁹ The placement of newborns has become increasingly rare in the U.S., declining almost nine-fold since the early 1970s. Current estimates of domestic infant adoptions range from approximately 7,000 to 22,000 annually,¹⁰ with various websites of adoption agencies often reporting estimates of approximately 18,000 (e.g., buildingyourfamily.com and babycenter.com). Between 1 and 5 million current U.S. residents are adopted,¹¹ and the number of adopted children not residing with either biological parent in 2009 was 1,782,000.¹²

Some have argued that widespread availability of elective abortion has resulted in fewer women choosing to carry to term and place for adoption; however the decline in adoption preceded the legalization of abortion in the U.S. suggesting the two options may be largely independent.^{13,14} Other factors including less social stigma associated with single parenthood and more support programs for low income mothers among other possibilities seem to be more logical explanations for a shift away from adoption.

In the US, there are four general forms of adoption currently available. The first is *Closed Adoption* wherein no identifying information about the birth family or the adoptive family is shared between the two and there is no contact. The records are sealed and sometimes become available to the adopted child on his or her 18th birthday. In the second form, *Semi-Open Adoption (or Mediated Adoption)* information is shared between birth and adoptive parents; however confidentiality regarding individuals' full names and contact information is maintained. In this type of adoption, birth parents often participate in choosing adoptive parents and they sometimes meet prospective parents. Birth parents may request pictures and written updates after the adoption, although they don't normally have any direct communication with their children. In the third type of adoption, *Open Adoption*, birth and adoptive parents mutually decide to share their full names and correspondence information. Communication occurs directly and as often as

desired. Finally, in *Identified Adoption*, birth and adoptive families choose each other on their own, coming into contact through personal relationships, advertising, or an attorney.

As Friedlander¹⁵ has pointed out, “viewing adoption as an event or circumstance, albeit a many layered one, rather than as a personality trait is a nontrivial distinction.” This she emphasizes is relevant for all triad members (the child, the birth parents, and the adoptive parents). There is no developmental endpoint in adoption, since feelings associated with the experience change as individuals navigate each life stage.¹⁵ This is true regardless of the form of adoption from the above list that characterizes placement of the child. Professional recognition of the complexity of the adoption decision and awareness that birth mothers’ abilities to achieve comfort requires integration and re-integration of the experience into one’s personal identity throughout life, are vital to developing adoption protocols that honor and respect birth mothers.

Fravel and colleagues¹⁶ measured the “psychological presence of the relinquished child” derived from interviews with a national U.S. sample of 163 predominantly White birth mothers and found that at an average of 7.7 years post-placement the adopted child remained psychologically present for the women both on special occasions and during routine living. The authors suggested that their data discredits the myth of birth mothers removing their children from their minds and moving on. They noted that the adopted child was psychologically present to some degree in every single woman’s case. The results of this study underscore the need for a more comprehensive understanding of the life-long trajectories of women deciding to place for adoption.

Although never formally stated in public forums, there may be some fear that bringing birth mothers’ lived experiences to the foreground will threaten the practice of adoption, when in fact ignoring birth mothers’ experiences is likely to invite more damage. As contemporary adoption plans become more sensitive to the ongoing relationship that is experienced despite physical separation, and plans are developed to embrace and meet the needs of the birth mother, the likelihood of adoption placement working well for all involved will undoubtedly increase and fears surrounding it will subside over time.

Predictors of the Decision to Place a Child for Adoption

Wiley and Baden³ point out that personal stories and direct communication with many birth mothers has revealed that the psychological distinction between a voluntary and involuntary placement for adoption is best characterized on a continuum as opposed to a dichotomy. They further note the degree of pressure or coercion a woman feels has not been examined closely as a variable in studies of birth mothers’ adjustment. The feelings of coercion may be directly or less directly experienced from parents, partners, spouses, friends, and/or teachers, or such feelings may have their origin in perceptions of violating cultural norms by having a child at a young age and/or without a partner. The authors note: “The distinction between the legal category of relinquishment (voluntary vs. involuntary) and the emotional experience of the birth parent(s) (totally voluntary vs. coerced) is important to make in both practice and research.” In this article the focus is on predictors

of legal voluntary placement, as opposed to involuntary placement with awareness and sensitivity to the fact that “voluntary” placements may be colored by varying degrees and forms of external pressure. Indeed, available evidence suggests that for many women, placement of the child for adoption is the result of social and family pressure or force,^{17,18,19} Deykin and colleagues²⁰ reported that pressure from families opposed to keeping a child, from physicians, and/or from social workers reflected the experiences of 69% of the respondents.

In a review published in 2005, Wiley and Baden³ summarized the results of nine U.S. and Canadian studies related to factors that predicted the adoption decision. Well-established predictors were age, race, socioeconomic status, education, preference of the birth grandmother, vocational goals, the quality of the relationship with the birth father, and living arrangements. Wiley and Baden further noted that the literature has consistently shown that White women place for adoption at significantly higher rates than women of color, including African American, Mexican American, and Filipino American women. Wiley and Baden describe the phenomenon of “*informal adoption*” wherein single mothers share the parenting of their children with extended family members or they “gift” a child to a family. This type of arrangement seems to be more common among women of color and may explain the lower rates of placement.

Studies have also indicated that adoption plans are more likely to be made by single mothers from intact families of higher socioeconomic backgrounds, with higher academic achievement and more ambitious educational and career aspirations, as well as more goal-directed life plans.^{11,14,21-24} Other less actively researched, but significant predictors of the decision to place for adoption include having been reared in a small town, more traditional attitudes about family life, and conservative attitudes toward abortion.^{28,29}

Another factor that has been identified as related to the choice to place for adoption is the preference of the birth mother’s mother.^{11,23,30} Mothers are reported as more influential in decisions to place for adoption than peers and male partners.^{31,32} Leynes²⁹ found that adolescent birth mothers who were less influenced by their male partners, were more likely to choose adoption. Finally, Resnick and colleagues’ work³³ indicated that approximately 25% of both those who chose to place and those who chose to parent identified the father as the least helpful person in their lives relative to the decision.

Chippendale-Bakker and Foster¹¹ noted in their study that most women were motivated by a desire to provide a better life for their child and similarly Resnick and colleagues^{33,34} identified the baby’s best interest as a primary motivating factor. Other reasons for deciding to place for adoption reported in the literature include feeling unprepared for parenthood or not feeling ready emotionally, as well as inadequate finances.^{20,35}

Foli³⁶ reminds us that the view of the unwed teenage mother as the prototype of women placing for adoption is more myth than reality with only about 25% of birth mothers fitting into this category. A more accurate typical case scenario according to Foli is a woman in her 20s who has other children.

Psychological and Behavioral Adjustment of Birth Mothers

Birth mothers who experience grief and difficulty in association with placing a child for adoption may specifically report feelings of loss, sadness/depression, guilt, remorse, and anger.³⁷⁻⁴⁰ Symptoms of Post-Traumatic Stress Disorder (PTSD) and self-destructive behaviors, including substance abuse and eating disorders were reported by Jones,⁴¹ based on in-depth interviews of 70 U.S. women who had placed a child for adoption 7-31 years prior. Jones also found that many of the women suffered from self-esteem issues involving feelings of powerlessness, worthlessness, and victimization. Subsequent marital problems have been reported with placement of a child for adoption as well.²⁰ In their recent review of the literature, Wiley and Baden³ concluded that the following clinical symptoms are sometimes identified in birth parents: unresolved grief, isolation, relationship difficulties, and trauma. However, Wiley and Baden noted that there are also studies indicating that some birth mothers, who choose adoption fare better than those who decide to keep their infants on external criteria of well-being, such as high school graduation rates.

Feelings of loss are central to the separation between a mother and child through adoption and the experience has been compared to that which occurs in cases of perinatal death.⁴² However, whereas the grief associated with perinatal death tends to resolve with time, in adoption the feelings of grief may intensify.⁴² Typical aspects of the experience of placing for adoption that make it difficult to resolve negative feelings include a lack opportunities to express grief, inadequate support, and not having socially acceptable mourning rituals.⁴² When grief is not expressed, women may develop a pathological reaction that is likely to include symptoms of deep depression.⁴²

Roles⁴³ holds the view that the grief of birth mothers is similar, but not identical to other types of grief. She has identified phases leading to resolution in birth mothers beginning with numbness and denial, followed by eruption of feelings, acceptance, accommodation to and living with uncertainty, and re-evaluating and rebuilding. Several authors who have examined grief in birth mothers likewise emphasize the need to acknowledge and validate the loss in order to work through the grief process,^{44,46} This may begin with the birth mother holding her child, explaining her reasons for choosing adoption, and verbalizing her wishes for her child's future.⁴⁷

Brodzinsky¹⁷ suggested that healthy grieving for birth parents is optimized when they discuss and express their grief in a nonjudgmental, supportive environment and are able to engage in a ritual marking or commemorating the loss of the child. Brodzinsky also noted that an opportunity for reorganization leading to understanding of the situation and the roles of everyone involved is beneficial to the final stages of grief work.

In Logan's⁴² interview-based examination of 28 birth mothers wherein 68% of the women reported some form of mental illness (depression, nervous breakdown, manic depression, and other conditions), the factors found to be associated with psychological distress included lack of support from families and from the agencies involved, lack of counseling, suppression of feelings of loss, guilt, and shame, the presence of other

significant life events, such as the experience of sexual abuse or a death, and achieving contact with their children and finding out that the child's life in the adoptive home had not been very happy. One woman in the study who experienced the adoption as highly traumatizing stated *"I'm angry that nobody told me that adoption wasn't the end of the problem – adoption was the start of a bigger problem. I lost my boyfriend, home, parents, myself. You don't just lose the baby. It left me numb, it left me feeling I was no good, it left me feeling absolutely bereft – . . . It left me feeling like someone had died and I hadn't been allowed to go to the funeral. . . . I couldn't talk about it. No one allowed me to grieve."* This study was not representative, as all the women had contacted an agency for after adoption services (help with locating a child, seeking information about the child, or advice on how to tell a subsequent child). Moreover, like many other studies on birth mothers' experiences, the investigation was compromised by the small sample, lack of a control group, and the retrospective nature of the data collection.

Condon⁴⁸ identified four unique psychological aspects of the experiences of birth mothers who place for adoption. First, many mothers feel the adoption is their only option due to financial hardship and pressure from family and professionals, with such feelings detracting significantly from the experience being fully "voluntary." Second, because there is always the possibility of reunion, the process of saying goodbye with any sense of finality is hindered. This obstacle to healing can engender disabling chronic grief reactions. Third, birth mothers often lack knowledge of the child leading to disturbing fantasies, such as the child being sick, sad, angry, or having died. Finally, women may see their efforts to acquire knowledge about their child as being blocked by an uncaring bureaucracy. Ninety percent of the women in Condon's study reported strong feelings of affection for the infant, both during late pregnancy and in the immediate post-partum period. None reported negative feelings toward the child. Average ratings of sadness and/or depression at the time of placement were between "intense" and "the most intense ever experienced." The amount of anger experienced at the time of placement was rated between "a great deal" and "intense" for the sample, and guilt was on average rated as "intense." Condon found that for many women, intense emotions did not subside with time and for some of the women he assessed, increases were detected across the years. The majority of those sampled by Condon said they had received little or no help from family, friends, or professionals. More than 50% used alcohol or sedative medication to cope after placing their child for adoption. Nearly all the women in this study reported that they coped by withdrawing and bottling up their feelings, with one third subsequently seeking professional help.

Research by Winkler and van Keppel⁴⁹ was undertaken to obtain participants from the entire range of psychological adaptation to placing an infant. Using television, radio, and newspaper advertisements, women who believed that "they had made a good adjustment to relinquishment" as well as "those who believed that their adjustment was poor" were requested to participate (N = 213). Methodological strengths included the following: 1) hypotheses grounded in theoretical concepts of social support, expression

of feeling, stressful life events, and psychological reactions to loss and bereavement; 2) use of psychometrically sound assessment instruments; and 3) inclusion of a matched comparison group. The results revealed that on average those who placed a child for adoption exhibited less positive adjustment than the matched control group. Problems adjusting were linked to having inadequate social support networks, limited opportunities to express feelings, and a continuing sense of loss. Experiencing a sense of loss that extended up to 30 years was reported by approximately half of the sample of women who placed for adoption. Birthdays and holidays were identified as the most difficult times, and birth mothers generally believed access to information about the course of their child's life following adoption would have helped to ease their pain.

There are studies suggesting that adolescent women who place their infants for adoption do not fare worse, and may actually fare better compared to their peers who decide to keep their babies. For example, in a five-year longitudinal study by Wings et al.³⁹ comparing the lives of adolescent birth mothers, (116 decided to parent and 76 chose adoption), those who chose adoption were found to be more likely than parents to remain single and avoid a second birth across the five years. The two groups differed little in educational attainment, and there were no significant group differences in the psychological measures of well-being. Those who chose adoption were more likely to be employed; yet their earnings at the close of the study did not differ from those who chose to keep their infants. The authors concluded that the decision did not set the course for the participants' lives. McLaughlin and colleagues⁵⁰ reported no difference in the two groups relative to school enrollment at 6 months, high school graduation rates, and perceived quality of life, depression, self-efficacy, socioeconomic status, and religion.

Based on data from the National Survey of Family Growth,⁵¹ adolescents who placed for adoption were less likely to live in poverty and were more likely to complete high school than adolescents who had a non-marital birth and chose to parent. As noted by Namerow and colleagues,⁵² these findings were replicated in several studies published in the late 1980s and early 1990s using data derived from community agencies that served pregnant women (prenatal clinics, adoption agencies, and maternity residences.) Specifically, the results generally revealed that young women who placed for adoption, compared to those who parented, had more positive outcomes related to school enrollment, employment status, income, public assistance, and rapid subsequent pregnancies. However, on the more personal measures of psychosocial adjustment including self-esteem, personal efficacy, emotional support, life satisfaction, and optimism, the two groups were indistinguishable.⁵² Another pattern in this early work noted by Namerow and colleagues was lower rates of satisfaction with women's pregnancy decision; but despite this differential, the majority of women in both groups across the studies were satisfied with their decision.

In another large scale investigation, the results indicated that among women who place for adoption as teens (under age 21), compared to those who elect to parent, at four years post-placement, the "placers" experienced more favorable outcomes than

the “parenters” on a variety of socio-demographic and social psychological outcomes.⁵² This study investigation involved interview-based data derived from 592 pregnant teens (54% parenters and 46% placers). They were interviewed at three points: during the last trimester of pregnancy, at 2 years, and at 4 years after the birth. Retention was quite high, with 89% participating in the first follow-up and 76% at the second follow-up. Women in the study were recruited from three primary types of programs: maternity residences (75%), prenatal clinics (17%), and adoption agencies (8%).

At four years after birth, placers were more likely than parenters to be legally married, and parenters were more likely to be cohabitating, separated or divorced. With regard to the measures of psychological well-being (measured only at the four year assessment point), the placers scored significantly lower on measures of depression and reported significantly higher levels of general positive affect. In addition, placers were significantly more satisfied with all life domains at four years post placement. Specifically, the placers scored higher than the parenters on the following satisfaction scales: life in general, financial situation, work satisfaction, quality of relationship with partner, and they reported more positive future outlooks relative to education, work, finances, marriage, and financial security.) The results were the same at two years post-birth with the exception of no significant difference between the groups relative to partner relationship satisfaction. Placers were further less likely to have received public assistance or to have experienced a subsequent abortion or birth. The only variable that favored the parenter group was satisfaction with their pregnancy resolution decision. Reported satisfaction was observed to be equal to 88% (2 years) and 90% (4 years) and 70% (2 years) and 78% (4 years) for the parenters and placers respectively. The authors concluded: “*The findings from this study clearly indicate that relative to parenting, resolving a teenage pregnancy by relinquishing one’s infant for adoption is a positive choice resulting in more favorable outcomes on a broad variety of socio-demographic and social psychology outcomes.*” (p. 194).

A core difference between this study and other work indicating that an adoption placement decision operates as a serious risk factor for adverse psychological trajectories, may relate to the fact that a majority of the participants in the Namerow and colleagues’⁵² study, who chose adoption were recruited from maternity residences (92%). This is a context wherein the women likely received a great deal of emotional support, effectively preparing them for the birth, physical separation, and post-placement bereavement and adjustment work.

A few other longitudinal studies have identified comparable rates of decision satisfaction between women who place for adoption and parent. Donnelly and Voydanoff⁵³ reported that the majority of women in both groups were firmly convinced they had made the right decision at two years post placement. The results of Kalmuss and colleagues’⁵⁴ study based on responses of 527 unwed mothers a year after placement or the decision to parent revealed comparable decision satisfaction rates with 78% of the sample indicating they would make the same decision again.

As indicated by Wings and colleagues,³⁹ women who decide on adoption may be more likely than women who do not, to have personal, social, or demographic characteristics that increase their risk for psychological difficulties. Conflicting results in the literature described above may therefore be due to insufficient controls for third variables. More research is needed to adequately assess characteristics of mothers who choose adoption, risk factors for psychological problems after relinquishment of a child, and to determine common mental health risks.

Respecting Birth Mothers' Experience through Open Adoption

The notion that maternal attachment can be averted by swift removal of the infant at birth and the avoidance of subsequent contact between mother and child is contradicted by recent research. Based on the view that open adoption may ameliorate much of the suffering experienced by birth mothers, researchers have examined the effects of open adoptions. Open adoption has gained a considerable amount of support in the U.S. in recent years;⁵⁵⁻⁵⁷ and there is a marked trend toward endorsement for openness, primarily because of the benefits to the birth mother. Specifically, open adoption may reduce birth mothers' feelings of pain and loss, resulting in more positive psychological well-being.^{58,59} Direct contact with the adoptive parents engenders trust that the child is safe and well cared for,⁶⁰ in addition to fostering a sense of pride in their placement decision.⁶¹ Those in favor of open adoption further contend that adoptive parents will feel more secure because the birth parents have given them explicit consent to parent the child.⁶² Proponents of open adoption also believe adoptive parents benefit from the knowledge of their child's medical history, cultural backgrounds, and the reasons for the birth mother's adoption decision.^{62,63} However, for many years there was also an active voice against open adoption. Arguments against open adoption focus on three primary beliefs: 1) continued contact may impair attachment between adoptive parents and their adopted child; 2) adoptive parents will feel less in control and more insecure; and 3) without finality the grieving process will be more difficult and birth mothers will incur mental health risks.⁶⁴ The empirical evidence accrued in the professional literature and reviewed below has failed to substantiate the arguments against open adoption and clarity pertaining to the merits of openness in adoption is emerging.

Available published data has demonstrated that birth mothers tend to be much more satisfied with their decisions to place for adoption when there are opportunities for ongoing contact with the adoptive family; and post-placement psychological adjustment is more positive in cases of open adoption compared to closed adoption.^{55,66-72} Contact and provision of information appears to serve to reduce guilt and fears regarding the child's well-being.

Henney, Ayers- Lopez, McRoy, and Grotevant⁷³ published results of a longitudinal study of birth mothers' experiences of grief and loss relative to the degree of adoption openness. Structured interviews of 169 birth mothers were conducted in two different waves (4 to 12 years post-placement and 12-20 years post-placement). The authors reported that at Wave 1 most of the birth mothers were experiencing moderate to high

degrees of grief, and by Wave 2 a majority reported only feeling some or no grief. Birth mothers in fully open adoptions had lower levels of grief than those in confidential or closed adoptions at Wave 2.

Similar results were derived in an older study by Winkler and Keppell⁴⁹ based on the responses of over 200 women who had placed their first born child for adoption between 4 and 30 years earlier. These authors concluded that the effects of placement were often very negative and enduring, with approximately 50% of the sample reporting that their feelings of loss increased over time.

A recently published qualitative study by Clutter referenced earlier⁸ involved an in-depth analysis of 15 Midwestern predominantly adolescent women, who had experienced an unplanned pregnancy and placed their infants through open adoption. The women were identified via an agency that kept birth mothers' needs at the forefront. All the women in this study chose the adoptive family after review of written materials, pictures, and often in-person interviews as well, and they all were pro-active in the development of an adoption plan. Among the desired adoptive family characteristics reported by the birth mothers were loving fun parents, stability, a stay-at-home mother, the ability to provide for needs and desires, and a spiritually strong family. The results revealed that many women described the decision as among the most difficult and best in their lifetimes. The benefits of open adoption outweighed challenges of pregnancy, birth, and emotional transitions. Birth mothers in this study often commented on feeling very much a part of the families who had adopted their children, feeling they were the recipients of friendship and unconditional love. One participant stated: *"Open adoption is such a great thing. It gives you a whole new family like I've changed my life because of this. I thought because I placed my son, I would have less reason to care but I have more reason because I have a whole crowd of people who care about me. We're all one big family now. You go from having nobody to having everybody."*

A large scale survey of 1,396 adoptive parents in California^{75,76} revealed that adoptive parents were most satisfied with adoption when the level of openness remained consistent with the original adoption plan. Unfortunately adoption arrangements are not always legally enforceable, and more research is needed to address how often changes occur and what the possible effects are of altered birth plans for everyone involved.

A number of studies have been published using the survey data from the Minnesota-Texas Adoption Project.^{68,72,77-79} Overall the pattern of results indicated that adoptive parents in open adoption were satisfied with the adoption process and adopted children in open adoption did not experience any more difficulties compared to adoptees in closed adoptions.⁷⁹

Holleinstein, Leve, Scaramella, Milfort, and Neiderhiser⁸⁰ reported data demonstrating that open adoption was beneficial in fostering positive perceptions of birth parents by adoptive parents. Finally, Ge and colleagues⁶⁹ shared the results of a study employing 323 matched pairs of birth mothers and adoptive parents. These researchers specifically examined the degree of adoption openness (contact and information exchanged) and

birth and adoptive parents' post-adoption adjustment at 6 to 9 months. Results clearly demonstrated openness was a significant predictor of satisfaction with the adoption process among both adoptive parents and birth mothers. Increased openness was positively correlated with birth mothers' adjustment as measured by both birth mothers' self-reports and the interviewers' observations.

Based on the results of their longitudinal investigation described earlier, Henney and colleagues⁷³ have developed a perspective on openness that incorporates sensitivity to individual women's unique situations, personalities, coping resources, and life stage. They see the level of openness as not necessarily unchanging in placement decisions and they caution:

A "rush to openness" may not be beneficial for all birth mothers... Birth mothers' grief reactions are highly personal; the same amount of information about the adopted child – say, that the child had influenza but is now recovered – may be overwhelming to the coping resources of one birth mother who worries consistently about the child's health, but may be comforting to another birth mother who is relieved that the child is now well. Birth mothers' grief reactions are also highly contextual; information (or lack thereof) or experiences that may be helpful in one stage of the birth mothers' life may renew grieving in another. In the present sample, for example, the birth of subsequent children was a major life event for the birth mothers that for some renewed their feelings of loss and increased their grieving and for others was a milestone in their grief resolution. Thus, the provision of openness to birth mothers is not simply a one-time event or choice.

Pilot Study Results

With strong backgrounds in psychological trajectories of other reproductive decisions, the authors of the present report were highly motivated to hear women's stories in their own voices and they planned their first formal study of women who placed children for adoption. After receiving Institution Review Board approval, birth mothers were recruited by asking adoption agencies to post notice of the online survey on their websites and to pass on the recruitment flyer to any women who placed for adoption in their data bases. A Facebook page was also created announcing the study and directing birth mothers to the online survey. A research team of four undergraduate university students divided up states in the U.S. and created lists of adoption agencies with contact information. Next emails were sent to approximately 120 agencies with follow-up calls encouraging directors to pass on information regarding the study to any birth mothers, who may have been interested in participating.

Unfortunately the recruitment effort resulted in only 56 surveys. Problems identified included agency personnel not having the time or interest in assisting, sealed records wherein the adoption personnel no longer had contact information on birth mothers, and privacy issues precluding direct provision of contact information to researchers. The challenges involved in locating women who have been through an adoption experience are likely a primary obstacle behind the minimal research attention afforded to them, in addition to the stigma described earlier in this report.

In the sample of predominantly White women (95%), for the majority (63%), it had been 21 years or more since they had placed a child for adoption. The age range of birth mothers was from 17 to 81, with most of the women in their late 40s and 50s at the time they completed the survey. The sample was comprised of a majority of women who agreed or strongly agreed that their faith/spirituality was important to them (73%). With regard to marital status at the time of data collection, 62% were married, 19% were single never married, 15% were separated or divorced, and 4% were widowed. Finally, 17% had a high school education or less, 38% had some college, 27% had an associate's or bachelor's degree, and 17% had some level of graduate training or had earned a graduate degree.

Prior to describing the results, a caveat is necessary. Generalizations beyond this self-selected sample are precluded with the socio-demographic characteristics defining the sample likely quite discrepant from the population of women who choose to place for adoption in the US and elsewhere. Nevertheless, several insights deemed worthwhile to share were gained and may be of use to others as research on this topic develops.

The survey had a total of 166 items including background questions and only 60% of the women who started the survey actually completed it. No systematic differences in demographic backgrounds were observed between those who completed and did not complete the survey. Due to the limited response rate and high number of incomplete surveys, the researchers selected only 32 items related to the larger themes of this review to provide a snapshot of the responses received. The sample data for these items is provided in Table 1. The data generally indicate that a significant proportion of the women sampled had a considerable amount of decision ambivalence, were not provided much information regarding how they might expect to respond emotionally post-placement, reported feeling unsupported throughout the process, and experienced a mix of positive and negative emotions related to placing their children for adoption.

Table 1: Percentage of Birth Mothers Agreeing or Strongly Agreeing with Placement Decision and Adjustment Variables (n=34)

<i>Placement Decision</i>		
1.	I was comfortable with my decision to place my child for adoption:	50%
2.	If I could go back in time, I would not place my child for adoption again:	44%
3.	Deciding how to resolve my unplanned pregnancy was one of the hardest decision is of my life:	68%
4.	If I had made my decision entirely on my own, I never would have chosen to place my child for adoption:	38%
5.	Others made me feel I would be selfish to parent my child:	37%
6.	I placed my child for adoption to make others happy:	39%
7.	I wish there had been just one person who offered me the support I needed to keep my child:	58%
8.	The counselors at the adoption agency seemed cold and uninterested in me:	28%

9.	At the adoption agency I was provided with information regarding the emotional or psychological adjustments I would face after placing my child for adoption:	34%
10.	Once I made the decision to place for adoption, I was allowed considerable input into identifying suitable adoptive parents for my child:	35%
11.	I had choices regarding how open an adoption I wanted to pursue:	38%
12.	My partner pressured me to place our child for adoption:	16%
13.	My parents pressured me to place my child for adoption:	50%
14.	The amount of time I spent with my child after his/her birth felt comfortable to me:	40%
15.	No one seemed to care very much about me during the birth:	54%
16.	I felt the decision to place my child for adoption was not my own and I resented it:	43%
<i>Post-Adoption Adjustment</i>		
17.	I was jumpy and generally anxious:	35%
18.	I relied on alcohol to escape troubling emotions:	32%
19.	I experienced bouts of extreme sadness:	82%
20.	I felt alone and unloved:	76%
21.	I was prone to angry outbursts:	35%
22.	I had low self-esteem:	65%
23.	I was worried I would never be able to have another child:	35%
24.	I felt dissatisfied with the amount of contact I had with my child:	55%
25.	I found myself longing to be near my child:	76%
26.	I knew my child was safe, loved, and well cared for:	54%
27.	Life improved after I placed my child for adoption:	26%
28.	I felt proud of my decision to give my child a better life:	66%
29.	I felt ashamed due to my decision to place my child for adoption:	50%
30.	My view of myself changed positively as a result of giving birth and placing my child for adoption:	47%
31.	I was able to fulfill my education/career goals after placing my child for adoption:	41%
32.	Placing my child for adoption was a maturing experience for me:	70%

There were four open-ended questions designed to delve deeper into women's unique experiences of placing for adoption. The length of responses varied from a sentence or two to several paragraphs. In the space below we provide a cross section of responses to each question with the aim of illustrating the broad range of experiences evidenced. The above themes that emerged from the Likert scale data were reiterated in the open-ended

question responses along with a few others including the following: 1) changes in feelings over time, sometimes shifting to more suffering and other times to more perspective, contentment, and closure; 2) turning to spirituality in order to find peace with their decision. Perhaps what stands out most significantly is that for many women adoption was a lonely journey wherein they often encountered just the opposite of what they felt they needed: judgment, emotional distance, and even disdain from those most closely involved, as opposed to the compassion, understanding, and nurturing support they longed for. Moreover, those who seemed to experience the most peace surrounding placement of their children for adoption were those who had some level of continued involvement with their children. Sentiments favoring open adoption and honoring the promises made to them at the point of placement were also voiced.

1. Please tell us about your experience with adoption.

- Too much to say for the space and time. It was both a painful and wonderful experience. Our daughter was born 2.4.1982, Christian placement, closed adoption. Healthy pregnancy, healthy delivery with minor complication after...really blessed with supportive family and friends. Yet the course is very lonely for a birth mother regardless of her support system. My boyfriend was supportive and certainly relieved at the time. There was grief, and it would come in waves. I do not have strong memories of that first year. I think I just was taking steps to go forward. We were blessed to share a reunion with our firstborn when she turned about 25 years; remarkable how whole she was emotionally, physically and spiritually - but that's the message of redemption! We have an ongoing relationship with her and her hubby, we've met some of her family, and share holidays and even the births of our grandchildren. Not without its pain and struggle, but really an amazing journey.
- I accidentally got pregnant at age 29 and was in an emotionally abusive relationship with an alcoholic. At 7 weeks pregnant, he borrowed my car to run to the store and I woke up at 1 am and my car was still not home. He came home at 2:30 a.m., drunk. I told him to leave, and my parents had to come remove him from my house. That was my wakeup call; that this would be the person helping me raise my child.... and that was certainly not what I wanted for her or me. I looked into abortion but for whatever reason it wasn't the right decision for me. I called Caring for Kids and met with them later that week and started making an adoption plan.
- It broke my heart, yet I knew it was the right decision at the time. I begged to keep my child! I loved him. Wanted him! My Pastor found a family who wanted to adopt my child. They agreed to send me pictures, updates and to aid in our reunion when he turned 18. I wanted to care for him in the hospital and bring him to the adoptive parents or a neutral person. I wasn't allowed to tell anyone I was pregnant. My mom was so ashamed of me, embarrassed by me that she made me move to Florida to live with my father whom she hated!

- The only way I made it thru the pregnancy without getting attached to her was by telling myself I was having a baby for them. I knew how hard it would be to go thru all 9 months without having them to be ready for her to be born. I had 3 other children already and knew I could not care for her financially or emotionally. I wanted her to have a father to raise her. I wanted her to live a normal life, not in my chaotic life.

2. *Has the adoption experience been what you expected?*

- I had no idea. The counselor was great to bring some insight. He was gentle, truthful, and non-manipulative. I anticipated grief, and relief. I did not know what to expect from myself, wondered if I was strong enough. It was everything anticipated, and then I found grace far beyond my natural, and healing has been a process. God has been faithful to meet me at every turn.
- I was pretty well prepared for the adoption experience. I wasn't prepared for how I would feel 5 years down the road. I regret it more now than I did then. It's hard to remember that who I was then is not the same as the person I was now.
- I thought my parents, my pastor, and the adoptive parents cared about me and my son. I trusted them to help me. They lied to me, covered up information and betrayed me. I felt ashamed, embarrassed, alone with no one to talk to. I was basically told to forget my son and never speak of him again! I thought I'd be happy with my decision, proud about doing the right thing! But I was very sad, confused, hurt and missed my son very much! I wanted him back but knew he was where he needed to be. I thought I would go on with my life like my parents, pastor and friends said yet, I never fit in again with any of my friends or my family! I was always an outsider after the adoption. No one to talk to. No one could understand my heartache and pain! After 5 years the adoptive parents stopped sending me pictures and updates! I was devastated! They never shared information about me to him or helped us to re-unite either like they were suppose to. I've never trusted anyone again.
- The pregnancy time with her parents went well. All we did and all that was said and promised really cemented us together. When she was born until the adoption was final all was great. They sent pictures and updates constantly. At the six month point, they cut us off. No pictures, no letters. They told me I was a surrogate and that they thought I was selfish for not letting go emotionally.

3. *Is there anything that could have been done to help you feel more supported during the pregnancy or afterward?*

- Even though I didn't want to place my child for adoption I think if I would have had counseling and some sense of control (choosing the family and even meeting the family) I wouldn't have experienced such long-term emotional difficulties.
- Yes, I would have chosen to go through an adoption agency and had help making a post-adoption contact agreement. Having an adoption counselor

afterwards permanently would have been good. I stopped going after a while because it was very hard to talk about the things that her parents were doing to our relationship.

- It would have been nice if the hospital staff didn't judge - they were very rude to me—they didn't have a clue as to my situation and didn't care to find out—I was an 'open book' and would have told them all.
- Support from family or professionals.
- A supportive mom and family.
- Programs to help me keep her. My own money.
- Acceptance by my parents and siblings. Counseling would have helped.
- Open adoption records would now help.
- I do wish I would have had some more support post adoption like birth mother support groups. I did feel alone and had to learn about the grieving process as I went through it.

4. *Is there anything that you would like to add?*

- I love my son. And never wanted to let him go.
- I had a very positive experience. I am happy with all of it. I have never regretted my experience. I think it made me a better, stronger person.
- Adoption was the best decision I could make at that point in my life for my child.
- It was a very sad and hard time for a 17 year old.
- I believe the system was cruel, disabling and coldly ugly, the system served to make unmarried mothers feel dirty and shameful.
- I would love to meet my daughter.
- I'm just so thankful that I didn't get an abortion. The child I placed for adoption is my world and I'm so thankful to be able to see him happy and grow up.
- Better not to get me started -smile. It's a subject I'm passionate about. I would love to find ways to awaken the beauty of adoption in our communities and especially faith communities to become the broadcast in the life movement about the beauty of life choices in our cause and not the hate of abortion.

As noted by Wiley and Baden³ terminology related to women who place for adoption has changed over time and has included “*natural parent*,” “*biological parent*,” “*genetic parent*,” and “*real parent*,” with the accepted terms today being “*birth parent*,” “*birth mother*,” and “*birth father*.” Interestingly a few of the women who participated in our study described discomfort with the term “*birth mother*” and voiced a preference for “*first mother*” or just “*mother*.” The women expressed sentiments indicating that the term “*birth mother*” minimizes the meaning of their lives in the children's lives, reducing their presence to a time-limited role ending at the point of birth. Further, some of the women responding to our survey voiced a strong aversion to terms including “gave up” and “relinquished.” Although our data collection effort did not yield sufficient data to conduct sophisticated quantitative analyses, we do believe bringing these opinions to

light represent a contribution to the field, as these terms are currently commonplace in the adoption literature. Below is an example of one woman's concerns in this regard.

Of the earlier questions, it was written about giving up your child. Those words have such a negative ring to them. Please don't ever say that or write that. We don't ever use those words in our pregnancy center. I didn't give up my child. I gave him a better life, one that I couldn't provide. We say chose adoption, place your child for adoption or make a life plan for your child thru adoption. I think those negative words are part of the reason adoption sometimes is looked upon negatively.

Clearly contemporary nomenclature does not incorporate the very deep feelings many birth mothers experience for their children, bonds that may endure for a life-time. The often boundless love of birth mothers includes the act of placing a child for adoption to insure their happiness and security, despite what may be very powerful innately driven desires to keep the child with them. The selfless nature of adoption placement does not end with the act of signing the papers, but continues for the rest of women's lives as women often forgo needs they may have for proximity to enable the child to thrive in his or her adoptive home. In the testimonies we collected, the overarching desire women expressed was for their children to know that they love them.

Future Needs and Concluding Remarks

When we step back from all the empirical work in an effort to wrap our minds and hearts around the psychological consequences to birth mothers of placing for adoption, a number of methodological and theoretical limitations become undeniable and are discussed below. Nevertheless when the literature in its totality is examined, the picture that is emerging is one of long-term loss for many birth mothers. The biological and psychological bond is not easily severed for what may be a majority of women, and indeed it may not in reality be severable. Addressing the denial of a bond that endures across time and space in conjunction with more sophisticated empirical investigations of the complexity of birth mothers' emotional connectivity to their children, should lead to a healthy reframing of adoption and improve delivery of adoption services.

Data collection and analysis efforts on this topic have been wrought with problems. In their 2005 review of the published literature, Wiley and Baden³ underscore the importance of remembering that long-term research tends to over-represent birth mothers who continue to struggle with the loss of their child for years after the placement. Sampling bias results from research participants tending to come for treatment with clinical samples used, and those who volunteer in more generalized data collection efforts may be more inclined to have unresolved feelings. To provide an estimate of just how serious the sampling bias issue is, Wiley and Baden³ noted that five out of the eight studies they identified and described in their literature review included clinical or self-selected samples from adoption support groups or organizations. Another significant methodological problem evidenced in the literature on birth mothers is insufficient use of standard assessment instruments. In the review by Wiley and Baden,³ they point out that only two studies exclusively used standard instruments.

Future research should incorporate substantive data and statistical controls for variables related to the mothers' backgrounds (e.g. age, ethnicity, socioeconomic status, psychological problems prior to adoption, and other life challenges) in order to more effectively tease out the independent effects of adoption placement. As illustrated earlier in this article, many women who choose not to parent do so for reasons related to life stressors and/or psychological variables that may factor into post-placement assessments, if not controlled. At this point in the development of the literature on birth mothers, it is not entirely clear the extent to which post-adoption assessments of mental health challenges are directly attributable to the event, represent a continuation of pre-existing psychological difficulties, or the placement acts as a catalyst for exacerbating already present mental health challenges. Given the diversity of women who choose to place for adoption, all three trajectories likely define the real life experiences; however with more sophisticated quantification we will gain a clearer understanding of the power of adoption placement in women's lives.

Ten years ago, Wiley and Baden³ voiced the need for larger non-clinical samples, more active use of standardized assessments, increased prospective data collection efforts, and movement away from exclusive reliance on self-report data in order to reach more generalizable conclusions. They also issued a call for research that addresses the complexity of the experience and incorporates sensitivity to the cultural diversity of women united by this reproductive decision. These researchers conclude their extensive review by noting: *"Moving beyond a trauma paradigm, however, to incorporate an epidemiological stress and coping model for the study of the birth parent experience and incorporating a multicultural perspective in all research and practice with birth parents would allow counseling psychologists to set a powerful agenda for research and practice in the field of adoption in the 21st century."* Unfortunately since the publication of their review, the topic has not received the amount of scholarly attention it deserves. Large scale, nationally representative, longitudinal studies will undoubtedly only become possible when governmental funding agencies acknowledge the need for this work and make such data collection initiatives a priority. As described under the section of this report addressing the results of this study, data collection begins with efforts to find women who placed for adoption and they are a population that is difficult to locate. Creative strategies for locating birth mothers are needed, and larger scale general population surveys should include items related to having placed for adoption.

To compliment more sophisticated quantitative studies, there is significant need for in-depth qualitative analyses wherein women are provided little prompting and are encouraged to share whatever they feel inclined to share regarding their lives before, during, and following placement. From extensive analysis of open-ended interviews, researchers and theorists will gain a much fuller appreciation for the range of individuals' experiences. They all share the willingness to bring new life into the world without many tangible self-benefits, and our understanding of this population will benefit greatly from developing a clearer understanding of their strengths, the many positive qualities

that led them to the decision, enabled them to survive the separation, and continue with their lives. As birth mothers are better understood as complete human beings with many strengths, the knowledge gained can be employed pro-actively to counter negative stereotypes and reduce stigma.

At the most fundamental level, what is needed is improved theoretical models to guide data collection. A plea for theoretical development was voiced by Henney and colleagues⁷³ in 2007:

A vital need in the field of adoption is for a contemporary theory of birth mother adjustment across the lifespan, particularly regarding resolution of grief and loss. Indeed, there is not a satisfactory definition as to what “grief resolution” should look like in a birth mother. Must the birth mother show no signs of suffering or sadness regarding the placement for her to have resolved her grief, or is this perhaps a misunderstanding of the nature of birth mother grief? Can we truly expect the loss of a child to adoption to be “resolved” in this sense, or will the resolution look different – like birth mothers who are still sad and perhaps remorseful, but who have built a “safe place” for that grief in their lives? (p. 887)

Available theories have tended to assume one of two extremes: 1) adoption as a minor disruption in people’s lives, with little to no bearing on their future functioning; and 2) adoption as a traumatically dark experience in women’s lives, robbing them of future peace and joy. The reality for most women electing adoption is likely carved out somewhere in between the two conceptualizations.

Information gathered from this cohort of women clearly indicates that current theoretical frameworks are specifically inadequate relative to describing the lived experiences of mothers who lose a child to adoption. In academic and professional circles words that feel offensive to mothers are commonly used and descriptions of the grief or loss experienced does not provide the depth of explanation for their suffering or acknowledge the potential life-long impact. Development of a theoretical framework that views the loss of a child through adoption from the perspective of the mother is necessary. The authors therefore propose the next step in answering the question “*what are the experiences of mothers who decide to place a child for adoption actually like, and how do they manage their situations both behaviorally and psychologically?*” is to undertake a Grounded Theory (GT) investigation.⁷⁴ GT, developed by Glaser and Strauss in the late 60s, is a systematic methodology employed in the social sciences wherein a substantive theory about a phenomena is directly constructed through the analysis of data. The theory that emerges is “grounded” in the data.

Common methods used when conducting a GT study include participant observation, analysis of artifacts, and interviewing. Participant observation involves researcher immersion in the daily lives of those being studied. When the observation occurs in the participants’ natural setting it is commonly referred to as fieldwork. Researchers using a GT approach may also learn about a group by collecting and studying artifacts such as written protocols, charts, educational materials, etc. that are used by members of the group under investigation. Data used to develop theory is perhaps most typically

derived through extensive interviews with participants. The use of very generally framed questions (as described above) enables the most genuine results to emerge. Given how little is actually known about the breadth and depth of women's experiences in the realm of placement for adoption, GT seems ideal for authentically developing theory about the impact of the decision on the lives of women. In GT, theory arises directly from the data without the imposition of outside theoretical concepts, such as in this case, maternal loss, grief, or trauma.

Until we have a well-formulated theoretical model with the explanatory power to capture a wide range of personal experiences, any efforts to develop and deliver the services women need during the decision, placement, and post-placement stages will remain limited and highly constrained. Moreover, amending existing policies and developing new policy based on the limited understanding we have available on birth mothers' emotional lives in 2016 would be irresponsible and unlikely to meet the most pressing needs of the majority of women in this population.

The need for more substantive and compassionate counseling before, during, and after an adoption placement has been voiced repeatedly in the published literature.^{3,14,15,81} However, until more investigations with larger, nationally representative samples, using reliable and valid measurement tools, with the sensitivity to gauge the fullness of women's responses have been conducted, understanding the needs of this diverse population will remain limited. Moreover, the development of effective therapy protocols is constrained by the insufficient knowledge base.

Although the psychological experiences of birth mothers have not historically been a priority in research or in clinical practice, there is growing sensitivity at least among adoption agencies in the US. This relatively recent shift was articulated by Johnson and Faasse⁸² in a publication produced by the National Council for Adoption:

In recent decades, as licensed social workers, licensed private adoption agencies, and other skilled professionals have taken over the practice of adoption, there has been an increased focus on assisting birth parents in their feelings of grief and loss. As the understanding of birth parents' issues has continued to grow, so has our understanding of the impact of the adoption decision and resulting emotions and grief for birth parents. Today, no competent adoption professional would suggest to a pregnant client that it would be possible to simply resume her life and forget the child she placed for adoption. Most adoption agencies now provide extensive pre- and post-placement counseling and other support services for birth mothers.

Although Johnson and Faasse identified some positive change regarding adoption professionals' understanding of the psychological needs of "birth parents" this is somewhat misleading, because there has been virtually no systematic attention given explicitly to the experiences of birth fathers in the academic or professional literatures. Birth mothers' emotions have historically been obscured by the primary focus on the practical and psychological needs of adoptive parents and adoptees; however birth fathers in contrast have been utterly ignored. Research is needed to examine all facets of the paternal experience (before, during, and after the decision to place for adoption).

For long-term needs, women who continue to have adjustment issues over the course of many years typically turn to mainstream clinical practices, find support from an emerging presence on the internet in the form of blogs for sharing experiences, and there are an increasing number of weekend retreats available. With regard to the latter, Caring for Kids (<http://cfkadopt.org/>) offers retreats for birth mothers at any point in their journey. As described on their website:

Our retreat encourages the building of a support network and resources among those who attend. Not only is the retreat for birth mothers, it was designed and is facilitated by birth mothers as well. The facilitators work their hardest to ensure the retreat is a safe, welcoming environment where birth mothers will have the opportunity to express their thoughts and explore their adoption journey without fear of judgment. The program emphasizes providing birth mothers with valuable tools to help them continue growing as a person and cope with their adoption in a positive way.

By systematically analyzing the challenges birth mothers face when placing a child for adoption in the context of relational and community supports, and with the understanding that birth mothers rarely if ever completely “give up” their children, many improvements will be ushered into the realm of possibility. First, women will be able to make more informed, less pressured decisions wherein they feel supported in a choice that they truly own and are comfortable with. Second, trained professionals will be able to assist women in developing adoption plans that most effectively meet their personal needs and desires. Third, services from fully-informed and well-trained professionals will be available to foster healing in women who encounter difficulties at various points in their lives post-placement. Finally and most importantly, it is hoped that information will be derived to help women positively integrate the experience of placing a child for adoption with feelings of love and connectivity that begin rather than end at birth.

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