A Phenomenological Study of Birth Mothers and Their Experiences With Open Adoption

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Abstract

This phenomenological study explored the experiences of eight birth mothers who placed their infant for adoption 5 to 10 years ago and have open adoption relationships with their child. A semistructured interview was utilized to develop a deeper understanding of the birth mothers' open adoption experience, their feelings throughout the process, their relationships with the child and the adoptive parents, and the effects of open adoption upon their lives. Their experiences revealed their resilience, the emotions and challenges involved in open adoption, the relationships and roles in open adoption, the impact of open adoption on birth mothers' lives, the growth that ensues, and the usage of technology. The implications, limitations, and suggestions for future research are addressed.

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CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

As beautiful as adoption can be, fundamentally, adoption is a life that begins with loss. For the birth mother, this is no ordinary loss. The most salient part of her loss is physical—the loss of her child. The pain endured from losing a child is virtually indescribable: "Words will not give expression to the aching within, the anguish of birthing but not nurturing, of creating but not guiding, of the giving of life but not the care-giving of life" (Guttman, 1999, p. 32). But the loss extends beyond physical loss. Placed within the cultural context of adoption's social stigmatization, a birth mother's feelings of loss become entangled within the web of societal messages about adoption (Baden, 2014; Fisher, 2003; Garber & Grotevant, 2015; Wegar, 2000); thus, a birth mother's physical loss affects her psychologically, interpersonally, and existentially (Henney, Ayers-Lopez, McRoy, & Grotevant, 2007; Lancette & McClure, 1992; Winkler & Van Keppel, 1984).

Historically, sociopolitical forces have influenced the evolution and perception of adoption. From the American colonial era through the industrial revolution, adoption resembled an informal transfer of services. It was a pragmatic solution to societal problems, serving the dual functional purposes of uncluttering streets and institutions full of orphaned children while providing much-needed labor to farm families (McCauliff, 1986; Presser, 1972; Sokoloff, 1993). The first form of modern adoption emerged with the enactment of the Massachusetts Adoption Act in 1851, which focused on the best interest of the child (Presser, 1972). In an effort to protect

adopted children from any association with their illegitimately begotten origins, secrecy and sealed records, also known as closed adoption, became the principal practice of adoption (Kuhns, 1994; Sokoloff, 1993). Because birth mothers were regarded as wayward women who were callously neglectful, unabashedly selfish, and sexually deviant (Garber & Grotevant, 2015; Norwood & Baxter, 2011; Wegar, 1997, 2000), secrecy was also a way for birth mothers to avoid social stigma (Kuhns, 1994; B. S. Silverman, 2001).

The attempt to suppress stigmatization gave birth to other problems. In denying the existence of the adoption and its implications, birth mothers struggle with grief and loss. The ambiguity of a birth mother's loss muddles her own understanding as she wrestles to reconcile the incongruity between the physical loss and psychological presence of her child (Fravel, McRoy, & Grotevant, 2000). Despite the physical absence of the child, the birth mother's ruminations, fantasies, and distortions about her child consume her mind, affecting her thoughts, emotions, behavior, and identity (Fravel et al., 2000; Wiley & Baden, 2005). The symptoms of birth mothers' grief are manifested as feelings of depression, anger, regret, despair, isolation, guilt, and shame (Blanton & Deschner, 1990; Henney et al., 2007; Logan, 1996; Wiley & Baden, 2005). These emotions may result in mental health problems, such as anxiety or panic disorder, alcohol or substance abuse, self-destructive behavior, obsessive-compulsive disorders, and posttraumatic stress disorder (Aloi, 2009; Condon, 1986; De Simone, 1996; Wells, 1993). Furthermore, grief also negatively affects physical health, interpersonal relationships, and sense of identity (Blanton & Deschner, 1990; Deykin, Campbell, & Patti, 1984; Henney et al., 2007; Wells, 1993; Winkler & Van Keppel, 1984).

Birth mothers' grief is augmented due to isolation and lack of support (Condon, 1986; De Simone, 1996). The secrecy and stigma surrounding adoption explain why a birth mother's loss

is one that is not socially recognized or validated (Aloi, 2009). Because of society's

disenfranchisement of birth mothers' grief, women are not only stifled from expressing their

feelings, they are withheld the opportunities to do so (Condon, 1986; Logan, 1996). This

conspiracy of silence forces birth mothers to suffer alone.

Secrecy policies have been described as the "statutory guillotine" of adoption, summarily

severing the connection between adoptee and birth mother (Halstead, 2009, p. 216; Moody,

2008, p. 495). In amputating the legal existence of the relationship between the child and the

birth mother, the adoptive parents and adoptee lose the opportunity to have knowledge of the

adoptee's biological heritage. The birth mother loses not simply her baby but a lifelong

relationship with her child. In effect, the birth mother loses her infant, her preschooler, her

teenager, her young adult, and her grandchildren (Lancette & McClure, 1992; Stiffler, 1991).

Given her innumerable losses, there is no easy antidote to a birth mother's grief. Some

research has suggested that psychological problems are rooted in the secrecy of closed adoption

(Baran & Pannor, 1993; Baran, Pannor, & Sorosky, 1976). The era of activism and

counterculturalism sparked adoption reform and a movement towards openness and information-

sharing between birth and adoptive families (Kuhns, 1994; Sokoloff, 1993). This development

became known as open adoption. There is some confusion concerning the practice and

implementation of open adoption (McRoy & Grotevant, 1988). Some of the confusion stems

from broad usage of the term. In actuality, open adoption does not have an exact, exclusive

definition because it includes a spectrum of contact and information-sharing dimensions,

including type of contact (e.g., letters, phone calls, visits, etc.), frequency of contact (e.g.,

monthly, annually, etc.), timing (i.e., pre- and/or postplacement), participants (i.e., intermediary

or direct contact between adoptive and birth families), and type of information (i.e., identifying

or nonidentifying; Siegel, 2003). Additionally, each dimension is fluid and can change over time as relationships progress and evolve (Henney et al., 2007; Siegel, 2003).

More prominent than the confusion about open adoption is the controversy surrounding open adoption. The very premise of open adoption seems to shatter the bedrock of the institution of adoption. Lifting the veil of secrecy exposes each member of the adoption triad (i.e., the adoptive parents, the adoptee, and the birth parents), which requires vulnerability (March, 2014). Those against open adoption are concerned about its potential to disrupt family life, cognitive processes, and psychological well-being of all parties (Blanton & Deschner, 1990; Kraft, Palombo, Woods, Mitchell, & Schmidt, 1985; Miall & March, 2005). However, proponents of open adoption have asserted its psychological and emotional benefits for each member of the adoption triad (Baran & Pannor, 1993; Belbas, 1987; Cushman, Kalmuss, & Namerow, 1997; Henney et al., 2007; Wrobel, Ayers-Lopez, Grotevant, McRoy, & Friedrick, 1996).

Currently, most adoption arrangements involve some type of contact and information exchange (Berry, 1993; Fravel et al., 2000; Henney, McRoy, Ayers-Lopez, & Grotevant, 2003). Though all adoption triad members are stakeholders in open adoption, the trend towards open adoption is birth mother-driven (Berry, 1993); yet, birth mothers remain the least researched member of the adoption triad (Cushman et al., 1993; Logan, 1996; Winkle & Van Keppel, 1984; Zamostny, O'Brien, Baden, & Wiley, 2003). Ostensibly, research often focuses on the adoptee because adoption should be in the best interests of the child. However, a holistic consideration of the child's best interests from Brofenbrenner's (1979, as cited in S. L. Jones & Butman, 2011) ecological systems perspective yields the importance of having a better understanding of the birth mother. There is an indelible interconnection among all members of the adoption triad, and

strengthening one member can serve as a positive influence for other members (S. L. Jones & Butman, 2011).

Nothing can expunge a birth mother's pain, but the pain can be powerfully transformed. A birth mother with an open adoption described the feeling as "a beautiful pain . . . that just comes out of love" (Henney et al., 2007, p. 884). How does open adoption transform a birth mother's pain? Previous research on birth mothers often has been pathology-oriented (Zamostny et al., 2003). There is a need for a strengths-based approach to examine how birth mothers exhibit resilience and positive adjustment through their experience with open adoption.

Statement of the Problem

Open adoption is becoming a standard of practice; however, there is a lack of understanding about what open adoption entails and how open adoption affects birth mothers. Previous research has not sufficiently uncovered the experience of open adoption for birth mothers. Quantitative research misses the nuances of the birth mother experience. Having been trapped in the conspiracy of silence for over a century, birth mothers are beginning to break their silence to tell their stories. There is a need for a qualitative, strength-based approach to listen to their voices and share their stories in order to help birth mothers cope with grief and loss while enhancing the growth and development of open adoption.

Purpose of the Study

The purpose of this phenomenological study is to develop an understanding of the open adoption experience for birth mothers who placed their infant for adoption between 5 and 10 years ago. For the purposes of this study, *open adoption* is defined as birth mothers who selected the adoptive parents, met and communicated with the adoptive parents preplacement, and

continue contact postplacement through receiving information updates (e.g., pictures and letters) periodically throughout the year, as well as having annual visits with the child.

Review of the Literature

Unintended Pregnancy

An unintended or unplanned pregnancy is a pregnancy that is unwanted (i.e., the pregnancy occurred when there is no desire to have a child) or mistimed (i.e., the pregnancy occurred earlier than desired; Centers for Disease Control and Prevention, 2016). According to the Guttmacher Institute (2016), a nonprofit organization that researches and advocates for the advancement of sexual and reproductive health, 45% of all pregnancies in the United States are unintended—a statistic that has remained consistent for over a decade. Given the fact that nearly half of all pregnancies are unintended, it is important to consider unintended pregnancy resolution decisions. Research has often focused on two possibilities: parenthood or abortion (Bell, Glover, & Alexander, 2013; Bracken, Klerman, & Bracken, 1978; Brazzell & Acock, 1988; Buchanan & Robbins, 1990; Coleman, 2006; Corkindale, Condon, Russell, & Quinlivan, 2009; Eisen & Zellman, 2012; Farber, 1991; Gomez-Scott & Cooney, 2014; Lohan et al., 2013; Madkour, Xie, & Harville, 2013; Marsiglio, 1989; Olivari, Ionio, Bonanomi, & Confalonieri, 2015; Paikoff, 1990; Plotnick, 1992; South & Baumer, 2001; Tatum, Rueda, Bain, Clyde, & Carino, 2012). However, there is an alternative resolution: adoption. Research has shown that adoption is the least discussed option (Daly, 1994, Kalmuss, 1992; Miller & Coyl, 2008).

The Title X Family Planning Program, as well as medical professional bodies and child welfare groups, mandates the provision of comprehensive and nondirective pregnancy options counseling for pregnant women seeking guidance and support, including information for parenting the child, terminating the pregnancy, or making an adoption plan (American College of

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Obstetricians and Gynecologists, 2006; Child Welfare League of America, 1998; Council on Accreditation for Children and Family Services, 2001; Office of Population Affairs, 2014); yet, adoption is frequently overlooked by pregnant women and professionals alike (Henderson, 2002; Lupi, Runyan, Schreiber, Steinauer, & Turk, 2012; Shaddeau, Nimz, Sheeder, & Tocce, 2015; Stolley & Hall, 1994; Wegar, 2000).

The failure to recognize adoption as a viable option may be due to a general lack of awareness and education about adoption (Custer, 1993; Shaddeau et al., 2015; Stolley & Hall, 1994); but beyond the low level of knowledge about adoption, stigma and negativity enshroud adoption (Baden, 2014; Fisher, 2003; Garber & Grotevant, 2015; Kressierer & Bryant, 1996; Potter, 2013; Rice et al., 2017; Wegar, 2000). Particularly, society perpetuates negative narratives about women who choose to place their children for adoption (i.e., birth mothers), characterizing them as immature, irresponsible, inept, neglectful, callous, selfish, sexually deviant, morally loose, fallen, and lacking love for their child (Garber & Grotevant, 2015; Wegar, 1997, 2000). These societal sanctions serve as deterrents against adoption.

While society imposes destructive discourse upon birth mothers, women considering adoption have constructed their own beliefs and doubts about adoption. Adding to the pressures of society's negative opinions, Custer (1993) found that the most pervasive and powerful barrier to adoption is fear of severe, intolerable, enduring psychological distress for the birth mother. The source of the distress is having the psychological presence (i.e., presence in the heart or on the mind) but physical absence of the child, causing uncertainty and questions concerning the child's well-being (Fravel et al., 2000). Thus, most women prefer parenting or abortion over adoption (Sisson, Ralph, Gould, & Foster, 2016); adoption appears to be the illegitimate, undesirable child of unintended pregnancy resolution options.

Despite the ignominy, over 18,000 women choose to place their infants for adoption each year (J. Jones & Placek, 2017). Sisson (2015) found that the decision-making battle for these women is between parenting and adoption, as opposed to adoption versus abortion. In contrast to what society might believe, women who place their infants for adoption inherently desire to parent; adoption only becomes the conceding solution when their circumstances and resources make parenting either impossible or a very poor option. Research on birth mothers' satisfaction with their adoption decision is varied (Brodzinsky & Smith, 2014; Neil, 2006). Some researchers have found that a predictor of satisfaction is dependent on whether the adoption is open or closed with more positivity associated with greater levels of openness (Christian, McRoy, Grotevant, & Bryant, 1997; Clutter, 2014; Cushman et al., 1997; Fravel et al., 2000; Sisson, 2015). Open adoption is a form of adoption that has some level of contact between adoptive family and birth parents (Child Welfare Information Gateway [CWIG], n.d.b). As domestic infant adoption trends towards more openness (Berry, 1993; Fravel et al., 2000; Henney et al., 2003; Kraft et al., 1985; Norwood & Baxter, 2011; Siegel, 2003), it is crucial to develop a better understanding of open adoption and the impact of its experience for birth mothers.

The Adoption Option

History of adoption in the United States. Adoption is a cultural, social, political, and legal construct that has changed and developed throughout the course of history (Zamostny et al., 2003). During the American colonial era in the 17th century, the concept of adoption emerged to serve as the functional purpose of indentured service or apprenticeship. As the need for farm labor increased in the rapidly growing New World, the practice of informally transferring children symbiotically solved the problem of providing a home to dependent children and providing labor for farm families (Presser, 1972; Sokoloff, 1993). The industrial revolution

spurred a massive influx of immigrants for which the new country's infrastructure was not prepared. Insufficient living conditions, overcrowding, scarce jobs, and poverty led to thousands of orphaned, abandoned, and homeless children (McCauliff, 1986).

In an effort to resolve the problem of unparented children living undisciplined lives on the streets or in institutions where children suffered from malnutrition and epidemic diseases, Reverend Charles Loring Brace founded the Children's Aid Society and established the orphan train movement. Brace believed that children did not belong in urban institutions and that a wholesome farm life would provide the best home. From 1854 to 1929, the Children's Aid Society boarded children on westbound trains from eastern cities (Presser, 1972). At each stop throughout the Midwest, children were put up on platforms, on display for potential families' selection, thus coining the term *put up for adoption* (Kahan, 2006).

Meanwhile, people began to vocalize the need to regulate and formalize adoptions. States began to pass legislation in response to families who wanted assurance that the children they took in would legally receive inheritance rights, as well as child welfare reformers who advocated for treating placed children like family members. In 1851, Massachusetts passed An Act to Provide for the Adoption of Children in Massachusetts or the Massachusetts Adoption Act. This statute was revolutionary because it set precedents that are fundamental elements of modern adoption, chiefly that the adoption had to be in the best interests of the child (Presser, 1972). Additionally, the act mandated that the birth parents must provide written consent and that a judge must evaluate the qualifications of the prospective adoptive parents (Presser, 1972; Sokoloff, 1993). Twenty-four states followed suit and created adoption laws that required judicial supervision and emphasized the child's well-being over the next 25 years (Kahan, 2006).

Infant adoption. The early 1900s brought the focus on infant adoption (Bussiere, 1998). Decreased birth rates due to World War I and the influenza pandemic resulted in increased interest in infant adoption. The inception of formula-feeding and the notion of nurture playing a crucial role in child development contributed to the rise of infant adoption (Sokoloff, 1993). Simultaneously, child welfare reformers and social workers of the Progressive Era favored blood ties and advocated for children to remain with their biological families. Social workers only considered adoption as a last resort. The emphasis on sanguineous kinship led to the stigmatization of adoption. Adoption was portrayed as unnatural and risky due to the child's inheritance of mental defects from birth parents (Bussiere, 1998; Kahan, 2006).

Closed adoption. Secrecy and anonymity became paramount in an effort to protect adoptions from public scrutiny. The 1917 Children's Code of Minnesota, or the Minnesota Act of 1917, was passed to seal adoption records, denying access to everyone except for adoptive parents, adoptees, and birth parents (Kuhns, 1994). This practice became known as closed adoption. Later statutes further restricted access to records and kept the adoptive parents' and birth parents' identities secret, even from each other (Sokoloff, 1993). The intent of confidentiality was to protect the adoptee from the stigma of illegitimacy and to strengthen the union between adoptee and adoptive family. Confidentiality could also be interpreted as an opportunity for the birth mother to erase her traumatic past and move forward with a blank slate and the protection of anonymity (Kuhns, 1994; B. S. Silverman, 2001).

Popularity for infant adoption grew after World War II due to multiple forces. Illegitimate births increased due to sexual permissiveness. Meanwhile, the incidence of infertility increased among married couples, and it was not socially acceptable to be a childless couple. Though adoptive parenthood was seen as inferior to biological parenthood, it was still better than

being childless (Norwood & Baxter, 2011). Doctors were able to diagnose infertility earlier due to new medical treatments, which led to couples seeking adoption (Kahan, 2006). By the 1950s, the number of couples desiring to adopt exceed the number of healthy infants available. The decrease in infants available for adoption was due to several factors: the increased availability and effectiveness of contraception, the increased rate of abortion particularly following the *Roe v. Wade* decision, the increased social acceptability of single parenthood, and the increased availability of social services and financial assistance (Kahan, 2006; Sokoloff, 1993; Zamostny et al, 2003).

The growing demand for healthy infants allowed social workers to exercise dominance in their domain, controlling the adoption process by becoming selective and developing specific criteria for applicants. Under the premise that adoption would be more acceptable if the adoptee resembled the adoptive family, social workers sought to match physical characteristics, ethnicity, race, religious beliefs, educational background, presumed intellectual capacity, and socioeconomic status of the adoptive couple and birth parents (Bussiere, 1998; Sokoloff, 1993). Accepted applicants were generally White, in their first marriage, in their mid-30s, infertile, active in church, close to extended families, psychologically well-adjusted, and planning on having the mother stay at home with the child (Kahan, 2006). By 1975, some agencies no longer accepted applications for healthy White infants, while other agencies quoted a wait time of 3 to 5 years. Given the shortage of healthy White infants, White infertile couples began to consider alternative adoption routes, including transracial, special needs (including older children, children with physical, mental, and/or emotional problems, and sibling groups), international, and embryo adoption (Sokoloff, 1993). These types of adoption deserve in-depth examination but are beyond the scope of the current study.

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Movement towards openness. Activism and counterculturalism in the 1960s and 1970s

spurred adoptees and birth mothers to challenge the policies of secrecy, marking the beginning of

the movement towards openness in adoption. Research has suggested that the secrecy and

anonymity led to problems in identity formation and low self-esteem, causing psychological

problems in adult adoptees (Baran & Pannor, 1993; Kuhns, 1994). As adoptees reached

adulthood, many expressed the need to know about their heritage, particularly as they entered

into marriage and considered starting their own families (Baran & Pannor, 1993; Sokoloff,

1993). Other research has theorized that open communication about adoptive and birth

relationships resulted in better adjustment for adoptees and adoptive families (Kahan, 2006).

John Bowlby and Elisabeth Kubler-Ross's research on grief and loss explained birth

mothers' feelings of unresolved grief (Bussier, 1998; Kuhns, 1994). Bolstered by the social

climate and new research, early activists, led by Jean Paton, pioneered the adoption reform

movement and campaigned to allow adoptees to gain access to adoption records. They did not

initially gain any traction. Later, Florence Fisher founded the Adoptees' Liberty Movement

Association in 1971, which aimed to terminate the practice of sealing adoption records and allow

adoptees over the age of 18 to access their records (Carp, 2007). Birth parents formed Concerned

United Birthparents and fought for their right to know about the well-being of the child they

placed (Kuhns, 1994; Sokoloff, 1993).

Baran, Pannor, et al. (1976) pointed out that practice of closed adoptions was archaic, and

that it was time for adoption policies to reflect the shift in culture. Tracing the tradition of closed

adoptions to the foundation of America, when Puritanical values reigned and immigrants in a

young nation coveted the opportunity to start fresh and adopt new roles and new names, the

authors acknowledged that closed adoption fit with the philosophy of the time; however, decades

of change created a new world where out-of-wedlock births were more acceptable than before. Despite not having the resources to parent, women were not choosing adoption because of the finality of (closed) adoption. Women likened relinquishment to amputating a part of their bodies or the death of a close relative. Women described the emotional attachment to their child and the desperate need to know that their child was thriving in a loving home.

On the other hand, adoption seemed amenable if women could maintain some contact with their child. Thus, Baran, Pannor, et al. (1976) proposed the consideration of open adoption for which birth parents would be able to meet the adoptive parents, participate in the placement process, and, after relinquishment of parental rights, retain the right to continue contact regarding the child's well-being. The authors concluded that given the alternative option of open adoption and the right to active participation, women who otherwise would not choose adoption despite their circumstances may choose adoption and be comforted with the secure knowledge that their child is in a loving, stable home.

Despite some resistance, such as the formation of the Association for the Protection of the Adoptive Triangle by alarmed adoptive parents to support the continuance of sealed records, policies began to favor more openness (Sokoloff, 1993). Between 1976 and 1988, the Child Welfare League of America issued several statements endorsing open adoption. To amend the restrictive policies of closed adoption while still protecting privacy rights, states began passing legislation to provide information for birth mothers and adoptees. In the 1990s, 16 states permitted search and consent processes through confidential, court-appointed intermediaries who would read the adoption file and locate birth parents to inquire of their interest to meet their adult child; 26 states established mutual consent adoption registries in which birth parents and adoptees would be notified if both parties registered their names and consented to a meeting

(Carp, 2007; Kuhns, 1994). Some birth mothers opposed this new trend; thus, several states passed the contact veto statute in which birth mothers could file documents to either restrict access to identifying information or prevent contact from the adoptee, depending on the state's law (B. S. Silverman, 2001). However, the reunions that occurred after adoptees gained access to birth records dispelled fears that reuniting would be invasive and disruptive to birth mothers (Carp, 2007).

Currently, most adoption arrangements involve mediated or fully disclosed communication between birth and adoptive families (Fravel et al., 2000; Henney et al., 2003). Independent adoptions, which are facilitated by attorneys, generally give birth parents more control in the process and more freedom to set their parameters for openness; but, agencies are increasingly incorporating more openness in their adoption arrangements (Berry, 1993). Most states minimally require the following information for adoptive parents: adoptee's date and place of birth; birth parents' ages, descriptions of physical appearance, races, ethnicities, education, occupations, and religions; adoptee's and birth parents' medical and mental health history; circumstances leading to placement; and age and gender of biological siblings (Berry, 1993). In both independent and agency adoptions, birth parents and adoptive parents commonly meet prior to placement and come to an openness agreement for continued contact; however, openness agreements are not legally binding (Berry, 1993).

Over the span of several centuries, openness in adoption has shifted to reflect the sociopolitical dynamics of the time. While adoptions began with informal, open placements, secrecy and confidentiality became the adoption standard for half a century. In recent decades, the pendulum is swinging back towards more openness, but there is continued debate about the benefits and detriments of open adoption. Research has often focused on the impact of open

adoption upon the adoptee, since the best interest of the child is the cornerstone of adoption. There is also interest in the adoptive parents' perspective, as the adoptive parents may represent the opposition to open adoption. There is a paucity of research on the experience of birth parents who choose open adoption. As the most neglected party of the adoption triad (Cushman et al., 1993; Logan, 1996; Winkle & Van Keppel, 1984; Zamostny et al., 2003), it would be beneficial to examine the literature to see what the research yields about the effect of open adoption on birth mothers and which areas need more attention. While birth fathers are underrepresented in the literature, they tend to be less involved in the pregnancy, decision to relinquish, adoption process, and postplacement contact (Wiley & Baden, 2005). For the purposes of the current study, the focus is on birth mothers.

Birth Mothers

      Birth mother. The term *birth mother* may conjure images ranging from the sweet, 16-year-old captain of the high school cheerleading team to a bedraggled, drug-addicted homeless person. In reality, there is no typical birth mother. Birth mothers' backgrounds range in age, ethnicity, relationship status, children they are parenting, family of origin, experiences, interests, religious beliefs, socioeconomic status, education, careers, aspirations, and support system. The reasons birth mothers choose adoption also vary. Some may choose adoption because of their living situation, partner situation, lack of resources, or readiness to parent (Considering Adoption, n.d.).

      Birth mothers were originally referred to as *natural mothers*. Pearl S. Buck, author and adoptive mother, is credited with the first usage of the term *birth mother* in an article written in 1955. The term was further solidified in published articles by social workers in the 1970s (Origins Canada, 2011). Lee Campbell, founder of Concerned United Birthparents, stated that

her group created the term *birthmother* to describe themselves. Birthmother was the concession because they were concerned that *natural mother* would upset adoptive parents, and they felt that *biological mother* was a cold, sterile word. They decided on *birthparent* as one word to parallel words like *grandparent* (Solinger, 2001). However, some regard birthmother with offense. They find it alienating, denigrating, and dehumanizing because it discounts the lifelong attachment the woman has with her child and further separates the person from being a mother (Andrews, 2011). Some have argued that birthmother should be separated into two words while others believe that *birth* should be dropped altogether because it is unfair to predicate the relationship they have with their child solely on the action of birthing and reduce her role to the reproductive act (Andrews, 2011).

In 1979, Marietta Spencer, an adoptive mother and social worker, developed the model of adoption language known as Positive Adoption Language (PAL) that is commonly used in the present day. Giving credence to the emotional weight of words, Spencer urged adoption professionals and adoptive parents to take responsibility and choose positive vocabulary to honor each aspect of adoption. Johnston (2004) later refined the concept and named it Respectful Adoption Language (RAL).

Opponents of PAL/RAL have argued that the PAL/RAL terminology is an industry ploy to present adoption in the most pleasant light; thus, they instated their own set of vocabulary, entitled Honest Adoption Language (HAL) to reveal the pain of women who are separated from their child because of adoption (Wells, 1993; see Appendix A for PAL/RAL and HAL terminology; Lake, 2003). There is continued controversy about how to refer to the woman who gave life to a child and then relinquished her parental rights. The prevalent options are *birth mother*, *birthmother*, *biological mother*, *bio mother*, *first mother*, *natural mother*, and *real*

mother (Spencer, 1979). The Principal Investigator (PI) uses the term *birth mother*, as it is generally understood and accepted in society. Throughout the course of research, the PI avoids labels and is sensitive towards each woman's preference.

      Grief and loss. Birth mothers may not have received attention in research and practice for misconceived reasons. Some might deem birth mothers unworthy due to their misdeeds and self-inflicted or callous decision to relinquish, while others might believe that birth mothers are exempt from grief because they voluntarily placed their child for adoption (Aloi, 2009; Logan, 1996; March, 2014). The dominant cultural discourse about adoption is that birth mothers are bad, selfish, uncaring parents (Norwood & Baxter, 2011). However, some studies are beginning to reveal the reality of a birth mother's experience.

      Relinquishment is a significant, difficult, and stressful life event, often the most stressful loss a relinquishing mother will ever experience (Logan, 1996; Winkler & Van Keppel, 1984). Feelings of loss are physical, psychological, interpersonal, and existential (Askren & Bloom, 1999; Henney et al., 2007; Lancette & McClure, 1992; Winkler & Van Keppel, 1984). Physically, relinquishing mothers may feel like they lost a part of themselves. This may be a result of bonding occurring prenatally, but not postnatally; thus, the child does not feel like an individual separate from the mother. Physically, the child is alive, but his or her records and identity are lost because they have been changed. Psychologically, grief may occur in the form of guilt and shame. Relinquishing mothers may feel like they failed society, their family, themselves, and their child. They may feel guilty and ashamed for getting pregnant in the first place, disappointing family, and not being able to care for their child (Winkler & Van Keppel, 1984). Interpersonally, loss does not end with the adoption; rather, the adoption could birth more loss. It could sever ties and cause the loss of relationships with family and a significant other,

which could lead to the loss of home and security, which could result in a loss of self-identity (Deykin et al., 1984; Henney et al., 2007; Logan, 1996). Existentially, birth mothers grieve the loss of the dream of raising their child. They may fantasize about what could have been (Lancette & McClure, 1992).

Grief symptoms are also physical, psychological, interpersonal, and existential. Physical symptoms include crying, sleeplessness, and somatic complaints (Blanton & Deschner, 1990). Psychological symptoms include feelings of denial, sadness, anguish, worry, heartache, anxiety, depression, anger, regret, remorse, despair, isolation, uncertainty, guilt, self-blame, and shame (Blanton & Deschner, 1990; Henney et al., 2007; Logan, 1996; Wiley & Baden, 2005). Physical and psychological symptoms affect birth mothers' ability to trust and form relationships (Wells, 1993). Interpersonal symptoms include attachment problems with romantic partners and subsequent children (Wiley & Baden, 2005). Existential symptoms include recurring, traumatic dream about the child, wondering about the child's well-being, and losing faith and spirituality (Wiley & Baden, 2005).

Birth mothers' grief symptoms are not easily ameliorated. Grief is compounded by a profound sense of isolation, lack of support, and lack of opportunities to express feelings (Condon, 1986; De Simone, 1996). Women are discouraged from talking about this loss, and it is assumed that they can put this event behind them and move on. Inhibited and suppressed grief impede the process of grief resolution and often result in pathological grief, low self-esteem, low self-worth, and poor health (Condon, 1986; Logan, 1996; Winkler & Van Keppel, 1984). The lack of acceptable mourning rituals further inhibits the grief process (Aloi, 2009; Logan, 1996). Shaming from society leaves birth mothers with feelings of humiliation and despair, and the inability to grieve in a socially acceptable manner (March, 2014). Winkler and Van Keppel

(1984) identified factors contributing to birth mothers' sense of loss and powerlessness: lack of knowledge about the outcome of the adoption placement, lack of information about the growth and development of the child, and increasing hopes of reunification with the child.

As cited in Wiley and Baden (2005), social worker and birth mother Patricia Roles identified factors that block, delay, or prolong mourning:

(a) lack of acknowledgement of the loss by society, family, friends, and professionals; (b) lack of expression of intense feelings; (c) not having a mental image of the baby as a result of lack of information or not having seen the baby; (d) preoccupation with the fantasy of reunion in such a way as to avoid dealing with the loss; (e) preoccupation with searching for something to fill the gap, to avoid facing painful feelings; (f) belief that having a choice takes away the right to grieve; (g) self-depreciation and self-blame; (h) pressure from others to decide on adoption, which makes it difficult to take responsibility for making a decision; (i) lack of support; (j) numbing through abuse of alcohol or drugs; and (k) maintaining secrecy and not acknowledging the loss to oneself or others. (p. 28)

Though bereavement, grief, and mourning are often used interchangeably, March (2014) suggested differentiating among the concepts of bereavement, grief, and mourning, intimating that each embodies its own set of characteristics and distinctive emotional responses. As cited in DuBose (1997), DeSpelder and Strickland introduced bereavement as an act of sudden and immediate severance done unto us. Grief is the emotional response to bereavement in which the present seems to recede as the griever slips further and further into the past. The immediate reaction to grief is often bargaining in an attempt to reverse the loss. Mourning is the incorporation of the loss into one's ongoing life, the interaction of the feelings inside the body as

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it reacts to the political forces of the outside world, and the construction of a new self-identity in relation to the loss. Mourning is a social readjustment and a public expression of loss.

Researchers have studied how time plays a role in birth mothers' grief, particularly with birth mothers who have had some type of openness in their adoption. Cushman et al. (1993) found a positive correlation between number of times a birth mother saw and held her baby postbirth and birth mother's level of grief at 6 months postplacement. Similarly, a shorter interval between birth and the first time a birth mother held her baby was associated with higher levels of grief. The researchers indicated that this is a healthy response, and experiencing higher levels of grief may facilitate the grieving process and future well-being.

Blanton and Deschner (1990) sampled birth mothers who ranged 1 to 5 years postplacement and found that open adoptions resulted in increased grief symptoms. Christian et al. (1997) studied birth mothers 4 to 12 years postplacement and found that those with more open adoptions had better grief resolution than those in closed adoptions. Fravel et al. (2000) examined birth mothers 4 to 12 years postplacement and found that those with more open adoptions also experience the highest degree of psychological presence for the child. Henney et al. (2007) conducted a study with the same cohort of birth mothers 12 to 20 years postplacement and found that birth mothers still experience some amount of grief, although grief was dependent upon life events rather than adoption openness. Condon (1986) found that birth mothers report feelings of loss and dysfunctional relationships up to 30 years after relinquishment.

One factor that interacts with grief over time is milestones. Winkler and Van Keppel (1984) found that while some birth mothers report that their feelings of loss dissipate with time, assisted by events like marriage and the birth of subsequent children, some birth mothers report that their sense of loss intensifies with time. Birth mothers who report fluctuations find their

feelings of loss peak during special occasions or milestones (e.g., the child's birthday, holidays, and the start of school). Significant events after the relinquishment, both positive (e.g., the birth of a subsequent child) and negative (e.g., the death of a relative), can have a compounding effect and activate feelings of grief and loss from the relinquishment or trigger more severe mental health problems (Logan, 1996).

Significant events, like anniversaries, are commemorated with other types of loss. In this sense, the grief associated with relinquishment parallels with grief reactions to other loss experiences such as perinatal death or loss of a loved one (Winkler & Van Keppel, 1984). While losing a child to adoption can be comparable to losing a child through death (Askren & Bloom 1999), Blanton and Deschner (1990) found that birth mothers suffer more grief symptoms than women who have lost a child to death, including more denial, despair, anger, depersonalization, and disturbances in sleep, appetite, and vigor. Wells (1993) referred to relinquishment as a living death. Unlike an ordinary death, the mourned is living; consequently, thoughts of the child may increase rather than decrease over time. Birth mother grief is complex; it is personal and contextual. It evolves over the life span alongside dynamic factors such as life events and relationship with the child (Henney et al., 2007). Grief is chronic; because there is no concrete resolution, a birth mother's grief may remain constant or even intensify over her lifetime (Askren & Bloom, 1999; Condon, 1986; Henney et al., 2007; Winkler & Van Keppel, 1984).

As cited in Aloi (2009), Kubler-Ross's (1969) stages of grief provide a framework to understand the grief process. According to Kubler-Ross, a person must experience all stages (denial, anger, bargaining, depression, and acceptance) to truly heal. Research has highlighted some of the stages of grief. For example, Condon (1986) found that birth mothers feel anger and resentment towards the people and situations that she believes pressured her into relinquishing

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her child. Though relinquishment is construed as voluntary, birth mothers often feel constrained into adoption because of outside pressures such as finances, family, and society. Logan (1996) found that a dominant feeling emerging from grief is guilt, which accompanies bargaining. Birth mothers feel guilty for the relinquishment; they feel guilty for ruminating over it and allowing it to interrupt other relationships and events in their lives; and they feel guilty for blocking it out and trying to move forward with their lives. The psychological limbo is numbing and isolating (Logan, 1996).

While the Kubler-Ross model provides a helpful preliminary guide to birth mother grief, the grief from relinquishment is different from other types of grief due to the lack of validation and the nature of the loss, so the traditional model of grief does not suffice in understanding birth mother's grief (Aloi, 2009). Roles (1997) added the elements of numbness, confusion, and shock to the stage of denial. A birth mother may remain in denial throughout her pregnancy as a coping mechanism. Denial may resurface after placement when a birth mother tries to bury her grief in a flurry of activity. Roles expanded anger and depression to an eruption of feelings. The underlying feelings may be sadness, emptiness, fear, panic, anxiety, despair, guilt, shame, helplessness, hopelessness, and loneliness. Anger may be directed towards self, the birth father, family and friends' support of or lack of support for adoption, or adoptive parents. Roles suggested that as birth mothers move towards acceptance, they will always need to accommodate and live with uncertainty. Triggers like children's birthdays, baby showers, or inquiries about her future pregnancy plans serve as constant reminders of the birth mother's loss. Birth mothers will wonder about the child. The shame and guilt might cause a birth mother to doubt and question every future decision. The process of acceptance requires constant reevaluation and rebuilding as the birth mother comes to terms with her new identity. Disenfranchisement interferes with the

birth mother's ability to lean into the grief process, rendering grief resolution impossible (Aloi, 2009).

As marginalized and misunderstood members of society, a birth mother's grief can be regarded as a disenfranchised grief, which grief researcher Kenneth Doka (as cited in Aloi, 2009) introduced as "a grief not openly acknowledged, socially accepted or publicly mourned" (p. 27). The feeling of disenfranchisement amplified with the shaming or dismissiveness. Disenfranchisement begins from conception. There is no pregnancy announcement or celebration for a woman considering adoption (Aloi, 2009). At delivery, hospital personnel may not treat mothers who are relinquishing their child the same as other women who just gave birth. Birth mothers might be advised to pretend the adoption was a miscarriage, to forget about it, or to move on and get over it (Aloi, 2009; March, 2014). It is not possible to grieve the loss of a child who was never acknowledged (Aloi, 2009). Doka (as cited in Aloi, 2009) explained that disenfranchised grief occurs when the relationship between the griever and lost person is not recognized, when the loss is not socially validated, when the griever is considered incapable or unworthy of grieving, and when the griever is discouraged from seeking support. Furthermore, a birth mother's individual style of grieving, whether her expressions are physical, cognitive, or behavioral, may be a source of society's disenfranchisement.

According to Doka (as cited in Aloi, 2009), disenfranchised grief is a vicious cycle because the nature of disenfranchised grief causes grief symptoms to intensify. Those who experience disenfranchised grief often have difficulty coping with subsequent losses, resulting in further disenfranchisement and inability to resolve grief (Aloi, 2009). Disenfranchised grief for birth mothers may manifest as low self-esteem, psychosomatic illnesses, relationship problems,

depression, self-destructive tendencies, over- or under-achieving, obsessive-compulsive

disorders, panic disorders, and substance abuse (Aloi, 2009; De Simone, 1996).

Mental health. The process of the struggle can last for many years, and time is not

necessarily a curative factor (Condon, 1986). The impact of relinquishing a child for adoption

can be enduringly adverse, and the long-lasting sense of loss can result in problems with

psychological adjustment. Furthermore, the stress of relinquishment may be compounded by

multiple stressors (e.g., relationships, finances, housing, sexual abuse, and parenting other

children). The superimposition of multiple stressors results in poorer adjustment and causes the

susceptibility to long-term mental health consequences (Condon, 1986; Logan, 1996; March,

2014; Winkler & Van Keppel, 1984).

The most predominant manifestation of grief is depression (Condon, 1986). Depression

often arises out of feelings of guilt, loss, and unresolved grief. The severity of depression ranges.

Some women regard depression as an understandable reaction to their significant life stressor.

Others acknowledge that there may have been the presence of or vulnerability towards mental

health issues prior to the adoption. However, some women believe that the onset of their

depression was linked to the relinquishment. Some birth mothers describe their depression as

debilitating, resulting in suicidal ideations and requiring psychiatric treatment (Logan, 1996).

Birth mothers may experience a myriad of other mental health issues, such as anxiety or

panic disorder, alcohol or substance abuse, self-destructive behavior, obsessive-compulsive

disorders, and posttraumatic stress disorder (Aloi, 2009; Condon, 1986; De Simone, 1996; Wells,

1993). However, March (2014) cautioned that the literature is limited and cannot provide an

accurate representation of all birth mothers. Sample sizes are small and demonstrate sampling

bias; participants are often those who are seeking support; data analysis is based on retrospective,

subjective self-reports; there are few systematic, standardized measures of psychological adjustment for assessing birth mother grief; concepts such as grief and anxiety are not well operationalized; birth mothers' mental health problems may be overestimated because of the impact of other life crises (e.g., divorce, parenting struggles, or death of a loved one; March, 2014).

Coping. According to Wiley and Baden (2005), birth mother adjustment is contingent upon her coping skills, support system, and involvement in planning the adoption (i.e., choosing and meeting the adoptive parents). Unfortunately, there are many obstacles that impede healthy coping, many of which grow out of lack of support from professionals, family, friends, and society. For example, women who seek professional help for their distress and mental health problems commonly are dissatisfied with the services due to perceived lack of understanding (Logan, 1996).

Grieving relinquishment is an isolating experience (Winkler & Van Keppel, 1984). Many women lack social support, but even those with family and friends surrounding them may not receive the support they need. Well-intentioned but misguided responses to a birth mother's grief may intensify the grief. The relinquishing mother's perceived degree of social support can facilitate the grieving process. Having a support system within which birth mothers can communicate openly and honestly helps birth mothers cope with grief (Wiley & Baden, 2005). Positive support is characterized by acknowledgement of the birth mother's feelings, encouragement of open expression of feelings, caring and empathy, and material assistance. Furthermore, continued social support, not just initial support after relinquishment, is crucial in facilitating adjustment because feelings of loss persist as the child grows (Winkler & Van Keppel, 1984). The availability of opportunities to openly express feelings both immediately

after the relinquishment as well as later contributes positively to birth mother adjustment. Having opportunities to share initial feelings and new feelings that later emerge with the passage of time is often an unmet need (Logan, 1996; Winkler & Van Keppel, 1984).

For some birth mothers, positive life events like marriage and subsequent children can mitigate feelings of grief. Having a family has a grounding effect and helps give perspective (Henney et al., 2007). Similarly, De Simone (1996) found that lower levels of grief were associated with high satisfaction with current marriage, personal achievements, and gaining information about the child after placement.

Due to society's disenfranchisement of the birth mother's loss, Aloi (2009) suggested that the first step towards healing is acknowledging and validating the loss in order to work through the grief process. Lenhardt (1997) offered suggestions for activities and rituals that help process through grief, including drawing, tape recording, letters, poems, creating memories, and support groups. Further validation of the loss includes gaining information about the child. Winkler and Van Keppel (1984) suggested that grief may be alleviated if the birth mother were given information about the outcome of placement and the well-being of the child.

Reunion

Because open adoption is a relatively new phenomenon, the majority of birth parents research is based on closed adoption (Wiley & Baden, 2005). However, with the retroactive release of closed adoption records, more and more adoptees and birth parents have sought reunions (Carp, 2007). At the core of reunion and open adoption is the ability to fill the hole that was left from relinquishment; thus, a brief look at reunions may be informative when considering open adoption.

Reunions are often initiated by the adoptee or the birth mother (Campbell, Silverman, & Patti, 1991; P. R. Silverman, Campbell, Patti, & Style, 1988). Adoptees' motivations to search for birth mothers vary from curiosity to gaining medical information to being able to develop a sense of self and identity (Campbell et al., 1991; Wrobel et al., 1996). Muller, Gibbs, and Ariely (2003) found that most adult adoptees who contact their birth mothers have positive experiences and are able to establish satisfactory relationships with their birth mothers. Those who are dissatisfied with the contact experience cite reasons such as birth mother's lack of interest, discrepancies in lifestyle and values, and secrecy.

In contrast to adoptees' motivations, guilt, accompanied by overwhelming anxiety, drives birth mothers' need to search. Not knowing about the well-being of their child leaves their minds at great unrest (Logan, 1996). In loss through adoption, the need to search is not irrational behavior. There is no completeness or finality, as there is with loss through death, which compels birth parents to search (Roles, 1997). The knowledge that the lost child still lives causes birth mothers to fantasize about the possibility of reunion (March, 2014). The search may take the form of scanning faces in a crowd, looking for children who resemble the child, or seeking the relinquished child. Searching is a way of validating the loss (Roles, 1997). Knowledge of their child's well-being can ease birth mothers' sense of loss (Winkler & Van Keppel, 1984).

Birth mothers who successfully achieve contact after searching and learn of the child's positive outcome are able to work towards resolving their grief and loss; however, learning that their child had a difficult life may lead to increased guilt and mental health problems for birth mothers (Logan, 1996). March (2014) found that early stages of reunion are the most emotionally volatile because the birth mother must reprocess old and new emotions of grief. Reuniting with their adult child shatters their dream of reconnecting with their baby. In the

realization of reality, birth mothers need to simultaneously reconcile feelings of loss of the baby they placed, the image that had sustained them for years, while trying to accept the adult before them, an adult who is virtually a stranger and who has already developed a distinct adoptive identity. Consequently, birth mothers must work through a different grief process, suppressing their feelings of motherhood and accepting the role assigned to them by their adopted adult child (March, 2014). It is difficult to establish clear, mutual expectations and boundaries after a reunion. Out of fear of losing the relationship, birth mothers might reluctantly accept the role of *friend* after a reunion. This resolution results in an underlying sense of sorrow for the birth mother who desires a mother–child relationship (March, 2014).

In a research series studying the effects of reunion upon adoptive parents, adoptees, and birth parents, the overall findings were split for adoptive parents but positive for adoptees and birth parents. Adoptive parents of reunited children and birth mothers were divided about reunion. Some adoptive parents were supportive and open for the opportunity for new relationships while others felt threatened or betrayed (P. R. Silverman, Campbell, & Patti, 1994). Reunited adult adoptees reported satisfaction with the reunion outcome, increased self-esteem, and improved marital relationships (Campbell et al., 1991). Reunited birth mothers reported that contact had a positive impact on their lives, regardless of whether or not they initiated the search. In reuniting, birth mothers had a sense of peace knowing that their child is well and being able to tell the child that he or she is loved. Reunion also had a rejuvenation effect, freeing birth mothers from whatever hindered her personal, relational, and professional goals. Contact appears to have an emotionally healing effect for birth mothers (P. R. Silverman et al., 1988).

There are risks for loss but also potential for great gains in reunions. There may be initial feelings of disconnect as birth mothers grapple with the loss of their dreams and fantasies of

reuniting with the baby they placed; but in accepting the loss, they can gain peace and potentially a relationship with their adult child (March, 2014). Open adoption allows for the possibility of the advantages of reunions without the years of loss.

Open Adoption

Open adoption exists on a continuum (McRoy & Grotevant, 1988). Researchers who study open adoption have operationalized the term in different ways. More conservative definitions of open adoption typically include any information-sharing or contact pre- or postplacement. Blanton and Deschner (1990) defined open adoption as birth mothers meeting adoptive parents at placement. Cushman et al. (1997) defined open adoption as birth mothers choosing the adoptive parents or birth mothers having contact with the adoptive parents before placement. Berry (1993) referred to open adoption as preplacement information-sharing and contact between birth and adoptive parents, as well as continued sharing and contact postplacement.

More current and widely accepted conceptualizations of open adoption often focus on postplacement contact. Grotevant, McRoy, Elde, and Fravel (1994) described openness on a continuum: confidential (minimal, nonidentifying information is shared; no postplacement communication), mediated (ongoing exchange of nonidentifying information through an attorney or agency), and fully disclosed/open (ongoing, direct communication between birth and adoptive families). Henny, Ayers-Lopez, et al. (2007) expanded upon Grotevant et al.'s framework and distinguished openness levels on four levels: confidential (no information is shared among triad members beyond 6 months postplacement), mediated stopped (contact was arranged through the agency and occurred beyond 6 months postplacement; contact has stopped for at least 1 year past the point when it normally should have occurred), mediated ongoing (reciprocal or one-way

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contact is occurring through the agency), and fully disclosed (parties have shared identifying information and/or have ongoing contact with each other directly without agency mediation).

Wrobel et al. (1996) simplified the continuum into two broad categories: open (fully disclosed; direct, ongoing contact between birth mother and adoptive family) and semi-open (mediated; nonidentifying information is communicated through a third party). Meanwhile, Siegel (2003) used open adoption as an all-encompassing term to include any type of information-sharing and contact before or after placement because openness is fluid and evolves over time in the degree, mode, and frequency of contact. This usage also captures direct contact or contact through an intermediary, one- or two-way contact, involvement of one or more members of the birth family, and child involvement in contact. Siegel suggested considering openness in terms of four dimensions—type, frequency, timing, and participants—with each dimension measured on a continuum and moving the continuums alongside time.

Open adoption can have psychological and emotional benefits for all parties (Baran & Pannor, 1993). Having a relationship with the birth mother may alleviate adoptive parents from irrational fears and solidify an open, honest relationship with their child. Knowledge of the circumstances that led to adoption may help the adoptee cope with feelings of loss and rejection. Having information about the child's well-being may help the birth mother cope with feelings of grief, loss, and guilt, and thereby help the birth mother lead a satisfying, productive life (Baran, Pannor, et al., 1976). However, open adoption is not a universal panacea that is suitable for all adoptees, adoptive parents, or birth parents (Baran, Pannor, et al., 1976). Furthermore, there is not one type of openness that is best. The right amount of openness may change over time, depending on each individual's life stage, situation, coping strategies, stresses, and other needs (Henney et al., 2007).

Grotevant et al. (1994) found that adoptive and birth parents' mutual negotiation about contact yielded satisfaction with contact. Siegel (2003) suggested a collaborative approach with both adoptive and birth parents in coconstructing a postplacement agreement, taking into consideration each party's individualized needs and desires, while making space for revisiting and renegotiating as people and circumstances change over time. This approach fosters creativity, resourcefulness, and empowerment. It also allows each party to take ownership of the plan while preparing them for the reality that relationships change over time.

Given the years of adoption secrecy and stigma, open adoption is a controversial subject. Those who support confidentiality have asserted that confidential arrangements help all parties achieve closure and move on with their lives; meanwhile, those who have supported openness claim that sharing information reduces uncertainty, questions, and doubts about the well-being of all parties (Fravel et al., 2000). The following section examines the advantages and disadvantages of open adoption for each member of the adoption triad.

Adoptive parents.

Advantages. Regarding open adoption, adoptive parents are often the most resistant member of the adoption triad due to insecurities and fear of the unknown (Miall & March, 2005; Siegel, 2003; P. R. Silverman et al., 1994). However, research has shown that adoptive parents who participate in open adoption are satisfied with the arrangement. Looking at the short-term effects of open adoption, Ge et al. (2008) assessed a sample of matched birth and adoptive parents with birth parents at 6 months postplacement and adoptive parents at 9 months postplacement. The researchers found that the degree of openness was positively correlated with satisfaction with the adoption process for both parties.

To examine how satisfaction with open adoption changes over time, Siegel (2003) conducted a 7-year follow-up study with a group of adoptive parents who were first interviewed 2 years postplacement. She found that adoptive parents' initial fears and skepticism were replaced with enthusiasm after experiencing openness. In fact, any changes in participants' feelings towards open adoption over the 5-year span were in a positive direction. Adoptive parents expressed their desire to have learned about open adoption or chosen a more open adoption from the beginning. Adoptive parents with open adoptions find themselves wanting more contact with the birth parents. Similarly, McRoy and Grotevant (1988) found that the more open the relationship, the more comfortable the adoptive parents felt with the openness.

Beyond mere satisfaction, research has shown that there are tangible benefits for adoptive parents in open adoption, such as increased empathy. Contact fosters adoptive parents' empathy towards birth mother and promotes continued contact (Belbas, 1987). Compared with parents in confidential adoptions, adoptive parents with more openness exhibited higher levels of empathy towards birth parents and their child (Grotevant et al., 1994). In Norwood and Baxter's (2011) study, most adoptive parents voiced their preference for ongoing contact with the birth mother while remaining open to the birth mother's desires and ultimately deferring to the best interests of the child.

Contrary to initial fears of open adoption undermining their role as parents, open adoption provides adoptive parents with increased reassurance and security. Compared with parents in confidential adoptions, adoptive parents with open adoption arrangements demonstrated more confidence in the permanency of the relationship with their child, as well as less fear that the birth mother might try to reclaim the child (Grotevant et al., 1994; Miall & March, 2005). Belbas (1987) found that compared with adoptive parents whose contact with

birth parents were only through letters, adoptive parents who had more frequent and direct

contact with birth parents were less worried about their role and status as parents. Though some

adoptive parents initially felt pressured to have a more open relationship (fearing that their

chances for adopting would be jeopardized), they became more comfortable through continued

contact and the establishment of positive relationships with their child's birth parents.

Open adoption also allows adoptive parents to have access to information that affects

their child, such as the birth family's medical and mental health history, cultural background, and

reasons for adoption (Campbell et al., 1991; Miall & March, 2005). Armed with this information,

adoptive parents can parent more confidently when making decisions and can feel assured that

birth parents chose them specifically to parent their child (Siegel, 2003). Furthermore, being able

to provide their child with information about his or her history is invaluable for the child and for

the (adoptive) parent–child relationship; it allows the adoptive parents to be the facilitators of

their child's understanding of adoption (Baran & Pannor; 1993; Wrobel et al., 1996).

Disadvantages. Conventional wisdom suggests that open adoption might prevent the

child from developing a secure attachment to the adoptive parents. The presence of birth mothers

may cause adoptive parents to feel less in control and less secure in their parental role (Kraft et

al., 1985). Adoptive parents may feel threatened by birth mothers and fear birth mother

interference in raising the child (Miall & March, 2005). Fear is an inhibitor of open adoption, but

preparation can mollify fear. Preparation can be in the form of planning or having a

preplacement meeting. Berry (1993) found that adoptive parents are cautiously comfortable with

openness if the level of openness is consistent with what they initially planned. Uncertainty and

discomfort rise when postplacement contact does not match what they anticipated. Berry also

found that adoptive parents' comfort level with postplacement contact is low when birth parents

have negative characteristics, such as a history of abuse; however, meeting with birth parents prior to placement yields higher levels of comfort for postplacement contact.

Adoptive parents may fear the possibility of complications and challenges that come with contact (Miall & March, 2005). A complication arises for parents of multiple adoptees: Parents who adopted more than one child will need to decide if information needs to be withheld from adoptees when adopted siblings have different levels of openness with their respective birth mothers (Wrobel et al., 1996). Adoptive parents are concerned about protecting their children from being hurt (P. R. Silverman et al., 1994).

Addressing the challenges that might accompany contact, the adoptive parents in McRoy and Grotevant's (1988) study acknowledged that open adoptions require time and energy, but they ultimately believed that openness is in the best interest of the child. Siegel (2003) likened the relationship between adoptive and birth parents to other relationships that require work and perseverance, such as marital relationships and parent–child relationships. She encouraged adoptive parents to reconceptualize openness as an opportunity to embrace the extended family system in a dynamic way out of love for their child.

Adoptees.

Advantages. Open adoption proponents believe that adoptees have the right to information about their history and story. Knowledge of their personal history can provide a greater sense of self-esteem. Having pictures and letters from the birth mother can help adoptees have a better understanding of the circumstances that led to adoption, and adoptees are less likely to feel rejection and abandonment (Baran & Pannor, 1993; Wrobel et al., 1996). According to the social worker and scholar Alan Keith-Lucas (as cited in Harris & Harris, 2011), children need to

deal with their reality, even when it is painful. Furthermore, children need to identify with something positive about their origin in order to see something positive about themselves.

Wrobel et al. (1996) found that adoptees have a desire to meet their birth parents. Adoptees are most curious about what their birth parents look like. Additionally, they are interested in information about birth siblings, as well as birth parents' health, well-being, and life situation. The researchers found that children over 8 years old have more curiosity about their birth parents than younger children, and that those with fully disclosed adoptions were more satisfied with their level of openness than children with less openness. As children approach adolescence, information about their birth parents can satisfy their curiosity and contribute to their developing sense of identity. The more information adoptees receive, the better understanding they have of adoption.

Disadvantages. Opponents of open adoption are concerned that the child may not be able to develop a secure attachment to the adoptive parents with the interference of contact with the birth mother (Kraft et al., 1985). A young child is not ready to cognitively process and understand adoption, which might cause misunderstandings and fears about adoptive permanence (Kraft et al., 1985). Furthermore, adopted siblings may have different levels of openness with their respective birth mothers, which may breed confusion, hurt, and dissatisfaction (Wrobel et al., 1996).

Birth mothers. A salient feature of open adoption for birth mothers is the need to constantly wrestle with boundary ambiguity. Fravel et al. (2000) explored the concept of boundary ambiguity, which occurs when there is an incongruence between physical and psychological presence. Physical presence is a person's literal presence in the family. Psychological presence is a person's symbolic presence that affects the thoughts, emotions,

behavior, identity, or unity of the other family members; in other words, psychological presence refers to a person remaining *in the heart* or *on the mind* of family members. An example of when boundary ambiguity might occur is when a family member has Alzheimer's disease, which results with the person being physically present but psychologically absent. As cited in Fravel et al., boundary ambiguity for which a family member is psychologically present but physically absent has been studied in military families (Boss, 1977), families of business executives who often travel for work (Boss, McCubbin, & Lester, 1979), families from which an adolescent has left for adult pursuits (Boss, Pearce-McCall, & Greenberg, 1987), widows (Blackburn, Greenberg, & Boss, 1987), and families of missing children (Fravel & Boss, 1992). In adoption, the child leaves one family and joins another. Though physically absent, the child's psychological presence may remain with the birth mother. Depending on the openness arrangement, physical presence may vacillate.

   Advantages. Research has focused on open adoption as it pertains to birth mothers' grief resolution. Cushman et al. (1997) found that having visitations with the child and adoptive family was correlated with lower levels of grief, regret, and worry, and increased feelings of relief and peace for the birth mother. Christian et al. (1997) found that birth mothers who have ongoing contact have better grief adjustment, and birth mothers in fully disclosed adoptions had significantly better grief resolution compared with those in confidential adoptions. Baran, Pannor, et al. (1976) found that a greater certainty of the child's well-being can decrease birth mothers' feelings of pain and loss and contribute to decreased destructive behavior and increased emotional well-being. Henney et al. (2007) found that birth mothers are able to use open adoption as a way to process their grief. Having an ongoing relationship gave birth mothers a

sense of peace, assurance, and fulfillment. Some birth mothers described open adoption as regaining a part of themselves.

Open adoption facilitates birth mothers' overall adjustment. Ge et al. (2008) found that openness is positively correlated with postplacement adjustment for birth mothers through birth mothers' self-report as well as interviewers' report of their impression of birth mothers' adjustment. Adjustment was measured by the extent to which the adoption affected her quality of romantic relationship, financial well-being, physical health, mental and emotional health, friendships, relationship with partner, satisfaction with life, satisfaction with physical appearance, relationship with parents, sense of control over her life, and ability to plan for her future. Having information about the well-being of the child can provide confirmation and relief to the birth mother that she made the right decision, as well as give her a sense of pride and ownership regarding the adoption plan (Lancette & McClure, 1992).

The challenge of maintaining a relationship is negotiating boundary ambiguity. Fravel et al. (2000) found that birth mothers regularly experience the child's psychological presence, and the feeling is heightened during significant events or milestones. Psychological presence can cause both pain and joy. The greater the openness, the more positive is the experience of psychological presence. Interestingly, Fravel et al. did not find markedly negative experiences of psychological presence on any level of openness. The authors contended that the feeling of psychological presence is a healthy, adaptive response to adoption, and that birth mothers can manage feelings of psychological presence constructively.

Open adoption requires the birth mother to take an active role in the child's well-being. In maintaining contact, the birth mother must be accountable for her actions. Her continued cards, gifts, letters, photographs, phone calls, and visits demonstrate her love and care for the child,

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thus contributing to the child's sense of security and confidence, which in turn, gives the birth

mother a sense of purpose and allows her to take ownership of her decision to place (Baran &

Pannor, 1993).

Disadvantages. Open adoption confounds the birth mother's role, thus hindering her

from grieving adequately because of her inability to relinquish the child emotionally (Kraft et al.,

1985). Fravel et al. (2000) framed the perplexity of roles: Does the birth mother have no role, a

nominal role that is unrecognized by society, or an ambiguous role of "*a* parent but not *the*

parent" (Fravel et al., 2000, p. 431). For all levels of openness, the concept of role is complex;

however, birth mothers with ongoing contact with the child must confront and address this issue

continually. Fravel et al. found that birth mothers with time-limited-mediated adoptions struggle

with role issues more so than birth mothers with ongoing communication. The authors surmised

that the reason is because in ongoing communication, the birth mother processes her role

steadily, while in time-limited-mediated communication, the birth mother's process is

interrupted, and she must reprocess her role and adapt to the new situation when there is no

longer mediation as a buffer or when communication decreases. Thus, the concept of role is

more pronounced for the birth mother when communication changes.

Open adoption complicates the ability to psychologically and cognitively let go of the

child, opening the door for birth mothers to create fantasies about parenting the child (Kraft et

al., 1985). Birth mothers are particularly susceptible during a significant event or after a

visitation. For some birth mothers, receiving information, particularly on special occasions like

the child's birthday, causes renewed feelings of grief ranging from rational sadness to intense

emotional reactions (Henney et al., 2007). Sadness or depression may follow a visit or the

reception of information, which leads to wondering and fantasizing what life would be like if

they had chosen to parent. Each meeting or update can cause feelings of loss to linger (Henney et al., 2007).

In a small study, Blanton and Deschner (1990) found that birth mothers who met the adoptive parents at placement have a more difficult time adjusting than mothers who lost their children to death. This grief reaction is comparable to that of divorced women and widows; divorced women have a harder time letting go than widows. Death's finality seems to liberate the person from ruminations and self-incriminations that prolong grief. Compared to birth mothers who met the adoptive parents at placement, Blanton and Deschner found that birth mothers who had not met the adoptive parents experience a lesser degree of grief.

While it is important to consider the disadvantages of open adoption, Wiley and Baden (2005) cautioned the interpretation of research results. Sampling bias is present in many research studies because participants are often searching for treatment or help; thus, the literature often has examined birth mothers who struggle with relinquishment and placement. Limitations in previous research on open adoption include using different definitions of open adoption, sampling different types of adoption (e.g., infant adoption, transracial adoption, adoption from foster care, and special needs adoption), and focusing on different conceptual questions from different perspectives (e.g., social workers' attitudes towards open adoption, adoptees' feelings about open adoption, adoptive parents' reactions to open adoption, etc.). Furthermore, research using nonstandardized instruments is unsound, but research using standardized measurements fails to capture the details and essence of open adoption. Siegel (2003) urged researchers to take different approaches, conducting studies with different kinds of samples and asking different types of questions about open adoption, in order to compile information from different angles and perspectives to reach critical mass of research-based data.

As marginalized and disenfranchised members of society, birth mothers have received little attention in the literature. However, despite not parenting the child, birth mothers play an integral role in the adoptee's development. Within the context of relationship systems, it would be impossible to maintain the holistic best interests of the child without considering the birth mother. Due to the prominence of unresolved grief, much of the research on birth mothers has been pathology-oriented (Zamostny et al., 2003). There is a lack of research that uses strengths-based approaches to examine birth mothers who demonstrate resilience and positive adjustment. Birth mothers are not a homogenous population, and openness is not one-dimensional. Each birth mother has a unique story, interwoven with complexities of individual circumstances. Thus, a qualitative study is the best approach to avoid overgeneralizing while honoring the birth mother's journey, illuminating their experiences, and gaining a deeper understanding of the effects of openness.

Rationale for the Study

Secrecy policies and social stigma had prevented birth mothers from connecting with their child (Kuhns, 1994; B. S. Silverman, 2001). Though relinquishing their child is a significant, difficult, and stressful life event, birth mothers were forced to suppress their feelings of loss (Condon, 1986; Logan, 1996; Winkler & Van Keppel, 1984). Research has shown that birth mothers suffer from unresolved grief that manifests as physical, psychological, emotional, and interpersonal problems (Aloi, 2009; Henney et al., 2007; Wells, 1993; Winkler & Van Keppel, 1984). Some of these problems are attributed to the uncertainty and doubt that arise from the inability to communicate with their child or gain knowledge of their child's well-being (Baran et al., 1976).

Beginning in the 1970s, birth mothers began to break their silence and voice their desire for contact with and information about their child (Kuhns, 1994; Sokoloff, 1993). Over the next few decades, birth mothers became more active participants in their adoption plan and requested for greater openness (Berry, 1993; Henney et al., 2003). Open adoption has caused much controversy. Proponents of confidentiality believe that confidentiality is necessary for positive adjustment and closure for all parties (Blanton & Deschner, 1990; Kraft et al., 1985; Miall & March, 2005). Proponents of openness contend that openness provides psychological and emotional benefits for all parties (Baran & Pannor, 1993; Baran, Pannor, et al., 1976; Fravel et al., 2000). Research has focused on the advantages and disadvantages of various types of open adoption for each member of the adoption triad; however, there is little research on understanding the lived experience of birth who choose and maintain open adoption. Because previous research is often pathology-oriented, it would be beneficial to study positive open adoption experiences, utilizing a strengths-based approach to examine how birth mothers exhibit resilience and positive adjustment to adoption stresses through open adoption.

CHAPTER II

RESEARCH METHODS

Research Questions

In accordance with phenomenological studies, the research questions explore the phenomenon, experience, and process of open adoption for birth mothers. The primary research question is: What are the lived experiences of birth mothers who choose open adoption? Secondary questions include the following: How has open adoption shaped birth mothers' lives after placement? With the open adoption experience, how do birth mothers' feelings about their lives, their child's life, and placement evolve over time?

Rationale for Research Approach

Methodology

Open adoption for birth mothers is a phenomenon that requires an exploratory, holistic approach because it examines process and experience. Because birth mothers' experience of open adoption is not directly observable or easily definable, it is well-suited for qualitative research. A qualitative approach allows for exploration through language and narrative as opposed to experimental or quantitative measurements. Additionally, this study requires purposeful sampling, selecting specific participants that can reveal detailed, insightful experience of open adoption.

The purpose of this phenomenological study is to illuminate the phenomenon of open adoption, identifying how it is experienced from the perspective of birth mothers who placed

their infant for adoption 5 to 10 years prior to the study. Capturing rich details of birth mothers' lived experiences through interviews would contribute to a deeper understanding, clarification, and description of the experience of open adoption. Phenomenology serves to present a concept from a new perspective, contextualizing biases and preconceptions through bracketing and reflexive processing. The phenomenological approach to inquiry encapsulates individual experiences of the phenomenon and reveals the essence of the composite descriptions (Creswell, 2013).

This phenomenological study followed these procedural steps for research design:

1. Identify participants (birth mothers) who placed their infant for adoption 5 to 10 years prior to the study and who have ongoing communication with the adoptive family/adoptee through letters, photographs, and annual visits.

2. Use a screening tool to determine eligibility for research participation (see Appendix B).

3. Select 10 to 12 participants.

4. Collect data through individual, semistructured interviews.

5. Analyze data through epoche, reduction, bracketing, and reflexive processing.

6. Maximize data trustworthiness through peer debriefing, simultaneous data collection and analysis, creating thick descriptions, member checking, and maintaining an audit trail.

7. Code data and emerging themes through horizontalization. Develop clusters of meaning.

8. Provide textural description through significant statements and themes. Provide structural description about the context and setting. Incorporate the researcher's own experiences and context.

9. Write the composite description to present the essence of the phenomenon.

Definition of Terms

Adoption: Adoption is the permanent, legally binding process through which a child becomes a member of a new family. The biological parents' rights are terminated and the adoptive parents assume all parental rights, responsibilities, and obligations. Though it is a legal term, adoption is also a social and emotional process (CWIG, n.d.a; National Adoption Center [NAC], n.d.).

Adoption triad: The adoption triad is the three parties involved in the adoption: birth parents, adoptive parents, and adoptee. The adoption triad may be referred to as the *triad*, the *adoption triangle*, the *adoption circle*, or the *adoption constellation* (CWIG, n.d.a).

Agency adoption: Agency adoptions are facilitated by agencies. These adoptions may involve encouraging expectant parents to choose a prospective family for the child or matching expectant parents with prospective families. Some agencies provide pre- and postplacement counseling, education, and preparation services to birth families, adoptive families, and/or adoptees (CWIG, n.d.a; NAC, n.d.).

Closed adoption: There is no contact between birth and adoptive families in a closed adoption. Only nonidentifying information about the birth family (e.g., background and medical information) is shared with the adoptive family. Closed adoptions are also known as confidential adoptions or traditional adoptions (CWIG, n.d.a; Grotevant et al., 1994; NAC, n.d.).

Expectant mother: Prior to relinquishment, a birth mother should be called an expectant mother. An expectant mother is a pregnant woman. She may be considering adoption, but she may still choose to parent. She only becomes a birth mother if she gives birth and chooses adoption (Johnston, 2004).

Independent adoption: An independent adoption is arranged through an attorney rather than an adoption agency. Prospective families may independently identify expectant parents or vice versa. These adoptions often do not include counseling for birth parents or preparation for adoptive parents. Independent adoptions are also known as private adoptions (NAC, n.d.).

Open adoption: In open adoption, identifying information is shared and there is ongoing, direct communication between birth and adoptive families. Communication may include, but is not limited to, phone calls, emails, texts, letters, photographs, and visits. Open adoptions are also known as fully disclosed adoptions (CWIG, n.d.a; Grotevant et al., 1994; Henney et al., 2007; Wrobel et al., 1994). For the purposes of the current study, the chief identifying factor of open adoption is annual visits.

Openness: Openness refers to the degree, frequency, and manner to which there is contact and information-sharing between birth and adoptive families over time. Openness is on a spectrum, but is generally categorized into three types: closed adoption, semi-open adoption, and open adoption. Birth and adoptive families may sign an openness contract, but it is not a legally binding agreement. The following descriptions are broad definitions, as there is no definitional consensus on openness. Furthermore, openness is an individualized, dynamic, and fluid concept (Grotevant et al., 1994; McRoy & Grotevant, 1988; Wrobel et al., 1996).

Relinquishment: Relinquishment is the voluntary release or surrender of parental rights. Relinquishment is a legally binding, irrevocable procedure that involves the signing of legal documents and court action that results in the termination of parental rights (NAC, n.d.).

Semi-open adoption: Communication and information exchange (typically letters and photographs) occur indirectly, facilitated through an intermediary such as an agency or attorney. The expectant parents and prospective adoptive parents may meet preplacement or at placement, but no identifying information (e.g., last names and addresses) is shared. Semi-open adoptions are also known as mediated adoptions (CWIG, n.d.a; Grotevant et al., 1994; NAC, n.d.; Wrobel et al., 1996).

Role of the Researcher

The Principal Investigator (PI) has a master's degree in marriage and family therapy and mental health counseling and works at an adoption agency. While at the adoption agency, she has worked with adoptive parents in the domestic infant program, journeying with them through their adoption. She has also led grief and loss psychoeducational and support groups for expectant mothers and birth mothers. Currently, she conducts home studies for prospective adoptive couples to assess their readiness and appropriateness for adoption.

The PI was drawn to the phenomenon of open adoption because, in her experience, an increasing number of expectant mothers are requesting open adoptions, specifically annual visits. Having had extensive interactions with both adoptive parents and birth mothers, the PI has a positive perspective on open adoption. However, many adoptive parents initially regard annual visits with hesitation or resistance. Their reasons range from logistics (e.g., coordinating schedules to meet, taking time off work, and buying plane tickets) to fears (e.g., the birth mother will want the child back; the adoptive parents' roles as parents will be undermined; the child will

be exposed to non-age-appropriate information, such as drug use or criminal history; and visits will be confusing and disruptive to the child's development). Whether adoptive parents view annual visits as oppressively onerous or psychologically harmful, annual visits seem to be a limiting factor, preventing the possibility of an otherwise fitting match between adoptive parents and expectant mother.

Because of the disparity between expectant mothers' desires and adoptive parents' openness, the adoption agency provides online trainings on open adoption for adoptive parents. Additionally, the adoption agency invites birth mothers to share their stories and answer questions at orientation for adoptive parents. (Orientation is a mandatory, full-day, informational meeting that provides an overview of the adoption process for prospective adoptive parents.) Though these birth mothers do not necessarily have open adoptions, they are able to provide additional insight about who birth mothers are. In reviewing feedback about orientation, the most highly rated segment is consistently the birth mother panel. During home study interviews, prospective adoptive couples often profess that hearing the birth mothers share at orientation solidified their decision to adopt. To the PI, it appears that being able to see and hear a real-life birth mother dispels fears and fosters empathy within adoptive parents. Adoptive parents are often delightfully surprised that birth mothers are exceptional individuals. Whether adoptive parents are awed by a birth mother's gregarious personality, unique talents, remarkable achievements, inspiring aspirations, or simply her courage in choosing adoption, their perceptions on birth mothers become more positive after hearing birth mothers' stories.

Birth mothers' personal stories seem pivotal in changing adoptive parents' views towards open adoption. The more adoptive parents get to know birth mothers, the more adoptive parents understand the value of visits. Based on that premise, the PI approached this study with the hope

of being able to share birth mothers' experiences of open adoption to provide empirical evidence, beyond anecdotal accounts, of the positive impact of open adoption. This research can become educational material for prospective adoptive parents in their process of deciding on openness. In addition to the PI's interests as a researcher and a worker in the field of adoption, she is also a student invested in using the results of this study to complete her doctoral dissertation.

In qualitative research, the PI is the instrument of research. Rather than attempting to claim objectivity, qualitative research acknowledges the intrinsic, inseparable connection between the researcher and the research. Therefore, it is vital for the PI to undergo a continual process of self-examination and reflection. The process of self-reflection is known as researcher reflexivity, and it is the hallmark of qualitative research. Understanding that the PI's background, beliefs, values, and experiences shape the research, it is crucial to practice reflexivity. Identifying and acknowledging assumptions raises the PI's consciousness to preconceived biases and sensitizes the PI to her subjectivities. Awareness, transparency, and the incorporation of the PI's own experiences can deepen insight and provide a richer understanding of a complex phenomenon (Hays & Singh, 2012).

The interview is a process of interactive, coconstructive meaning-making; the PI and participants are jointly involved in producing knowledge. In the PI's interactions with participants, it is important to consider the effects of cultural similarities and differences, such as race, ethnicity, gender, age, educational background, socioeconomic status, religious beliefs, family of origin, marital status, parental status, etc. There may be ostensible similarities or conspicuous differences that lead to incorrect conclusions (e.g., though the PI and participant are both female, it cannot be assumed that they share the same views on feminism; the Asian PI and the Caucasian participant are racially different, but both identify strongly with American,

northeastern culture). There will be implicit differences as well as unknown differences. The PI will attend to any power differentials that influence interactions, such as educational attainment, age, employment status, or social class.

The PI was mindful of her reactions during the interviews. She is a parent of a 1-year-old, and parenthood has heightened her sensitivity towards birth mother stories. The PI strived to have appropriate responsiveness and empathy. Presumably, the participants in this study have positive views on open adoption, given the fact that they have maintained visits for 5 to 10 years; however, the PI recognized that the participants' feelings on open adoption may be more complex than a binary categorization of positive or negative.

Throughout the research process, the PI took proactive steps to foster reflexivity, such as debriefing with her committee chair and creating a reflexive journal. Debriefing provided empirical accountability and emotional support. In the reflexive journal, the researcher reflected on how the relationship dynamics between researcher and participants affected the interview. The active engagement in reflexivity allows the PI to conduct and present the research authentically, and it provides the reader with a measure of trustworthiness. This transparency enables the reader to assess concerns about objectivity and interpretation of outcomes.

<div align="center">Procedures</div>

Data Collection

Participants. The PI established specific criteria on the qualification of open adoption because the definition of open adoption is often nebulous, even within individual research studies. For the purposes of this study, open adoption is specified as birth mothers who receive letters and pictures, as well as have annual visits. The inclusion of annual visits is important because it is among the most open on the spectrum of open adoption options. Furthermore, this

study set the time boundary of birth mothers who placed their infant 5 to 10 years prior to the study. There are multiple reasons for setting a timeframe of 5 to 10 years:

1. It allows time for the fluid dynamics of ongoing contact to settle into a familiar pace.

2. It allows time for the birth mother to reflect on the experience.

3. It limits the birth mother from the need for excessive retrospection.

4. While it is impossible to sift out influences and consider the birth mother's adjustment independently from the adoptee's response to open adoption, this timeframe eliminates the complication of the adoptee's teenage and adult years of the search for identity.

5. Finally, if contact is maintained over 5 to 10 years, it is an indicator that the open adoption relationship is going well.

Prior to recruiting participants, the PI obtained approval to conduct the study through the Human Subjects Review Committee. Purposeful sampling was utilized in order to provide information-rich data, purposeful sampling. The snowball sampling method enabled the PI to find potential participants through her relationships within her adoption network locally and in different regions of the United States. Participants were recruited via word of mouth with priority given to those who were located in a large metropolitan in the south in order to facilitate scheduling and meeting for interviews. The PI sent an initial email to potential participants to describe the study and participant requirements, risks, and benefits (see Appendix C). After individuals responded with their interest in participating, the PI emailed a screening tool to determine eligibility for participation, and offered a phone call for additional questions. The PI then scheduled interview times with each participant. The PI's aim was to include 10

participants, or until reaching saturation, to gain depth of understanding of the phenomenon (Creswell, 2013; Hays & Singh, 2012).

Collection methods. The PI met with participants at an agreed-upon location, either at the PI's adoption agency or in the participant's home. The PI obtained informed consent before starting each interview. Interviews were semistructured. Initial prompts and questions can be seen in Appendix D. Additional follow-up questions were asked for clarification during the interviews. Each interview lasted between 1 and 2 hours. Interviews were audio-recorded and transcribed. After the interviews, the PI requested that participants review transcripts and field notes to confirm authentic representation of the information. All recordings and transcripts were destroyed at the end of the study.

Data Analysis

The PI reviewed her notes following each interview. She later read the written transcripts several times. The PI identified significant statements that related to the lived experience of open adoption. Horizontalizing the data, the PI listed each distinct significant statement and gave each statement equal weight. Then, the PI grouped the statements into meaning units or themes. Following that, the PI wrote a description of what happened, also known as textural description, of the participants' experience with open adoption. Next, the PI considered setting and context in which open adoption was experienced; she wrote a description of how the experience happened, also known as structural description. In addition, the PI incorporated her own experiences and context. Finally, the PI integrated the textural and structural descriptions into a composite description to illuminate the essence of the open adoption experience for birth mothers.

Verification Methods

To strengthen methodological rigor, the PI adhered to the validation strategies of the phenomenological tradition and qualitative studies, bracketing her experiences and clarifying her biases, keeping a reflection journal, maintaining field notes, debriefing with her committee chair, using an adequate sample, creating thick descriptions, interviewing until reaching saturation, conducting simultaneous data collection and analysis, conducting member checking, and maintaining an audit trail.

<div align="center">

Ethical Considerations

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Ethical considerations are imperative in qualitative research. Seidman (2013) suggested the ongoing examination of ethics throughout the research process, integrating ethics in every juncture from reviewing the literature to collecting and analyzing data to presenting the findings. The PI followed ethical guidelines and standards by following the phenomenological research paradigm, seeking consent, avoiding deception, maintaining participants' confidentiality, protecting participants' anonymity, avoiding multiple relationships, and reporting findings with veracity (Hays & Singh, 2012; Moustakas, 1994).

Guided by the foundational moral principles outlined in the American Counseling Association (2014) *Code of Ethics* and Kitchener (1984), the PI continually considered autonomy, nonmaleficence, beneficence, justice, and fidelity. Legitimacy and rigor of phenomenological research relies on the quality of the interview (Seidman, 2013); thus, the PI gave particular ethical attention to the five moral principles during the interview process. Autonomy is the participants' freedom of choice. Participants have the right to know and understand the purpose of the research and the right to withdraw at any time without penalty (Moustakas, 1994). During informed consent, the PI explained the goal of the study, the limits of

confidentiality, the participants' right to decline or withdraw from participation at any time, and the potential risks of participating in the study. Nonmaleficence means not causing harm to participants. Though all research involves varying amounts of risk to harm, it is the PI's responsibility to minimize that risk. Countering maleficence is beneficence, which is doing good.

The purpose of research should be to contribute to the greater good. The participants faced the risk of psychological pain. Whether the adoption experience has been positive or negative for the participant, feelings of grief and loss may surface or resurface when sharing about adoption. Interview questions may trigger painful memories; induce feelings of anxiety, stress, or sadness; or cause participants to think about things they had not thought about before. During or after the interview, participants may discover some unresolved feelings about adoption. The PI considered the study's potential of psychological harm or discomfort, as well as the study's potential to benefit the larger adoption community. After ethical deliberation, the PI determined that the benefit of giving voice and representation to a marginalized population outweighed the risk of harm or discomfort. The PI avoided allowing unnecessary risks for the sake of research. The PI remained diligent in monitoring participants' reactions throughout the interview and followed up with each participant via email after the interview. If any participant struggled with unresolved psychological pain, the PI provided referrals for local counseling and birth mother support groups.

Justice is the equitable treatment of participants. Given the sensitive nature of the topic and the potential marginalization of the population, the PI was mindful of the asymmetrical power relation. By utilizing Seidman's (2013) interview techniques of listening over speaking and accounting for social identity inequities, the PI strove to respect each participant, use nondiscriminatory language, treat each participant with dignity, and value each interview as a

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privilege. Fidelity is the concept of being honest and trustworthy. The PI sought to honor

participants' stories through reporting findings accurately and authentically.

Summary

This chapter described the methodology of the study, first providing the rationale for

phenomenology as a fitting research approach to understanding birth mothers' lived experience

of open adoption and then outlining the procedures of data collection and data analysis. The PI

also defined adoption terminology that is used throughout the study. This study followed the

traditional phenomenological paradigm, utilizing methods such as snowball sampling, qualitative

interviewing, reflexive processing, transcribing, coding data through horizontalization, and

constructing textural and structural descriptions in order to develop the essence of birth mothers'

experiences with open adoption. Verification methods included peer debriefing, simultaneous

data collection and analysis, creating thick descriptions, member checking, and maintaining an

audit trail. Understanding that the qualitative researcher's subjectivity plays an active role in

phenomenological research, the PI practiced epoche through bracketing her perspectives,

assumptions, and biases; the PI also considered how her experiences affect the research.

Throughout the research process, the PI followed ethical guidelines, giving particular attention to

the five moral principles of autonomy, nonmaleficence, beneficence, justice, and fidelity. The

following chapter analyzes the data.

CHAPTER III

RESULTS

Participant Profiles

To recruit participants, the researcher contacted 20 adoption agencies and birth mother advocacy groups, six adoption and birth mother Facebook support groups, and adoption representatives in 10 states. Agencies, groups, and individuals reached out to birth mothers via word of mouth, email, and social media posts. The researcher received 63 email responses expressing interest. Forty-five women did not qualify for the study due to time of placement or frequency of visits. Of the 18 women who qualified, the researcher was unable to meet with seven of them due to location and availability. (These women offered to meet via video call, which may be an avenue for future research.) One of the women stopped responding. The researcher scheduled interviews with 10 women. Two women were no-call no-shows.

Eight women were interviewed. All participants live in the southern region of the United States. All open adoption relationships began prior to the child's birth and involved communication between birth mother and adoptive parents via phone or email, as well as face-to-face meetings. All placements occurred between 2 and 6 days after birth. Additional demographic information is available in the Participant Demographics table (see Appendix E). Interviews were face-to-face and lasted between 1 and 2 hours. Interviews were audio-recorded. Afterwards, participants had the opportunity to review transcripts and offer edits, clarifications,

or additional comments. Although several participants offered to use their real names for the study, participant names have been changed to protect participants' identities.

Emily's Story

Emily is a 38-year-old single Caucasian female student who is working towards her RN degree. Emily is thoughtful and intentional in her words. Her soft, gentle temperament belies her strong, determined spirit. Faith is an important aspect of Emily's life. At the age of 29, Emily gave birth to Nathan and chose Chad and Nancy to be his adoptive parents. Nathan is now almost 9 years old.

After a 2-year whirlwind romance with her boyfriend, Emily discovered she was pregnant around the time she decided that she needed to break off the relationship because he was not a positive influence. Emily chose adoption because she wanted a better situation for her child. Upon learning about open adoption at a pregnancy resource center and an adoption agency, Emily determined that open adoption would be best for her child.

From the beginning, Chad, Nancy, and Emily felt an indelible connection with each other because they "serve the same God." For the first 2 years, Chad and Nancy went above and beyond to show their love and high level of care for Emily. Then, their consistent communication abruptly stopped, and they did not adhere to the agreed schedule. Emily and the adoptive parents had a difficult exchange of letters with each side expressing their feelings. Emily was hurt, but upon reflecting, she was able to take Chad and Nancy's perspective and empathize with the fact that open adoption was a foreign concept to their family and community and that they felt overwhelmed. Graciously, she decided to give them space, trusting that "in God's timing, they will be ready." Indeed, Chad and Nancy gradually felt more comfortable

sharing again; thus, communication "naturally started unfolding" through texts and video calls after a couple of years. Their commitment to one another is anchored in their shared faith.

Currently, Emily and the adoptive parents communicate through text, phone calls, and Skype on a monthly basis. They have had visits at the adoptive parents' home, Emily's home, midway points between their homes, Emily's childhood home, and amusement parks. Except for the period during which communication was challenging, Emily has had one visit every year.

Sam's Story

Sam is a 25-year-old single Caucasian female who works full time on a farm. Sam is an outgoing person with an easygoing disposition and a hearty laugh. Sam describes herself as a tomboy. She loves the outdoors, and she enjoys working with horses. Sam states that she has always dreamed of "that small town mentality lifestyle." She has always wanted to be a wife and a mother. At the age of 20, Sam gave birth to Cooper and chose Russ and Stella to be his adoptive parents. Cooper is now almost 6 years old.

Sam was dating her high school sweetheart, whom she thought she would marry. The relationship was "rocky" throughout her pregnancy. Several incidents revealed that her boyfriend had unresolved family-of-origin issues, so Sam chose adoption because she saw that her boyfriend would not be able to provide the stable foundation she wanted for her child. Sam learned about open adoption through adoption advocates and birth mothers at a support group. Sam decided she wanted an open adoption because it would allow for flexibility in communication and give her the opportunity "to make sure that he's happy."

Sam's relationship with Russ and Stella flowed easily, "like old friends talking" daily through Cooper's birth. Shortly after placement, the communication waned. For about 3 years, Sam wrestled between the desire to have constant communication and the realization that the

openness was causing her to use communication as a measure of her self-worth. It took a difficult interaction between Sam and Stella followed by 6 months of strained communication for Sam to embrace the need to set boundaries for her own emotional well-being. As Sam developed a sense of security in her own identity, she was able to rebuild and strengthen her relationship with Russ and Stella.

Currently, Sam and the adoptive parents communicate mostly through phone calls, texts, and video calls. Sam is also Facebook friends with the adoptive parents. Visits are yearly, and they alternate between Sam's home state (usually at amusements parks) and the adoptive parents' home state (usually at their home).

Gabby's Story

Gabby is a 40-year-old married Caucasian female who is a busy stay-at-home mom to three children: Ryder, Maddie, and Kensie. Gabby is actively involved in her children's extracurricular activities. She emanates optimism and positivity. At the age of 34, Gabby gave birth to Edie and chose John and Julia to be her adoptive parents. Edie is now 6 years old.

After having Kensie, Gabby and her husband, Danny, decided that they were at maximum capacity, financially and physically; thus, Gabby opted for tubal ligation. Not long afterwards, Gabby was shocked to discover that she was pregnant. She sought guidance from a pregnancy resource center and learned about her options in adoption. Gabby was resolute about having a closed adoption until she met John and Julia (both of whom wanted an open adoption). The immediate connection changed Gabby's heart and incontrovertibly made open adoption the type of relationship Gabby wanted.

Both families thoroughly enjoy each other's company. Interactions are always natural and fun, and Gabby reports no struggles or difficulties with the relationship. The only thing that

causes Gabby concern about open adoption is her children's understanding of the decision to place Edie. Maddie already asks about why Gabby parented Ryder, herself, and Kensie, but not Edie. Gabby is anxious about the day Edie asks.

Currently, Gabby and Julia communicate through phone calls on a weekly basis. The families have two visits each year, one at Gabby's house during Gabby's birthday, and one at the adoptive parents' house over spring break. They also visit with each other if one party happens to be in town for work or the children's activities.

Abigail's Story

Abigail is a 29-year-old divorced Caucasian female who works full time for a nonprofit organization. Abigail was adopted as an infant, so her perspective on adoption is often informed by her experience as an adoptee. Abigail has a calm demeanor and a strong desire to represent birth mothers well. At the age of 18, Abigail gave birth to her son, Jackson. She tried parenting for 6 months, but then realized that she was not giving her son the life she wanted him to have. Thus, her parents agreed to adopt Jackson. They have a very open relationship. At the age of 22, Abigail gave birth to Penny. Given her parents' ages, Abigail knew it was not ideal for her parents to adopt another child. Thus, Abigail worked with an agency and chose Rob and Chrissy to be Penny's adoptive parents. Penny is now 8 years old. The following information about open adoption pertains to the adoption of Penny. (Jackson was placed over 10 years ago, outside the timeframe required for this study.)

When Abigail got pregnant, she immediately knew that adoption was the right decision. She was no longer in a relationship with the birth father, and she was not ready to parent. Because of Abigail's previous experiences as an adoptee from a closed adoption and as a birth

mom with an open adoption, she sought to have an open adoption. Abigail's relationship with the couple began slowly until they established trust. "It just kept getting better with each year."

A few years after placement, Rob and Chrissy divorced. That was devastating for Abigail because she specifically chose them as a couple for Penny to grow up in a two-parent home. After the divorce, Chrissy continued to have a positive relationship with Abigail, but Rob cut off contact. It was a challenging time for Abigail because she had unanswered questions, and she struggled with how to be open and honest while respecting Rob and Chrissy's privacy. With the assistance of the adoption agency's postadoption specialist, Abigail is learning to navigate tricky situations. Abigail once thought she had a perfect, "cookie-cutter" adoption. This experience has been humanizing and universalizing for her.

Currently, Abigail and Chrissy communicate through phone calls and texts. Chrissy, Penny, Abigail, Abigail's parents, and Jackson visit twice a year at the same restaurant. This year, Abigail mustered up the courage to suggest doing an activity for the visit so that the children can play while the adults converse. The idea was well received.

Sheila's Story

Sheila is a 29-year-old single Caucasian female who works full time as a caregiver. Though Sheila is not an emotional person, she is willing and able to get emotional about her adoption journey. She has learned that being authentic about her feelings helps her heal. At the age of 23, Sheila gave birth to Grace and chose George and Justine to be her adoptive parents. Grace is the second of George and Justine's five adopted children. Grace is now 6 years old.

When Sheila discovered she was pregnant, she contemplated getting an abortion or running away with the baby. The birth father was no longer in her life, and she felt like she could not face her family with the news of a second unplanned pregnancy. (The first had resulted in a

miscarriage.) She hid her pregnancy from her parents, but her parents eventually discovered her secret. Sheila's mom suggested adoption. Sheila was resistant at first, but she found a couple whose gregariousness broke down her walls.

Despite George and Justine's efforts, the first few months after placement were extremely difficult for Sheila. Even as her relationship with the adoptive couple strengthened, Sheila struggled with things like learning that the couple was adopting again, wanting more visits, hearing Grace call Justine "mom," and getting caught in the middle of disagreements between Sheila's family and the adoptive family. Along the way, Sheila learned to cope and "get to a point where [she's] okay." George and Justine have always welcomed open and honest communication, which has been helpful for Sheila.

Over the years, Sheila has received updates through phone calls, texts, emails, and Facebook. Currently, Sheila receives texts about twice a week. Sheila's original agreement with George and Justine was four visits per year. However, 2 years ago, a request from Grace to go home with Sheila caused Sheila to reevaluate how visits affect Grace. At Sheila's behest, visits have been reduced to twice a year with an implicit understanding to reassess down the road. Visits are often at the adoptive parents' home. Sheila makes individual time for each of George and Justine's five children because she is "the only living birth mom that's involved in their lives." (One of the children's birth mothers had passed away, and three of the children were adopted internationally.)

Fran's Story

Fran is a 33-year-old married Caucasian female who works full time for the government. Fran has an approachable, down-to-earth, understated confidence. She is enthusiastic and tender-

hearted. At the age of 24, Fran gave birth to Michael and chose Peter and Anna to be his adoptive parents. Michael is now nearly 9 years old.

Fran's unplanned pregnancy coincided with the loss of her job and the end of a volatile relationship with the birth father. Fran had known about open adoption from a coworker and family members, but she initially planned on placing and distancing herself. However, she heard an open adoption testimony from an adult adoptee, which was the "kicker" that "turned [Fran's] opinion . . . [making open adoption] worth it to push through."

Fran, Peter, and Anna entered into the relationship cautiously but with open minds. The more they got to know each other, the more they established trust. Their relationship quickly escalated in closeness when Fran decided to pump breast milk for Michael. Because of that, Fran met with Peter and Anna every few days for several months to drop off breast milk. Additionally, Fran and the adoptive couple's worlds overlapped because they share many mutual acquaintances (unbeknownst to Fran when she chose them). Time helped Fran grow in comfort and security in the relationship. There have been a couple of situations where Fran has disagreed with Peter and Anna's parenting decisions. They have been able to communicate respectfully and agree to disagree.

Currently, Fran communicates with Anna via phone and text. Fran connects with Peter and Michael through text and a mobile game on a regular basis. Fran, Peter, and Anna had originally agreed to four visits per year, but they extended it to eight due to Michael's request for more time with Fran. There was even a period when Fran visited once every 2 weeks. Visits have been at the adoptive parents' home, Fran's home, parks, soccer games, church functions, parties, and other events. Fran and the adoptive couple are considering how to incorporate longer visits for Michael's sake, perhaps in the form of a beach vacation.

Tessa's Story

Tessa is a 24-year-old single Caucasian female who works part time at a nonprofit organization. Tessa is soft-spoken but deliberate, strong-willed, and independent. She would like to pursue a career in social work or counseling to help birth mothers. At the age of 20, Tessa gave birth to Lexi and chose Matt and Michelle to be her adoptive parents. Lexi is now 5 years old.

Tessa was in an unhealthy relationship that resulted in unplanned pregnancy. Her family was unsupportive, and she felt that adoption was her only option. Tessa's cousin helped find prospective adoptive couples. Upon meeting Matt and Michelle, Tessa felt an immediate "heart connection." Matt and Michelle asked Tessa to attend pre-adoption counseling with them. The counselor's guidance was pivotal in the trio's decision to have an open adoption. During her pregnancy, Tessa grew close with the couple, and even visited and stayed at their home. Tessa felt loved and supported; Michelle "became one of [Tessa's] biggest cheerleaders."

A few years after placement, the birth father reappeared in Tessa's life and the relationship quickly became toxic once again. While entangled in the relationship, Tessa spiraled into a series of poor decisions, which caused Michelle to "[back] off of [the] relationship . . . because [the Tessa Michelle] had known . . . had vanished before [her] eyes." Soon after, Tessa discovered that the birth father was married, so she "cut ties with him again." Nonetheless, the trust between Tessa and the couple was broken. Tessa and the adoptive parents powered through and continued having visits, even though their relationship was strained. In the midst of their pain, they fought for each other and chose their relationship. After a few months, Tessa felt like she finally regained the couple's trust.

Over the years, Tessa and the adoptive parents have communicated through letters, emails, phone calls, and texts. They had originally agreed to one visit a year, but their relationship naturally progressed to three or four visits a year. Visits are at the adoptive parents' home or in the birth mom's home state. Tessa continues to struggle with feelings of insecurity, but she is working on not allowing negative "thoughts to flood [her] mind."

Judy's Story

Judy is a 49-year-old divorced Caucasian female who works full time in the hospitality industry. She has two adult children whom she raised and of whom she is fiercely protective. At the age of 42, Judy gave birth to Simon and chose Steve and Jackie to be his adoptive parents. Simon is now 7-1/2 years old.

Judy had been dating a man for a year, but he left when Judy told him she was pregnant. Judy was homeless and living in her car; thus, she turned to adoption. Judy did not want an open adoption, but Steve and Jackie happened to be advocates of open adoption. Upon their encouragement and persistence in saying that openness is beneficial for the child, Judy consented: "[The adoptive parents are] actually the ones that convinced me to have an open adoption."

Judy grew to have a tremendous amount of respect and admiration for Steve and Jackie. They fulfilled their promises to her, and they are wonderful parents to Simon. Judy even said, "[Jackie's] just as good of a mother to him as I could be. And in some ways, maybe better." Presently, everything is going well, but thinking about placement still triggers feelings of grief for Judy: "What puzzles me the most is I'm okay with the adoption. I know it was best for him. But just going back to those memories is hard." Though Judy continues to grieve the loss of parenting Simon, she is determined that Simon is where he needs to be. It has been tremendously

helpful that Jackie is very responsive and attentive to Judy's needs. Jackie is quick to share a photo text or offer an "emergency visit" if Judy is "feeling down." Though Judy originally wanted a closed adoption, she began to find herself wanting more visits. They have visits four or more times a year at various locations, including the adoptive parents' home and Judy's home. Judy is not sure how to ask for more because she does not want to overstep.

Data Analysis

The purpose of this phenomenological study was to develop a deeper understanding of the experiences of birth mothers who have an open adoption relationship with their child. Participants responded to a series of open-ended questions in a semistructured interview format to discuss their experiences with open adoption. The primary prompt and additional questions follow:

1. I would like to hear about your journey of open adoption. You might want to start with your story of adoption, or you can share about your experience in any way you feel comfortable.

2. Tell me about how open adoption has affected your life over the years.

3. What is life like after placement? After each visit?

4. What is your relationship like with your child?

5. What is difficult in open adoption?

6. What is the best thing about open adoption?

An analysis of participants' significant statements elucidated the meanings built from the context of each person's lived experience. The meanings clustered together to form themes representing the shared essence of the lived experiences.

Themes

This chapter presents the key findings from eight interviews with birth mothers who participate in open adoption. Table 1 depicts the eight themes that emerged from the data, which are then divided into categories.

Table 1

Themes and Categories

Theme	Category
Birth mother chose open adoption for the child's best interests.	None.
Open adoption is an emotional process.	Visits are difficult in the beginning.
	Visits get easier.
	Grief still exists.
	Birth mother fears rejection by the adoptive parents.
	Birth mother fears rejection by the child.
	Birth mother is comforted as the birth mother-adoptive parent relationship normalizes.
	Birth mother has a sense of peace because of her belief that there is a Higher Power and a greater purpose.
Interactions with the adoptive parents and the child are affirming for birth mother.	The adoptive parents demonstrate trustworthiness/commitment to open adoption.
	Birth mother has feelings of reassurance due to the child knowing and expressing love for birth mother.
	Birth mother has feelings of reassurance due to being able to see the child with the adoptive parents.
Birth mother has a role in the child's life.	The child is theirs, but also mine.
	The birth mother-child relationship is aunt-like.
	Birth mother wants to be present and available for the child.

	Birth mother's role may change as the child grows older and gets a voice in open adoption.
Birth mother values the relationship with the adoptive parents.	The adoptive parents are like family.
	The adoptive parents are like friends.
	The adoptive parents care for birth mother.
	Birth mother cares for the adoptive parents.
	Birth mother sets tacit boundaries out of respect for the adoptive parents.
	Mutual commitment to open adoption through disagreements.
	Open/honest communication is essential.
Open adoption has a ripple effect on other areas of birth mother's life.	Birth mother is cautious about romantic relationships.
	Open adoption affects birth mother's direction in life.
	Open adoption affects birth mother's family.
Birth mother is maturing through open adoption.	Birth mother is developing coping skills.
	Birth mother is focusing on her own life.
	Birth mother is developing self-confidence.
	Birth mother sets boundaries for her own emotional well-being.
Technology enhances open adoption.	None.

Theme 1: Birth Mother Chose Open Adoption for the Child's Best Interests

Whether birth mothers actively sought open adoption or approached it with reluctance, the reason behind their decision was based on the belief that open adoption was good for the child based on what they learned from adoption agencies, pregnancy resource centers, other adoption resources, and the adoptive parents. Several birth mothers described how they felt a sense of responsibility to put her child's needs before her own. This sense of responsibility was the catalyst that propelled birth mothers to not only choose adoption, but to choose open

adoption. Sheila said, "This isn't about me anymore. This is about somebody else. I have to think

about her." Emily used similar words, saying, "It's not about me anymore." Emily added,

> I want the best for him emotionally. Will it hurt him for me to be in his life? Would it be better if I placed him and then step back and that's all that he knows? . . . Because if that's what's best, that's what I'll do. Because it's not about me. It's not about me seeing his first steps. It's not about me and what I get out of it.

Emily expressed the importance of her child developing a sense of security in his adoptive

family identity as well as his birth family identity: "I just want what's best for him . . . I want

him to know that he is loved, and to feel secure in who he is and who his family is."

Several birth mothers emphasized that they would not have chosen open adoption or

would not choose to continue in open adoption if they were not prioritizing their child. From the

beginning, Judy anticipated that open adoption would be difficult for her:

> I actually wasn't sure if I could deal with the fact of it being open and those wounds opening up every time I see him . . . And I told [the adoptive parents] that I wasn't sure if I really wanted it to be open. And they were like, "Well, we're okay with that. But we do think it's important if you could. [Because] it's important for him to know where he comes from . . . It's really important for the child. So think about it." And they're actually the ones that convinced me to have an open adoption . . . It's for the benefit of the child right? And that's what's important.

Fran researched on open adoption and learned that adoptees appreciate the sacrifices birth and

adoptive parents make to maintain an open adoption relationship:

> The kicker was I found a speech that was given by an adult adoptee who had been raised in an open adoption. She said something along the lines of she knew her birth and adoptive parents have chosen to dive head first into their pain to reduce hers. And I thought that was really amazing, and really kind of turned my opinion on whether or not it was worth it to push through.

Her child's best interest is what motivates Fran to persevere in the open adoption when it gets

difficult:

> If [the adoptive parents and I] weren't approaching it because we really believed it was the right thing for the kid, it wouldn't work. Period. It's way too hard. If it was about me, I would've been gone so long ago. Because if it's this hard for me, and it's not benefiting

him, then why are we bothering with this? . . . That's what it's gotta be about if it's gonna work.

Tessa shared that she would have opted out if it were not for the sake of her child:

When I first placed her, people kept telling me, "Oh, you're so brave. You're so selfless . . ." And I was like, "No I'm not!" . . . But I think as she gets older, grieving the different things is more like, "Okay, yeah, this was a selfless decision." Like powering through that relationship because I know that my constant contact with her and my constant presence will one day be cherished. And will be known. And will be felt. So that she doesn't feel forgotten. Or left behind. Or given up.

Summarizing Theme 1, choosing to place their child did not mean that birth mothers relinquished responsibility for their child's well-being. On the contrary, birth mothers expressed an instinctive need to put their child's needs before their own. Thus, birth mothers chose open adoption, despite anticipating and experiencing personal and relational challenges with maintaining contact, because they believed open adoption was in the best interests of the child. Birth mothers did not want their child to feel abandoned or neglected. From the birth mother's perspective, open adoption would allow adopted children to develop a secure sense of self in knowing that they are wanted and loved.

Theme 2: Open Adoption is an Emotional Process

Birth mothers described varying emotions and feelings throughout their open adoption journey. For some, the first few days, months, or visits were difficult. For others, the emotions began to strike after a few years. Though birth mothers were confident in their decision to choose open adoption, there were still moments and situations that triggered feelings of grief and loss. Yet, simultaneously, there were moments and situations that allowed birth mother to feel peace, assurance, and confirmation. Birth mothers described their emotional process through sharing about visits in the beginning, visits' progression, the existence of grief, the fear of rejection by

the adoptive parents as well as by the child, the development of their relationship with the adoptive parents, and the belief in a Higher Power and a greater purpose.

Category 1: Visits are difficult in the beginning. Initial visits were often fraught with emotions like anxiety, fear, and sadness. Fran described the beginning as "so emotional [because] it was all new, and it was so raw." Birth mothers felt anxiety because they feared their child would not recognize them or respond positively to them. Judy fretfully wondered: "Oh my God, what if he cries when I hold him?" Sheila also felt insecure: "She's not gonna remember me. She's not gonna know who I am." Birth mothers also felt anxiety because the relationship with the adoptive parents was still in its early stages; thus, the dynamics of their relationship were still unknown. Fran explained that the beginning involved "feeling things out." There was uncertainty about how the relationship would proceed and the pragmatics of open adoption. For example, Judy inwardly asked, "Are they gonna let me feed him? Will I get to change his diaper?"

Birth mothers described how feelings of grief emerged at the end of the visit. According to Fran, saying "goodbye" is hard because "every time, [it's] a little piece of that initial separation." Ending the visit and leaving her child brought back some of the feelings of loss Fran felt from relinquishment and placement. Judy also struggled with the end of each visit: "The worst part is just walking away every time." Each time, it felt like she was losing her son all over again. Judy described it as "very hard" and "very heartbreaking." For Sam, the end of the visit "was a little rough" because it reminded her that she has limited time with her son. She said, "It was the leaving that was the hardest thing for me. [Because] it's like, okay . . . I'm not gonna be able to see him for a whole 'nother year."

After the visit, birth mothers allowed the tears to flow. They were not only reliving the grief of the loss, they were overwhelmed from suppressing their emotions during the visit. Some birth mothers were uncomfortable showing their emotions in their newness of their relationship with the adoptive parents and the child. The relationship still felt tenuous, so they wanted to proceed with caution and avoid vulnerability. Fran explained,

> In that early open adoption . . . didn't really feel comfortable being overly emotional in front of them. In public. You know, all of those things. And so, felt like I couldn't even interact because I was having to stuff all the emotions down while we were sitting there talking.

Sheila feared that showing intense emotions would drive away the adoptive parents:

> At the beginning, I wanted to be numb to everything. I didn't want to show any emotion. Because I felt like if I broke down, then I'd come off a different way to [them] . . . I would get emotional. And I would start to tear up. But then I would go, "No, you got to hold it together because you show any type of emotion, then she's probably not gonna want you to come back."

Thus, birth mothers waited to be emotional in private. The pain of the loss made Sheila reconsider whether or not she wanted visits:

> The first time visiting . . . I remember pulling into a gas station and just crying. Saying, "Can I do this for the next some odd years?" . . . I contemplated just having my parents go and telling me about it. [Because] I didn't know if I would be strong enough.

Judy recalled needing time to herself to cry after the visit: "They left. I sat in my car for probably another 45 minutes before I started driving away. Went home. Probably cried myself to sleep."

Fran also "cried a lot" and isolated herself after her initial visits:

> I just knew the rest of that day, I was just gonna be in tears. And so I just planned visits for days that I could not do anything the rest of the day. Watched a lot of crappy movies on Hulu. And just, you know, would kind of hole up in a dark room and watch bad movies and cry.

After visits, Tessa slumped into feelings of depression for several days. She pored over every detail and felt disappointed that she was constantly in her head instead of being present during the visit:

> After I would go home, it was like super deep, dark places. I was really sad. I just felt like, I guess I shouldn't say dark, but I felt sad for the next 2, 3 days. And I dunno if that sadness was necessarily because I was missing out on her so much as I felt like I didn't take as much advantage of my time with her as I should have. And so it was kind of like a regretful sadness. Regret for that particular, the time that I had with her. And how I was spending it. And what I was thinking about while I was there. Just all the little nervous worries, like walking around on eggshells. And getting sad if she like, ran away from me or something, which is a normal 2-year-old thing to do, but I took it so hard.

In summary, initial visits were filled with anxiety because there was uncertainty surrounding the relationships, regarding how the adoptive parents and the child would respond to the birth mother. Seeing their child again resurfaced the pain of the initial loss after placement, but birth mothers were reserved about displaying their feelings in front of the adoptive parents and child. Birth mothers often needed isolated time after the visit to process their feelings. Their feelings of anxiety, fear, and sadness often manifested as tears and withdrawal.

Category 2: Visits get easier. With time, birth mothers grew in comfort and confidence in the relationship. Judy explained that though anxiety is still present, excitement is the predominant feeling: "There's more of an exhilaration there because it's so awesome to see him. So awesome to spend time with him." Judy reflected,

> It gets a little bit easier with every visit. Just being able to talk to him, spend time with him. And him showing me all his toys. And playing with toys that I have in my apartment. It's pretty awesome.

Tessa also felt a mix of anxiety and excitement: "I'm always like super excited and anxious right before, anxious in a good way, to get there. And to see her. And to be with them." Sam said, "The second year, I felt kind of fearless at that point. And it was the excitement to be able to spend that time with them and enjoy every second that I had. We had a lot of fun."

Time and experience strengthened birth mothers' ability to emotionally manage visits. Sheila contrasted her emotional tolerance in the beginning with her current emotional capacity to stay as long as she wants for visits: "Back then it was, I could only stay [for visits] for an hour because it was just too much for me. Right now, she lets me stay as long as I [want]." Fran shared about how she can currently handle unexpected events, which is a shift from her early days: "Eight years in now, [seeing him without a heads up] would not be a problem. But in those early days, it just was still really, *really* extra emotional."

In summary, birth mothers grew more comfortable with visits over time. As they began to solidify relationships and know what to expect in their interactions with the adoptive parents and the child, birth mothers started to look forward to each visit with eagerness instead of fear.

Category 3: Grief still exists. Though birth mothers found that overall, visits grew emotionally easier over the years, they acknowledged that being in an open adoption relationship continues to evoke feelings of grief, loss, and sadness. As Sheila revealed, "There's a *long* process, a long healing process." For Sheila, the onset of emotions is sometimes unpredictable: "My emotions can come and go. One minute, I'm okay. Next minute, I'm calling working saying I can't come in today. I need a day to myself. I need a moment to breathe." Gabby also has days when feelings of loss unexpectedly resurface:

> I think the bad days is I will always, always have that emptiness in my heart. Not that it's a bitter emptiness, but I'm a woman. I'm a mom. I will always have that hole in my heart. But I know what we did was the right choice.

Gabby pointed out that grief does not need to be prolonged or debilitating. The void she feels can be filled with a video of Edie:

> [There's a] hole in my heart. But it's not something that's difficult for. I mean, I don't struggle with it. Does that make sense? There's just days that I'm just like, I call them "Edie days." No regrets. No nothing that makes me sad. I just *Edie*. And then all I have to do is just call and talk to her or get on Facebook and watch a video of her. And I'm okay.

Emily also feels an ache and a longing in her heart. She fluctuates between feeling sad and feeling content:

> I sometimes feel like Nathan's this little person that I don't really know. And that's hard because going into it that's something that you think you're gonna have. But then when we get together, or when we Skype, you just pick right back up where you left off. So I think part of it is just a very natural, like something's missing no matter how okay, how flexible you've all gotten and casual. And you're like, "Yeah, it's cool. We just talk whenever." I think maybe part of me is just that maternal instinct, or like what's going on, and what's he like. And then I find out when I see him again. But it seems that it would be helpful to be finding out more in between . . . When it comes down to it, when I'm asked about it, I would say it does hurt to feel like I don't know him.

Judy has identified certain items that trigger feelings of grief and loss, such as a box of Simon's baby items. She stated, "There's still difficult times now. Even just the simplest little things can make you emotional over those visits or even past visits." Even though at present, everything is going well, the early memories are still raw for Judy: "What puzzles me the most is I'm okay with the adoption. I know it was best for him. But just going back to those memories is hard." In her mind, Judy battles with whether or not she is on the road towards healing:

> Sometimes in my own head, maybe I convince myself, "Well, I'm over the pain. It's not gonna come back up. I'm okay with it because I know he's in a good place. I know . . . he knows who I am. I mean, he calls me 'His Judy.' He knows who I am. He runs up and hugs me. Our visits are awesome." But I just couldn't bear to open that stuff for some reason. And I'm just like, "I know I said I was over this, but am I really?"

Judy is confused about why she struggles because she is satisfied with visits:

> I don't know, it's just weird. Sometimes little things will set off those memories. And during our visits now, we have fun. We laugh. We play. When he leaves, I don't always tear up or anything. It's just little stupid things like that box that causes it to happen. It's just, I don't know. It's strange.

Fran has identified certain times when she feels grief. Though her feelings of grief are not as negative or intense, visits are still difficult and Fran is aware that she needs time to process her grief after every visit: "Even now, [my husband] knows after a visit, he's just gonna have to

leave me alone for a little while. It's not *as* bad, but . . . I need a decompression time afterwards."

Emily identified one time she felt a pang of grief. But her grief is complex because it is paired

with joy. When asked about any challenges regarding receiving pictures and letters, she shared,

> One picture comes to mind, or kind of a set of pictures. And it was like a portrait session
> type thing. And [Nancy] had him, and he was still just a baby. He was maybe like 6
> months? And she had him on her chest, like skin to skin. And it was *so beautiful*. And
> when I saw it though, immediately I felt it. And I remembered when he was laid on me in
> the hospital . . . At the same time, I was just so overwhelmed with joy because I felt,
> "Look at how they're bonding!" Like, he will never not have that, you know?

Some birth mothers begin to have feelings of grief due to their personal development or

their child's development. Abigail felt sadness for the first time several years after placement

because she reached an age when she began to think about building her own family:

> I can remember the first time that I got sad. It was probably 4 years ago . . . I went and
> met her. And I remember just breaking down crying after I left. And I was like, "What is
> going on? I've been doing this for a while now. Why am I feeling this?" And I just
> realized that as I'm growing older, I'm wanting a family too. And I think that's still
> something I'm really wrestling with because there's a lot of baggage with that. I've found
> that like now my mothering instincts are kicking in. And I'm like, "Oh, look at how
> lovely their life is." And it's not [that] I regret my decision. It's like, "I want that
> someday." It just makes me cry because I'm missing so much. I can't wait til I have a
> child that I can watch every little moment. Because they're wonderful about telling me
> anything I want to know and sharing memories of moments with me, but there is that part
> of me still that has to grieve that loss. And I didn't really actually feel that until a couple
> years ago. And now I don't get emotional about it. I think that has passed for me to cry.
> But when I see her every year it gets different.

Abigail continued to process her feelings of grief, recognizing that grief is not necessarily

straightforward:

> It's hard to like remember, "Oh hey, not just, she's growing. You're growing too." So it's
> not bizarre to think that you're gonna feel new emotions about something that you
> would've thought you'd felt at the beginning later down the road . . . And so just having
> that overwhelming sensation of, "Is that gonna happen for you some day?" Like, "Do you
> want that someday?" And I think that that started to weigh heavy on me. And I'm still
> working through that because I still don't know. Some days I *do* want a family. And
> some days I'm like, "No, no, no, that's not for me."

Abigail recognized that her grief was intertwined with her identity struggles. The loss she

experienced from placement fueled the self-confidence issues she already had before Penny:

> There would be nights when I would just cry . . . Some of the defining things would be like, I struggle with my body . . . And just silly things of not giving myself credit for everything I've been through. And not being confident in who I am . . . I would take a lot of my issues out, and blame them on because I did this. And so I'm just a mess because I can't take care of anyone. There are definitely those spiraling moments where everything looked so dark. And I was a mess. And it wasn't that I regretted what I did. It was like, because I made these decisions, look at what I've become. And really the reality was like I was immature. And I just wasn't putting myself in healthy situations to have a healthy mindset. And so of course I was crying and being a mess, and making digs on myself that, [because] I didn't realize my own worth back then. And so I think that that's something that I always struggled with even before having children.

Sam also had a difficult time several years after placement, as reality penetrated regarding to

whom her son belonged:

> [The fourth visit] was a little rough. I was really anxious about it . . . I'm not quite sure why. I don't know if it was because of what had happened in the year past. Or if I was just coming to a point where . . . I was on the opposite spectrum of [Stella]. Where she was dealing with her infertility, now I'm dealing with the fact that [Cooper's] not mine anymore. So I cried a lot on that one . . . I would ball myself to sleep. That year was really rough. Getting out of the vehicle when they would drop me off at the hotel would just tear me apart. And I would just sit outside for a little while and just be able to breathe fresh air before I could even go inside. So it was tough. Leaving there was a little bit more exciting for some reason. It was almost a relief to get away . . . Driving back, I cried a lot. But I was just not ready to come back. There's nothing here for me anymore. I don't feel like this is where I need to be. And it's really tough coming back here every time. This is the last place where he was still mine.

Emily began to feel sadness when she realized that her son was at an age when he was beginning

to understand their relationship:

> Last time I was a little sad because we dropped him off at school. And he was like, "Okay, I love you!" And he walked away with his backpack. And he's just this little kid with a big backpack going to school. I think I was sad because it's the first time I ever felt like he might be sad that I was leaving. [Because] he's older and up until this last time, it's just like, if anything, he's bummed out because like the party's over. But we always just say, "Okay, I'll see you next time!" But this time he seemed a little sad that I was leaving. So I think that's what kinda got me a little bit.

Sam also had feelings of loss due to her son's developmental stage and resulting behavior:

One thing that really did bother me this last visit is [Cooper] could not remember my name. And they kept having to remind him who I was, which made me question my identity as far as he goes, and who I am to him and who I am to them. That was the roughest thing for me to deal with in this last visit.

In summary, the birth mothers' grief does not magically resolve itself and recede. There is no automatic antidote to grief after a prescribed period of time. Birth mothers described times and situations that trigger feelings of grief, loss, and sadness at different times in their open adoption journeys. They also recognized that grief, though ever-present, is not and does not need to be the preeminent feature of their open adoption relationship.

Category 4: Birth mother fears rejection by the adoptive parents. While birth mothers expressed confidence in the strength and endurance of their open adoption relationships developed over the years, they are still careful and prudent in their interactions for fear of the adoptive parents withdrawing from the relationship. There is still a degree of uncertainty in the security of the relationship. Self-doubting thoughts swirled in Tessa's mind after Tessa and the adoptive parents encountered a challenging situation: "What are they thinking of me? . . . Do they trust me with her? Are they gonna forgive me? Do they still love me?" Fran's mind also wanders to doubt when communication lags or seems one-sided. In those times, Fran cannot help but wonder if something is awry in their relationship:

> I would prefer shorter, more frequent, over a longer, more spread out visits. I felt like the longer we go for any communication, whether it's phone calls or whatever, the more that fear starts to creep in. And not necessarily fear that things are gonna go, but it just, it's just the anxiety of it makes it a bigger deal when it hasn't, you know, when it's been longer.

Fran tries to think rationally, but insecurity creeps in: "Logically, I can know that they're probably just busy. But *I don't know* because I haven't talked to them." Then, Fran begins to question if she has asked too much or crossed an unspoken boundary.

They've always welcomed calls, welcomed texts, whatever. There was never a problem with that. But there was not always a lot of communication coming from their side. And so I really struggled with feeling like I was overstepping. Or feeling like I was invasive.

Abigail also admitted to having some fear that may be unfounded:

I probably won't sleep before [having a potentially challenging conversation] because I'm probably just going to be tossing and turning, terrified that [Chrissy's] going to take that conversation differently than how I expect. But I'm sure it's all irrational fear [because] she's always just been so loving and warm.

Thus, birth mothers tacitly create their own set of rules as a way of forming a boundary of

what they believe is appropriate behavior, behavior that will not scare away adoptive parents.

Judy decided that she will not voice her desire for more visits:

I don't want them to think that I'm trying to take anything over and back away a little bit. That's my main fear is I don't want them to back away and stop sending me messages or letting me see him at all. That's the scary part . . . I know in my mind, I guess, that they won't do that. But I just can't take that risk of not being able to see him. I just couldn't do it. There's no way. That would be too hard.

Despite her wish for more contact, Emily also refrains from requesting for more. She suspects

that the adoptive parents do not know that she longs for more contact because she tries to portray

a grateful attitude: "I think they have no idea that I even feel a little bit like it's too long in

between. Or I would like more." Emily does not want to demand for more for fear that she will

damage both her relationship with the adoptive parents and the relationship with her child. She

further explained,

As the birth mom, you're always so afraid to ask for anything more because you don't want to push them away. It's not just about like, oh, well then, I won't get to see my son. It's about like, they're my family now. So you don't want to damage *that* relationship with them, not just because of you, because of the child, but because of *them*. Your relationship that you have.

Emily recognized fear on both sides, for the birth mother as well as the adoptive parents:

I think especially with open adoption, it can be challenging because of the fear from both parties . . . for the fear of hurting, or the fear of pushing away . . . Maybe the hardest part

is the communication. Maybe it's developing an appropriate response to the challenge of communication.

Abigail resolved to always be pleasant so that Chrissy can be at ease and that the relationship can remain as good as it has been:

> I never feel anything else outside of like everything's good because I don't want to shatter the perfect little family that we have right now . . . I don't want to put a bump in the road because everything's so good when we're together that it's scary to be real with someone . . . [It's] terrifying to me because I don't ever want to overstep what I'm supposed to say to her. And I know that's silly, but I feel like I have to walk on eggshells because I'm too scared to be honest about some of the things that I worry about, or that I'm anxious about, or that I feel because I don't want it to change how she looks at me. And I don't want it to change our dynamic.

Abigail explained that she is aware that her fears may be unsubstantiated because Chrissy has always given her unconditional positive regard, but Abigail is unwilling to risk the loss of her connection to her relationship with Penny:

> I know it's irrational. But I'm always going to live with that kind of looking-behind-me feeling because this is all I have to Penny . . . It's, it's really scary to talk about things that you feel because you just want it to be happy and good. And you don't want to have to get deep and vulnerable. I mean, that's something I struggle with in all relationships. So of course I'm gonna struggle with it in my most mindful, you know, must-wrap-you-in-bubble-tape relationship.

In summary, birth mothers are mindful of their behavior and requests within their relationship with the adoptive parents for fear of losing the relationship. Birth mothers believe that if they make inappropriate or excessive requests, adoptive parents will restrict or terminate the relationship, thereby closing the connection birth mothers have with their child. Birth mothers acknowledged that their fears may merely be speculative, but they prefer to err on the side of caution.

Category 5: Birth mother fears rejection by the child. Birth mothers chose adoption and chose open adoption out of love for the child, but they fear that the child will not understand this and consequently resent the birth mother. Some birth mothers voiced their reluctant

anticipation of difficult questions from their child that would lead to the child's rejection of the

birth mother. Judy shared what she believes to be an inevitable scenario:

> I expect him to ask me a million questions one day. I dunno how I'm gonna answer them all. I don't even know what they're all gonna be. But I can guarantee you that that's going to be one of the first ones as he gets older. So like, "Why didn't you keep me? You didn't love me." It's like, "Oh my God, I loved you so much. I gave you to a great mother."

Gabby, who, like Judy, parents other children, also relayed how she regards the "why" question

with some trepidation:

> The one question that I have not come up with an answer yet. I've come up with it, but how am I gonna say it to her is "why," of course. Anyone is gonna ask why: "Why did you choose to place me and not my brother or my two sisters?" And that's normal. And I dread it. I do. But it's very understandable. I think anyone would ask that question— Why? She's always gonna want to know why. Now how she reacts to it when that day comes, I don't know.

Gabby admitted that the why question is her greatest fear in the entire adoption relationship:

"That would be the most difficult thing . . . knowing that I'm going to have to face that question

from her one day." Abigail, who placed two children, also has fears about how to answer and

cope with difficult questions:

> There are fears still of her maybe starting to ask hard questions of like, "Why didn't you keep me?" Or, "What about my dad?" Or stuff like that that I don't really want to get into. So I think it's gonna get harder as they get older because then they're gonna start voicing what goes through their heads. And then it's gonna be a whole new approach of boundaries, maturity, compassion.

> Other birth mothers indicated an underlying presumption that the child will feel

negatively towards the birth mother. In her parting words to her child before placement, Sheila

whispered, "I hope one day you could forgive me if you ever feel you hate me for doing this."

Fran also acknowledged that her child may feel some hatred for her:

> [Future visits are] just gonna depend on him and what he's looking for. So, of course there's fear that he's gonna get super angry and hate me or whatever. And he may need to do that for a while. And that's okay. But would obviously be really hard.

Judy is anxious about her son's reaction to her at every visit: "I'll always wonder, 'Is he gonna hug me?' He always does, but I still panic about it. It's like, 'Is he gonna reject me?' I still panic about that." Judy explained that she is afraid he will reject her because he perceives that she rejected him:

> I'm also terrified that as he gets older, he's not gonna wanna see me as much. When he does realize, when it does click with him . . . My biggest fear is him getting older and rejecting me [because] sometimes, somewhere in the back of my head, I felt like I've done that to him. And I know I haven't. But it's still there [because] of the others. And I just don't want him to ever think that.

Tessa wrestled with the pain unrequited filial love. She expressed how she sometimes feels rejected by Lexi:

> I was going to her most recent birthday party, and could see in her eyes how she was trying to fit all of these different people in the same place at the same time, and couldn't really. And so her reaction to that was to ignore me. And to run off. Or pretend that I wasn't there. Which initially, I was like, "Oh, it's probably really hard for her . . . She's got everything compartmentalized. And the compartments disappeared. And now everyone's in the same space at the same time. She didn't know what to do with that." But . . . it's hard thinking about someone so much. I mean, having so much love for them. And then not feel noticed or wanted. Which is normal, but it's still hard.

In summary, birth mothers fear that their children will reject them because they feel rejected by the birth mother. Birth mothers professed their anxiety that their child will ask questions but not feel satisfied with the answers and perhaps misunderstand why birth mothers chose adoption. Birth mothers shared that they fear that the child will reject them when the child is old enough to choose whether or not to participate in open adoption. The fear of rejection is strong because of the intense love birth mothers instinctively have for their child.

Category 6: Birth mother is comforted as the birth mother–adoptive parent relationship normalizes. Despite the fear and anxiety surrounding the open adoption relationship, birth mothers began to find universalizing qualities about their relationship with the

adoptive parents. Gabby shared that there is nothing mystical or daunting about her visits with

the adoptive family. Their visits are enjoyable, easygoing get-togethers full of fun and laughter:

> Some women, they have a visit with their birth daughter, son, or whatever, and it's, "I had my visit today." And they go in and it's "The Visit," you know what I mean? Ours is not like that at all.

For Emily, the birth mother–adoptive parents relationship followed the expected stages of

forming a relationship, from diffident exchanges to comfortable interactions. In the beginning,

Emily had to find a balance between drawing clear expectations regarding communication,

which felt regimented and contrived, and allowing communication to flow naturally, which felt

precarious and risky. Emily stated, "I think that's part of the trick of open adoption, is just

finding balance." Over time, communication became relaxed and casual, and there was no need

to dictate every detail: "Now, it's just like calling anybody else or Skyping with anybody else.

Whereas early on, you're still kind of getting to know each other." Abigail saw a similar

progression in her relationship: "It was kind of awkward like any relationship at the beginning.

And it just kept getting better with each year. Since then, it has naturally just progressed into a

beautiful friendship. So it kind of just took off." Both Abigail and Chrissy grew more

comfortable with each other and decided to open their modes of communication:

> I had their phone number, but we didn't really communicate through that so much as the emails. And then one day, it just shifted to where, I guess like they realized that I was respectful of them and it just naturally progressed. And so then we started texting. And we would still do the visits. And she's always been really open about whenever.

Abigail likes texting with Chrissy because it makes the relationship feel similar to other

relationships: "[Texting] just works. And it's not even so much of she's there when I need her.

It's just like, it's normal. It's not an abnormal flow of communication. And I think that helps

keep us normal." Fran also found that time allowed for the building of mutual respect, which

allowed the relationship to advance to be like "any other relationship":

It's hard to know if there was one turning point. It just kind of was over time. We just got comfortable with each other. We're still respectful of each other. And there are still times we have to say no to stuff. But it's just like any other relationship, there's always gonna be stuff that you say no to and the stuff that's boundaries and whatever.

Challenges are another indication of "any other relationship." The challenges of the birth mother–adoptive parent relationship have been encouraging to Abigail because they helped universalize the situation:

At the end of the day, even with those [challenges], just our relationship is so strong that nothing can shake that. It's just, you know, nothing's perfect. And so it kind of helped me realize we're humans and there's still stuff even in what I thought was perfect and that I didn't have any problems.

Emily also found it comforting to consider that the challenges of the birth mother–adoptive parent relationship are not different from the challenges of other relationships: "It's just like any other relationship that has ups and downs." When there are misunderstandings, Emily reminds herself, "It just comes back to the adoptive relationship being like any other relationship where you're not mind readers and you have different personalities. It's really just about grace."

The birth mother–adoptive parent relationship feels similar to other relationships because all relationships require communication. Abigail said, "Communication, I think, is key. And that's with any relationship." Emily further explained,

I think just like with any relationship, communication being the most difficult part just because really there are so many different love languages. And different ways to communicate. And different ways to deliver. And different ways to receive. Just the art and science of communication itself is tricky.

In summary, birth mothers illustrated how their relationship with adoptive parents transformed and normalized. Birth mothers described the similarities between their birth mother–adoptive parent relationship and "any other relationship," such as relationship progression, negotiation through challenges, and the need for communication. Birth mothers began to view

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their relationship with the adoptive parents as normal and ordinary in a good way, which brought a sense of comfort and ease into the relationship.

Category 7: Birth mother has a sense of peace because of her belief that there is a Higher Power and a greater purpose. All the birth mothers identified as Christian, and several specified how their faith has played a role in their open adoption experience. Some birth mothers testified to feeling God's protection over their decision-making process, surrounding them with the right influences from the beginning. Sheila shared about how she felt God's guidance nudging her towards adoption. She had "contemplated abortion," but at the abortion clinic, a woman held Sheila's hand and appealed the Sheila: "Pray. Whatever you're contemplating, pray first . . . When I get up and leave, you pray to yourself. Make sure this is the decision you want to do." Sheila recalled the experience lucidly:

> I remember sitting there praying: "So, okay. Well, if this is what I'm supposed to do . . . then show me the telltale signs of, 'I need to do this.'" . . . And I sat there. And I remember opening my hand. [The woman] had dropped a pin of what baby feet look like at 10 weeks. And I was just hitting 10 weeks. And I was given a time limit, you know, you had a week to do it, you know, that sort of thing. So I got up. I said, "I can't do this. I can't. Something's telling me I can't do this. There's some, some bigger plan."

Tessa also witnessed God intervening and saving both her and her child from a painful situation:

> It was totally God's hand in all of it . . . [My dad] had no idea about what was going on in my life, while [the toxic relationship with my ex-boyfriend and the discovery of the pregnancy] was happening, but he noticed my nose dive in, just like passion and drive, and just staying in my bed all day. And so he was like, "Hey, why don't you just spend the rest of the summer [on the east coast] with your cousins and work for them out there." And I was like, "Yup, sign me up." And so I just totally believe that that was God putting that in him because God knew that my dad was gonna want me to get an abortion and that if I was in that place when I found out, that I definitely would have because of outside pressure. So He saved me from going through that.

Emily commented that God rescued her too: "Sometimes I honestly think that God brought Nathan to his family through me to save me from that path [with my ex-boyfriend]." Emily

underscored how she believes that this situation and these relationships are part of God's design

for all of them, Emily, the adoptive parents, and Nathan:

> I felt like every conversation and every interaction that [the adoptive parents and I] had was confirming more and more that not only that adoption was God's plan for Nathan, but that this was the family that He had in mind. And you know, they're not perfect, but they're perfect for him. Nobody's perfect, but they're perfect together.

> Birth mothers described how they felt divine confirmation throughout their experience.

Sheila said, "I'm not a believer in God, but I pray a lot." Sheila has moments when she credited

God: "God's doing all of this . . . Everything's falling into place." Throughout her difficult times,

Sheila saw glimpses of God's omnibenevolence: "Well God, You have the weirdest way of

showing You care." Sheila saw God's sovereignty through small blessings:

> [Grace] wasn't your average 7-pound baby. She weighed 9 pounds. And so we nicknamed her Chunky Monkey. . . . [Justine] had said, "You can pick out her going home outfit if you're up for it." And my mom went through everything . . . And then my mom, I remember my mom stopped going to their bag . . . And my mom just said, "Well, for some odd reason, I'm gonna let you know, God had a say in what she wore home." And she pulled up this all-in-one onesie with footies of sock monkeys. And I cried. I said, "That's perfect."

Emily also thanked God for His small blessings:

> My grandpa (my dad's dad) and my dad, they're named Nathan. And Chad and Nancy didn't even know that when they decided to name him Nathan . . . So I was like, "Oh God, thank you for that little—" I call them little "I love you's" from God. So just all along the way, things like that.

Gabby and the adoptive family shared so many commonalities that Gabby knew "it was God's

doings. And it was meant to be":

> All these little things weren't just a coincidence. There's reasons behind 'em. There's so many things that were not a coincidence about us. I'll mention a few. So my daughter Joanne, which is our youngest. I don't know why we've always called her Jojo. So while we're talking to them, the first time we met 'em, me and Danny both are saying "Jojo." And they're like, "Wait a minute." John and Julia: "Wait a minute, 'Jojo?!'" And I'm like, "Yeah, we call our daughter that." She's like, "*No way.*" I'm like, "Yeah. Why?" She's like, "Since I was a baby, my entire family called me Jojo." So like her nickname for her family's Jojo. So, that was one of them. We *met* on my birthday. Edie's due date

was September the 27th, which is Julia's birthday. There's just so, so many little small things that aren't a coincidence, you know what I mean?

In times of crisis, birth mothers demonstrated how faith in God was a source of comfort and motivation. When Gabby struggled with feelings of depression, she turned to prayer:

> I prayed about [feeling depressed]. And I woke up that next morning. I thought, "You know what Gabby, I can't let this beat me down to where I can't be a mom to my kids." [Because] I just would not leave the house there for a little while. I just woke up one morning and was like, "Gabby, don't be like this. It's a beautiful thing. It's the right thing to do." And ever since that day I've been okay with it.

Abigail also found that her faith motivates her through difficult times:

> I believe that God put me through the struggles that I went through, and that my story has worth . . . And so I think that that really has helped me have a positive mindset on it. And to work through my stuff differently. To not go into this spiraling but be able to express what's going on with me, or what I felt . . . And like look at it from a different perspective, instead of, "Oh, my world is just awful." It's really helped to do that.

Emily trusted God's intervention during challenging times. Through a conflictual period in her relationship with the adoptive parents, Emily was determined to be kind, patient, and respectful of the adoptive parents' need for space. Emily did not push for communication but trusted that "in God's timing, they will be ready." Indeed, Chad and Nancy gradually felt more comfortable opening the relationship again; thus, communication "naturally started unfolding" through texts and video calls. Emily feels at peace about her relationship with the adoptive parents regardless of specific incidents because they share the same foundation of faith:

> We serve the same God . . . I have to answer to Him for how I treat them. And they have to answer to Him for how they treat me. And how we all handle this relationship. And so I think that adds a really thick layer of security, and a common ground, and a bond . . . Above anything else, we serve our Lord. And that's not for everyone. But that I think when that is an element that's part of your relationship and part of the process, I think that it changes everything.

Emily further explained that God's sovereignty allows her to not be anxious but to have peace and joy:

As much as we want what's best for Nathan, that *He* wants what's best for Nathan. And that *He* brought us together. And no one can take that away. No matter if I hurt their feelings unintentionally, or they hurt my feelings unintentionally. Or I get too busy, or they get too busy. No one can take away the peace of knowing that God formed this union. And so, we trust Him. And just being aware of the bigger picture. And eternity. And why we all chose this in the first place. So that, no matter what's going on, that peace and that joy is always there. I was just thinking recently how grateful I am for just that, the way that God made beauty from ashes. And the way that He brought us together. It's just incredible. When I think about the gift that He's given *me* in *them*.

Through their emotional journey, birth mothers trusted that there is a reason and purpose for their experience. As Sheila concluded, she could not have an abortion because "there's some bigger plan." Gabby reasoned, "it was just meant to be" because she should not have been pregnant: "I mean, I had my tubes tied. I wasn't supposed to get pregnant, you know. And I did." Gabby deduced that she was chosen as the vessel to help John and Julia become parents:

I feel like it was just all meant to be. It was God's doing. I was just a lucky one that He chose to carry this baby for John and Julia. I honestly believe that God handpicked me and *picked me* to carry Edie for John and Julia . . . He knew that I was strong enough to go with it. [Because] it takes a pretty strong woman to place a child. I guess He knew that I was one of them. And I did it. And I've been running with it.

Judy comforted herself with the belief that "everything happens for a reason":

Honestly, I believe in my own heart that everything happens for a reason. Everything happens for a reason. I don't think it's just luck. I think there's a reason behind everything that happens. Just take it one day at a time. That's all you can do. Because it's hard. It really is.

Abigail shared how she believed that her story has worth and that it has the power to change lives:

No matter how vague I tell my story or how in-depth I tell my story, I believe that it's impactful and that it's going to help someone. And that no matter what . . . I believe that someone in that room can take something away from that. And that I'm making something better because of the things that I've gone through. And it's not easy. Like I say that I have this cookie cutter adoption plan, but I've been through a lot. And so it hasn't all been easy. It's just now I'm healthy. And I'm just mature enough to like realize that all those things made a bigger picture and that that bigger picture serves a purpose.

In summary, birth mothers reported that faith in God was a source of comfort and strength during both joyful times and challenging times. Furthermore, birth mothers' belief in God intersected with their belief that there is a greater purpose for their experience. Trusting in a greater purpose helped birth mothers persevere in their open adoption.

Summary. In summary of Theme 2, open adoption is an emotional journey that twists, turns, loops, and curves. Birth mothers shared about the spectrum of emotions from anxiety and grief to peace and joy. There is a constant interplay of opposing forces, like the sadness of missing the child and the encouragement of seeing the child bond with the adoptive parents, or the fear of rejection versus the trust that God is in control. Birth mothers' accounts demonstrate that the emotions do not proceed in a linear fashion; rather, each individual's journey is unique.

Theme 3: Interactions With the Adoptive Parents and the Child are Affirming for Birth Mother

At the crux of open adoption is the relationship that the birth mother forms and develops with the adoptive parents and the child. Positive relationship growth contributed to the birth mother's ability to find comfort and peace in the open adoption situation. Interactions are affirming because the adoptive parents demonstrate trustworthiness and commitment to open adoption, the child knows and expresses love for the birth mother, and the birth mother is able to see the child with the adoptive parents.

Category 1: The adoptive parents demonstrate trustworthiness/commitment to open adoption. Because adoptive parents are not legally bound to maintain communication, it may appear that adoptive parents to hold the power after the adoption is finalized. A key contributor to birth mothers' satisfaction in the open adoption is the adoptive parents' trustworthiness and

commitment to open adoption through their adherence to communication promises as well as

their dedication to telling their child positive things about the birth mother.

When adoptive parents maintain a regular schedule for visits, birth mothers know what to

expect and do not need to worry about asking too much or wonder if the visit will happen. Judy

stated her appreciation that the adoptive parents initiate setting up every visit. They are very

punctual about keeping their agreement of meeting every three months: "They're like, 'Oh, visit

time! Where do you wanna meet?' They'll send me a message. That's another boundary I set for

myself. I don't initiate a visit. They do. And they're *right* on time. The clockwork is amazing."

Gabby also found the adoptive parents to be steadfast in their visit agreement:

> No matter what, we always see each other twice a year. That's just how it's always been.
> That's what we came to an agreement with each other . . . No matter what, at least twice a
> year. Spring break, we always go to [their city] and stay about 4 or 5 days with them.
> And then on my birthday . . . They stop at our house on my birthday. It's always on my
> birthday for some reason. So it's *always* twice a year.

Similarly, Abigail said that Chrissy has kept to their agreement: "I just follow her lead of when

[Chrissy] wants to meet. It's always been two times a year, near Penny's birthday, which is in

March, and then near Christmas time." Sam and the adoptive parents have implicitly worked out

a system of discussing the next visit during the holidays to give each other adequate time to plan

for the visit around Cooper's birthday:

> We're sticking around the same timeframe as we initially did, which is kind of cool
> [because] his birthday is right around when they get outta school, which is kinda
> convenient. So we're just gonna plan to do [the visit] around his birthday, and we're
> gonna have to start planning around the holidays.

Sheila and the adoptive parents also use birthdays as a mile marker for visits. They have two

visits each year: "[Grace's] birthday and then my birthday. Her birthday's in February; mine's in

December."

Another indication of the adoptive parents' commitment to the open adoption is the adoptive parents' consistent devotion to telling their child about his or her birth mother. Gabby had the reassurance that her child knows her and knows about her: "[Adoption has] been implanted in her since the day, *literally* the day she was born. John and Julia have *always*, she was a newborn and they would tell Edie about your birth mom, about Your BB, *always*." (Edie calls Gabby "My BB.") Fran appreciated the fact that the adoptive parents not only made adoption an open and salient part of Nathan's life, but specifically talk to Nathan about being loved by his birth mother:

> Anna would say when she tucked him into bed, it was, "Mommy loves you. And Daddy loves you. And Fran loves you." Always talked about me as his birth mom. Had pictures of me around. Talked about him when he lived in my tummy a lot.

Judy professed that Jackie "has a way of comforting sometimes [her] worst feelings." Jackie understands that Judy feels the loss of Simon and that Judy is afraid that Simon will reject her one day, so Jackie tells Simon about Judy's love for him. Judy said,

> Jackie's like, "I just want you to know that every night before he goes to bed, we tell him a story. We rub his back. We let him know how much you love him. He hears it all the time." Like I said, she's amazing. He hears it all the time.

When Abigail feels dejected, Chrissy comforts her and uplifts her, knowing that Abigail wants to feel loved and valued. Chrissy tells Abigail, "Abigail, Penny knows how much you love her."

> [Penny's] mom is just so good. Really reminding me that I'm loved. Reminding me that I mean so much to Penny, and that I mean so much to her. She's just really good at being an encouragement. And supportive and loving through the whole thing. She never changed that. That's been a constant thing for us. And that really helps too. [Because] I think I probably would have faced more emotions if they wouldn't have been so warm with me.

In summary, open adoption is strengthened when adoptive parents are consistent in upholding their verbal, nonlegally binding promises, namely maintaining or exceeding agreed upon contact and telling the child positive things about the birth mother. Birth mothers shared

that they feel reassurance when they can trust the adoptive parents' commitment to open adoption.

Category 2: Birth mother has feelings of reassurance due to the child knowing and expressing love for birth mother. As delineated in the first theme, birth mothers fear rejection by their child. They hope that maintaining a relationship would give them opportunities to show their love for their child. Birth mothers and adoptive parents make a combined effort to tell their children that they are loved. Evidence of the birth mothers' and adoptive parents' efforts emerges when the child becomes verbal and expresses love for the birth mother. Fran shared about how Michael acknowledges her as a mom. Anna has a secure sense of her own role and identity as Michael's mother, and she has instilled in Michael the fact that he has two mothers who love him. Anna told Fran, "He tells everybody he has two moms. He loves it." As he gets older, Michael is also having emerging independence in his communication with Fran:

> Michael's at the point now where he can spell stuff out on a cell phone. So he'll steal Mom or Dad's phone and send me a text. And he'll send me like eight kissing emojis, and then say, "This is Michael."

Judy also feels reassured because Simon acknowledges her. Judy stated, "[Visits are] a little bit easier as he's gotten older. And I don't know if that's because he can communicate." Judy beamed as she shared, "He knows who I am. He calls me 'his Judy.' He knows who I am. He runs up and hugs me." Simon communicates what is on his mind and his heart. For example, he will express his desire to spend more time with Judy when visits are ending: "He's like, 'Well, I don't wanna leave . . . I wanna stay and play with you some more.'" Though it is difficult for Judy to part ways when Simon requests more time, it is also reassuring for her to know that Simon enjoys being with her. Sheila also received a heartachingly difficult request from Grace:

She's getting to an age of every birthday we have, she tells me her birthday wish is to come live with me . . . [She's] constantly asking, "Well why can't I come live with you? Why can't I move in with you?"

Grace's affection for Sheila is reassuring for Sheila. Sheila feels solidified in their relationship.

Grace is proud of her adoption story, and she is proud of Sheila. Grace expresses her love through telling others about her birth mother:

[Grace] runs up to me. And she gives me a hug. And I'm happy. For her sixth birthday, I remember starting to tear up because she had shown a picture of me and her in the hospital for show-and-tell in kindergarten her second week of school . . . She's sharing part of me with her friends, with her class. And I just remember she gave me a hug. And she goes, "Your heart beats the same way my heart beats. Only I know what yours sounds like." And that's what they had written in her baby book.

Emily also receives gestures from Nathan of his love for her. When she visits at their home, he requests, "Can I sleep in Emily's room?" When they say goodbye, Nathan says, "Okay, I love you!" Emily took delight in how she is beginning to develop a relationship with Nathan independently of her relationship with the adoptive parents:

It used to be that we would all talk together on the Skype. And Nancy would kind of prompt him, like, "Tell her about this, tell her about this." But now, pretty much they just hand him the tablet. And he takes me off to his room. And shows me how can play with his keyboard. Or, you know, whatever. I mean, they're still there. And we still talk to each other. But it's mainly like they'll just hand me over to him.

It warms Tessa's heart that Lexi is beginning to understand who she is to Tessa. Tessa glowed and laughed as she recalled this small anecdote:

[Lexi] was just playing with her little lamb and buckling it into a little baby seat . . . And then she looked up at me. And she was like, "You know you grew me in your tummy, right?" So she like fully, I mean, not fully conceptualized it, but conceptualized it enough to, as she was buckling a baby seat, it made her think of babies. "And when I was a baby, and here's Tess. And Tess is my Tummy Mommy. She grew me in her belly. I wonder if she knows that."

Tessa loves being able to witness and participate in special moments as Lexi is growing and developing. She cherishes moments when Lexi distinctly acknowledges her and chooses her:

The best parts about [open adoption] are those times where . . . we'll be playing. And she lays down next to me in her little hammock . . . and looks at me. She's like, "Isn't it just wonderful to be in a hammock with your best family, Tess?" Those moments. Or when she told me that . . . she came from me . . . This past time, we were just watching a show, and she was on the couch, and I was laying on the floor. And she was like, "I'm gonna go snuggle with Tess." And she got down and got under my cover. And we watched the show next to each other . . . Those little moments are what mean a lot to me.

In summary, birth mothers described their delight as their child began acknowledging them and expressing affection for them. There is a deep satisfaction to know and be known, to love and be loved. There is an inverse relationship between the child expressing love for the birth mother and the birth mother's fear of rejection; as the former increases, the latter subsides.

Category 3: Birth mother has feelings of reassurance due to being able to see the child with the adoptive parents. While birth mothers want a positive bond with their child, moreover, they want their child to have a strong bond with the adoptive parents. It is gratifying for Judy to know that she played a role in creating this beautiful family unit:

[Jackie] is such an amazing mother. Every little. And she's so protective over him. And I can just see how much she loves him. How much he loves him too. I keep saying "her" because she's the main person I contact. She just amazes me all the time. She's very attentive, protective. She just loves him so much. And I'm just so glad that I could bring them together, you know? I dunno. It's hard to put into words sometimes, but I'm so glad I could bring them together. And I can actually see it growing and blossoming and, and the family unit that they've created for him and everything. It's just *so* awesome.

Judy feels reassured because she knows her child feels a sense of belonging. Judy marveled at how well Simon fits in with his adoptive parents: "He totally fits in with them . . . He could totally pass for their child." Beyond sharing similar physical features, Simon and his adoptive parents have developed their own dynamics and way of communicating:

The best part is watching them together. Like the way the three of them communicate with each other. The way that there's such a strong family unit. Just watching, I could see just by looking at them how much they love him. And that's gotta be the best part because I know he's in good hands.

Sam also cherishes the fact that Cooper has inherited parts of his adoptive parents' personalities,

which solidifies the fact that they are a family:

> [Cooper] looks like their kid. No joke. He looks just like their child, which is so cool . . .
> It's cool seeing him grow up and take on the same mannerisms and goofy comments. I
> mean, he's got her sense of humor, 110%. But he's got his daddy's wild bone in there . . .
> his adoptive daddy's wild bone . . . They go on a lot of all kinds of crazy adventures.
> She's goofy as all get out and has so much fun with him [because] he has such a quick
> wit back at her.

Sam appreciates being able to witness the way Russ and Stella parent because she believes that

their parenting style enriches Cooper's life:

> Being able to see how happy [Cooper] is the most important thing to me. And seeing how
> happy they are. I love being able to see that *they're* going out and having a good time
> together [because] that is so important. That was one of my biggest things, is that I
> wanted a two-parent home that was just so utterly in love with each other. And that is
> them, 110%. It's so important to have that relationship base to be able to support that
> family because regardless of whether one of them loses their job or not, they're still
> gonna love each other . . . So it's just really cool to be able to see them go through their
> own journeys and be able to go out on a date night and let someone babysit him for a
> little while. To go out and really rekindle their relationship on a consistent basis . . .
> That's what ultimately sets the ground for his concept of life too. To be able to see two
> parents that are madly in love is—just to grow up with that [because] I grew up with that.

From the beginning, Emily felt comforted in being able to see that the adoptive parents loved

Nathan as much as she did:

> I wanted [Chad and Nancy] to be the next ones to hold and after me. I just loved seeing
> like the same love that I felt and the same face that I know that I must have had, they had
> when they held him. I was just so glad that they were [at the hospital].

Emily loved watching Nathan develop a secure attachment with his adoptive parents:

> I went to visit and he was, I think he was only 18 months, and we went to a waterpark.
> He was walking by then, kind of like waddle-walking. And [Nancy] went around down to
> the concession stand . . . When she left, he was okay for a minute with me. And then he
> realized that he couldn't see her at all . . . He was like looking all around. And he was
> getting upset. And it was just this like look, like, "Okay, where's my mom?" And I was
> just like, "That's so awesome!" You know, that they have that. That he, that they have
> that bond. Because that's what you want for them. You don't want him to ever feel out of
> place or like he doesn't belong.

As the years passed, Emily appreciated watching the family grow together and develop their

identity as a family unit:

> It's so wonderful to see them together. And every year it gets more and more wonderful because their family grows. And their family's evolving. And they have their inside jokes. And they have their things that they like to do. And they have their schedules . . . It's so *fun* to see the person that he's becoming, that I get to see when I'm there with them and see them all together. And see what he's getting from Chad and what he's getting from Nancy . . . I'm just . . . so thankful for getting to see, getting to actually be in person and spend time with them. All of them, not just him, but all of them. And be together as a family. And laugh and joke and see how he's growing. And what things he thinks are funny. And what he likes. And just do regular things . . . Just really thankful. And just that peace, and that confirmation of he is exactly where he's supposed to be. And he's on his way to his destiny. And they are perfect together.

Emily concluded that seeing Nathan thrive has been healing for her:

> One of the best things about open adoption is just, I think, not only the healing and the healthiness of not having to wonder on both sides, but the peace of knowing . . . that I am and that he is healthy because of that. So there's like the benefit, and then there's the peace of that benefit which is priceless.

In summary, birth mothers expressed their joy in witnessing their child integrate

seamlessly with the adoptive parents. Birth mothers want to see a secure attachment and a happy

family. Birth mothers shared their desire to see shared personalities and fun dynamics between

the child and the adoptive parents.

Summary. In summary of Theme 3, birth mothers expressed feelings of reassurance

because they are able to interact with the adoptive parents and the child. Furthermore, they

expressed feelings of affirmation when witnessing the adoptive parents interact with the child.

The positive interactions help birth mothers establish trust in the adoptive parents and the process

of open adoption. Birth mothers are grateful that open adoption allows that to be able to witness

and participate in the interactions.

Theme 4: Birth Mother has a Role in the Child's Life

Open adoption gives birth mothers the opportunity to be a part of their child's life. As Fran said, "My child's in my life. And I get to see him grow up. And be a part of it. And answer the questions. And know that he knows that he came from love." However, the role that the birth mother occupies is not clearly defined. The role does not exactly parallel any other type of relationship. Birth mothers articulated how the child belongs to both the adoptive parents and them, the birth mother–child relationship is similar to that of an aunt to a nephew or niece, the birth mother desires to be present and available for the child, and the birth mother's role is dynamic and ever-changing, particularly as the child grows older and has a voice in the open adoption.

Category 1: The child is theirs but also mine. There is an ambiguity to the question of to whom the child belongs; however, birth mothers are able to accept the duality of the child being both theirs and the adoptive parents'. Fran and Anna respectfully give each other roles as mothers. They do not feel threatened by the other because they know that they each have an integral and vital role as a mother. Fran distinctly sees herself as Michael's mother:

> I am a mother. And like early on, Peter challenged me calling him his son one time. And Anna was like, "What else is she gonna call him?" And he was like, "Well, birth son, blah blah blah." And she's like, "That's stupid." And I always, like, adoption changed my relationship to him, not his relationship to me. So he's still my son. That isn't ever going to change.

However, Fran also identifies Anna as Michael's mother, crediting both Anna and herself with important motherhood roles: "I'm not less his mother because Anna is his mom. And she's not less his mother because I'm there. We both are." Emily believes she has a multidimensional identity as both a mother and a birth mother:

> I think I of myself not just one way. I think of myself as a mother, 100%. And I think of myself as a birth mother. So, I think it just depends on the maybe the situation, or who

I'm talking to, or what I'm talking about, which one I identify myself with more because I'm both. So I think that's it. I think that I'm both. And I love that. I'm so proud of both of those things. And they're both just such a blessing and such a gift for their own reasons, in their own ways. So to get to be both is awesome.

Judy believes that Simon has a multidimensional identity as a son. She stated, "He *is* their child. He is their son. But that doesn't change the fact that I did give birth to him. And he is a part of me as well. And I've been able to deal." Judy, who parented two children, was able to shift her mindset and think about Simon differently from her older children:

My older two kids, I'm very possessive over them. They're *my* babies, right? But with [Simon], I don't see it in the same way. I know he's mine, but he's also theirs. I don't mind sharing him with them. But my older two kids, I don't share them with anybody. But you know what I mean? It's kind of weird. But yeah, sharing him is easier than sharing the other two.

Gabby, who also parents older children, also mentally and emotionally separated Edie from her older children. She admitted that the concept is difficult to articulate without sounding "heartless," but she is able to love Edie without seeing Edie as hers.

I don't feel any hurt, any pain. And I told you I have an emptiness kind of in my heart. None of that, it's just, it's so hard to explain without making me look like, "Oh, you're just a heartless person." You know what I mean? Because it's like, I don't feel like Edie is ours, you know. I don't have that, "Awww" when I see her. It's hugs, "Hi!"

Abigail, who had placed another child prior to Penny, knew she was planning adoption and already considered Penny as not hers during pregnancy:

Even while I was pregnant with her, she wasn't mine. She was theirs. That just was always my mindset. And it wasn't because that was placed on me by any words, or anything that had happened. It was just, I was very solid. And *this* is what I'm gonna do. And *this* is what's best for her. And I love her so much . . . So it was just a really solid foundation. And I think that's really helped me cope too. So, it was a good place to start.

Emily also began releasing the concept of Nathan as hers during her pregnancy. While she was pregnant, she verbalized that Nathan was Chad and Nancy's son:

> I had told [Chad and Nancy] when they came to visit before he was born, if they could come for his birth and if they can be in the room . . . I think they were a little surprised . . . And I said, "Well of course I want you to be here when your son's being born."

At the core, Emily believed that Nathan is God's child and that "as much as [Chad, Nancy, and I] want what's best for Nathan, that [*God*] wants what's best for Nathan. Thus, she was able to cherish the time that she nourished Nathan, and hold him with "an open hand":

> I just was so honored that I had him to have for that time. And to be the one who was responsible for putting him where he belonged . . . Even though he was literally part of me and I knew that he was mine, I also knew that he was mine with an open hand, which is *every parent* really, adoptive or biological. Everyone has to acknowledge that about their children and at some point. But for me it was like a very pointed timeframe.

Some birth mothers put considerable thought into the name by which the child will call them because titles signify relationships. Emily liked the term, "Tummy Mommy," so she and the adoptive parents agreed to try it. Eventually, Emily learned that the name was not working well for Nathan and the adoptive parents. For Emily, the meaning behind the name was more important than the name itself, so she decided to be at peace with whatever he wanted to call her because whatever the name was, it still meant something special:

> I think one of the things that was making it hard for [Chad and Nancy], and making them feel kind of isolated, was that [Nathan] asked [Nancy], I think he must've been like 4, at that time, he had asked her if he came from her tummy. She said no. And he cried. And so something about reading that made me think, "Okay, I just will let him say his own title for me." And I think the next visit he was calling me Emily, because when [Chad and Nancy] talk about me, they just use my name. So then he was calling me Emily, which was fine because up until then, like the last time I saw him, he wasn't talking in sentences. So it's not like I had to hear him call me one thing and then, you know. That was just an idea that I had thrown out, that I had liked. And it didn't, it just wasn't. I think it's not something that you can make up for them to call you. You have to just wait and see what they want to. So then he just started calling me Emily, which was fine. So that's what he calls me. And I think it doesn't bother me at all. I love hearing him say my name. And I know that he knows who I am. And what that is to him, as much as he can at this age. So I think that if he ever wants to call me something different, then he can, then he will. Or he'll ask me about it. And so, that might change later. But if not, I'm good with Emily. I think because it's coming from him. And I know what that name means to him.

In contrast, Sheila had a difficult time changing her mindset until Grace verbalized her concept

of who Sheila was to her, which helped Sheila bridge the gap between mother and birth mother.

> At the beginning, it was, I was her mom . . . "I'm not a birth mom. Justine's just a stand-in. I'm her mom." And I think once she started calling me "Tummy Mommy," it was like, "Okay, well she sees me in a different light. I *am* her birth mom. But she sees Justine and George as her parents."

After a time a reflection, Sheila was able to reframe the situation: "You will always be *this* part

of her for the rest of her life. She will always have *this* aspect of you. But her parents are raising

her." Now, Sheila is "a-okay" with whatever Grace calls her because she understands that Grace

is "still trying to figure it out, figuring out who is who." It also took Sam some time to grapple

with who she was to Cooper:

> In the beginning, it's that young naïve mind of, "He has two moms, so he can call me 'mom' too!" And, through the years, I think that would be *so* much harder. Until he fully grasps the concept, once he's old enough to really understand what all has happened, what's goin' on, I don't wanna be called that. I'm okay with being called Sam.

In summary, birth mothers described how their child has dual identities as the birth

mother's child and the adoptive parents' child. Correspondingly, birth mothers described how

they conceptualized themselves as birth mothers and mothers but not necessarily their child's

mom. Additionally, names are meaningful to some birth mothers, but they realized that

flexibility was necessary to allow the children to find a name that fit into their understanding of

their relationship with the birth mother.

Category 2: The birth mother–child relationship is aunt-like. In an attempt to make

the birth mother–child relationship relatable to others, birth mothers described their relationship

as somewhat analogous to the relationship of an aunt to a niece or nephew. Part of what

reinforces the aunt concept is how the child refers to the birth mother. Gabby stated, "She calls

me BB. It's like she's a niece or my friend's daughter, you know. I don't really feel like she's

mine." Sam explained that being like an aunt helps her emotionally cope with the fact that

Cooper is not hers:

> "I see myself as . . . [Cooper's] almost aunt in a way, if you will, if that makes sense. I guess that's kind of the concept that I've taken on as myself. It kind of helps to put myself, to cope with everything [because] it puts me at a—I've got a niece . . . And having my niece kinda, not really at arm's length, but . . . I don't see her all the time. I don't live with them . . . I love her to death, but I see her when I can kind of thing. And that's kind of where I went to that with him. And I put that in my head. "Alright, you know, you're gonna treat this like he's your nephew. He's *not*, but you're gonna treat it like that because it just helps me cope better I guess.

Sam further explained that being called "Sam" fortifies the notion of aunt, and helps keep

her emotionally accountable:

> I'm okay with being called Sam. [Because] that kind of reassures that whole nephew concept. And it helps me at the moment to be called that. I think one day we can cross that bridge, but it's gonna be a little while.

Tessa and the adoptive parents discussed what Lexi should call Tessa: "I was just called Tess by

my niece and nephew. So I just told [Matt and Michelle] that that was the name that they could

use for me." However, Tessa wants Lexi to know that her relationship with Lexi has more depth

than that of an aunt: "Yeah, I grew you! Like, you are from me, but you are also, I dunno. Just

that I'm a part of your life, deeper than just like an aunt or something like that." Judy is hesitant

to say that she is equivalent to an aunt: "I wanna say it's like an aunt, but it's not . . . I don't

really want to say it, [because] . . . [it] is a completely different relationship." Judy explained her

indelible connection with Simon through an interaction she had with him:

> When he was 3, he was really distant on a visit. Like he didn't want to talk to me or nothing. He was really distant. And I know that babies can hear things when they're, when they're in the womb or whatever. But yeah, he was totally ignoring me. I would try to get his attention and he would just walk away. It's like, "I don't know who you are," type of thing. Maybe he was a little cautious. He had done something and I laughed. And as soon as I laughed, he just like, perked up like that. And he walks over to me and just gives me a hug. He was like, "I know you." And I'm just like, "Oh!" So I know they hear things like a laugh while they're in utero, in the belly. I know they can hear it.

Reducing their relationship with the label of "aunt/nephew" would grossly devalue the special

quality of their relationship:

> I have to believe in my head that he still knows in a certain way, even though he's so young, he still understands and knows that I gave birth to him. But that *that's* his mom. So it's kind of weird. I don't want to take her place, but I know it's more of a relationship than just an aunt-type of thing because I can feel it when I'm around him. And I know he can feel it too. There's just that connection. People have connections with their kids. So I can feel that connection.

Emily did not use the word "aunt," but described a relationship that is fun and light-hearted,

similar to how some of the other birth mothers characterized their relationships during visits:

> Nathan and I are like, I'm like his buddy. He knows that he came from me. So he knows in a sense that I'm his birth mom. But I don't think he, I think at this point, it's just more like when we have visits, it's like a big party, you know? And so he's mainly into the, "Oh party time! We're gonna to do all this fun stuff." And we're like buddies. We're inseparable.

> In summary, when describing their role in relation with their child, birth mothers utilized

the term "aunt," but also clarified that they are more than aunts. Birth mothers articulated that

though their role may resemble that of an aunt, they felt a deep-rooted connection with their

child, which is unparalleled in a relationship between an aunt and a nephew or niece.

Category 3: Birth mother wants to be present and available for the child. Birth

mothers chose open adoption because they believed it was in the best interest of the child; thus,

birth mothers voiced the imperative of being present and available for the child so that the child

feels loved and wanted. Tessa stated that no matter how difficult it is to maintain an open

adoption relationship, she will do what it takes:

> I know that my constant contact with her and my constant presence will one day be cherished. And will be known. And will be felt. So that she doesn't feel forgotten. Or left behind. Or given up, which is a lot of the insecurity that an adopted child feels. And so pushing through . . . so that she won't ever have to face that. At least as much to my ability as I can. Like I'm in control of my relationship with her. I *want* to be a constant.

Similarly, Fran wants to be present for her child so that he feels secure and adequate:

I kind of joke that I hope he takes me for granted. Like I hope that I'm consistent enough in his life that he doesn't have to feel like he needs to be right or be better or be whatever. That he just trusts that I'm always there.

Judy also emphasized the importance of being available for her child: "I do want to make sure he knows that no matter what, I'm always here, regardless. I wanna make sure he knows that."

Emily rerouted her career to give her the ability to be available for her child:

One of the reasons that I left my nice, secure, full-time job to go back to school to be a nurse was so that I could be more available to him because as he gets older, if he wants to get together more or something, I won't be so restricted. I'll be able financially and scheduling-wise to be like, "Yes, I'll be there!" I mean, eventually he'll graduate, and then, you know, like maybe be able to, to just be there for him at different times if he wants me to.

In summary, birth mothers voiced their desire to be a constant in their child's life because they believe that their presence would help their child feel secure and loved.

Category 4: Birth mother's role may change as the child grows older and gets a voice in open adoption. Birth mothers expressed their intention, as well as the adoptive parents' intention, to allow the child to make decisions regarding the open adoption relationship as the child matures and develops a better understanding of adoption. Birth mothers believe that as children grow older, they have the right to choose to have and maintain a relationship with the birth mother. In the postadoption agreement, Emily was careful to indicate her intent for Nathan to have a voice in the relationship:

I just remember the whole time, putting in [the postadoption agreement], like visits, once a year until he's 5. And then after that as decided by both parties, or whatever Nathan says he wants. I remember putting that in everything. Like, or if Nathan wants more or less. Or if Nathan wants this. Or whatever's best for him. We were all on the same page with that.

Judy, Steve, and Jackie are in agreement that Simon should take the lead on visits as he gets older. Judy stated,

As he gets older, [Steve and Jackie are] gonna leave the frequency of visits up to [Simon], especially when he's preteen, teen. They're going to leave the frequency of visits up to him. So it'll be up to him. And I agree with that 100%. I *do* want him to know where he comes from, but it will be his choice whether or not . . . And I do hope that as he gets older, he does choose to spend time with me. Maybe sit for a few hours and play video games with me. Something. I hope he does. But it will be completely his decision if he wants to or not, as he gets older.

Fran, Peter, and Anna are already allowing Michael to voice his opinions and dictate his wishes

for visits: "He is still asking for more contact. So, you know, we're kind of letting him lead that

as much as possible." Fran and the adoptive parents agreed to increase the frequency of visits

upon Michael's request:

Probably about 2 years ago, I was with [Michael] in his kitchen. He was like, "You know, we need to hang out more . . . [because] I only see you like eight times a year. And that's just not enough." And so we did . . . It's been a little more since then because he expressed that he needs to see me more often. So it was working out really well when he was in soccer [because] he had soccer games every Saturday morning. And I could make 'em at least every other week . . . So it was more frequent.

Then, Michael began to ask to extend the length of each visit; thus, Fran has become more

involved in Michael's life:

There have been specific things, like he said, "I wanna have lunch *and* dinner with you." So, okay. So we plan a longer visit. And he's been asking for overnights. So we're kinda starting to talk through that. So I don't know. We've talked about either like babysitting at his house overnight. Or us going on a beach vacation for a couple days together to see what would be the best way to do that. But we kind of have to figure that out [because] he said, "I wanna go to sleep and wake up with you still here." . . . We had kinda talked about that as an eventual thing anyway. So I did babysit him til he went to sleep a couple times recently [because] that was something he'd asked. He had wanted me to be the one that tucked him in. And so when they had a couple of later night things, I went and babysat.

Birth mothers recognized that giving their child the choice means that the child may

choose to limit, decrease, or cease communication. Fran is aware that adolescence may change

the relationship dynamic:

I have no idea what will come. I think that he and I have a really good relationship. He really loves my husband. So from what I know of him, I think that that's something he's

going to want to continue. But teenagers are crazy and do all sorts of weird stuff. So who knows?

Gabby also spoke about how adolescence may affect the relationship:

> I don't think anything will change because I'm her birth mom. I just think it'll change just because she's growing up to be a young lady. Because they're so open with her and honest and we're all like a family, I don't think anything will make her feel or think any differently of me. I just think it would kind of maybe slow down or not be so loving because of her age. Because of the way we are, I don't really think that that would affect her. That's my hopes.

Abigail acknowledged that Penny will reach an age when she might not be interested in visits.

Abigail admitted that it would be challenging, but she mentally prepared herself to be accepting

of whatever Penny chooses:

> We live in such a world of social media, that I'm like, "Okay, well, when [Penny's] a teenager, this is so silly, is she gonna want to be my Facebook friend?" And like, is she going to feel like she can confide in me? . . . I think that those are things that I'm really like kind of excited for. Because right now she's still processing everything as best as an 8-year-old can. And we're not there yet. And it's gonna get deeper and deeper I'm sure. And I'm also prepared for the possibility that the older she gets, she may not even want to come visit me anymore. I have completely prepared myself for, well, we might just have visits with Chrissy . . . If Penny is working through this relationship, and she's not in a place where she wants to see me, then I'm still gonna say, "Hey Chrissy, can we meet [because] I wanna hear all about [Penny]. And I'm gonna respect that she wants space." It's gonna be hard, but I'm still gonna make sure that I learn about what her passions are and what she's doing. I think I've prepared myself for both extremes, hoping that maybe it will fall somewhere in the middle . . . I know what being a teenager looks like. And I know how wild I was. And so I'm always prepared for [Penny to go] through some stuff that I'm going to be like, "Oh man, that really hurts me. But I get it, and I respect it. And there's nothing more I can do. I'm not gonna force you to come and talk with me. You'll come to me when you're ready." . . . So I do think I'm pretty prepared for ideally what I hope I will react to either a situation or whatever the situation may be. But I realize that I'm not in that moment. The best I can do is just hope that I don't take it personally and just be respectful of the boundaries that are forever changing.

Instead of planning for the future relationship, Sheila is willing to wait to see what direction

Grace wants to take as Grace finds her identity:

> For the years to come, I can't wait to see what she's like . . . It all depends on how everything pans out. We just started the 2-year visit, after her fifth birthday [because] she asked again why couldn't she come home with me. And so we're trying to see, after a

certain amount of time if the two visits a year is the right fit. Or if we should go back to more, you know. Cut it down to one, you know. We just wanna see where she's at in the whole relationship . . . I just want, I want to see her grow a little bit more, and her personality. Because she's still trying to figure out who she is as a person.

Sam believes that logistics may change her relationship with Cooper as Cooper gets busier, but she also noted that Cooper's interests will change, alongside his attitude towards her, perhaps:

I feel like we're gonna hit a point where we're probably gonna roll over to every 2 years or somethin' like that eventually. Just because schedules I know are going to intensify, especially once he starts more sports and everything like that. But I think it'll probably become a little bit more difficult, which I'm okay with. Just as long as I'm able to watch him grow up, even if it's from way over here. I'm alright with that. Just knowing that they're happy. [Because] I know my schedule's probably gonna intensify too. So it's probably gonna hit a point in both of our lives where it's gonna become a little bit more complicated. And I think I'm kinda afraid of it. I'm a little anxious about it because I don't know where I'm gonna fit in. Right now, I can kinda pick him up, throw him around, and play with him and everything. And he's gonna hit a point where I can't pick him up anymore. I can't carry him around on my hip and goof off. . . . So, I hope that we are able to do every year. And that things just kinda come naturally. But I'm not expecting that I guess.

As Abigail concluded, "[Open adoption] is always changing. The situation is always every-changing."

In summary, birth mothers conveyed the importance of allowing the child to take the lead on the open adoption relationship in the future. Birth mothers hope that they have established a solid foundation with their child, and that their child will choose to maintain the relationship; however, birth mothers are aware that the child may choose differently.

Summary. In summary of Theme 4, birth mothers have a distinctive role in the child's life, although the role is difficult to precisely define. Birth mothers identified themselves as birth mothers, mothers, and semi-aunts. Birth mothers expressed their desire to be a constant in their child's life, to be present for questions and to be present to show their love; however, birth mothers recognize that as the child grows older, their relationships may change.

Theme 5: Birth Mother Values the Relationship With the Adoptive Parents

When sharing about their open adoption, birth mothers often focused on their relationship with the adoptive parents. Though their original purpose for choosing open adoption was for the child, birth mothers found that open adoption became more about developing a relationship with the adoptive parents, especially during the child's early years. Birth mothers grew to value, love, and respect the adoptive parents and the relationship they built together. Birth mothers described adoptive parents as family and as friends and illustrated how there is mutual care and support between birth mothers and adoptive parents. As with other relationships, there are unspoken boundaries, mutual commitment to the relationship despite disagreements, and the need for open and honest communication.

Category 1: The adoptive parents are like family. When describing the birth mother–adoptive parent relationship, all of the birth mothers considered the adoptive parents as family. Sheila regards Justine, George, and their crew as "a whole new family" and described it as "a miracle happening." Emily also referred to Chad, Nancy, and Nathan as "this beautiful new family." In contrast, Gabby felt like she was seeing old family members, people she had known for years, from the moment she met the adoptive parents:

> We met them. And the minute that her and him walked in the door, it was like they were immediately family. It was like family that I had not seen in years, that I couldn't even remember. It was a complete instant draw to them, you know. My husband felt the same way . . . We talked for, gosh, we were there forever, you know. And ever since that day, they have seriously become our family. They're close to all of my family. We're close to all of their family. And I would not have it any other way. There is no way possible. It couldn't be any other way because we've grown so close to 'em. And they've been awesome.

Over the years, visits became comfortable, fun family gatherings for Gabby:

> When we see them, it's not, "Okay, this is my visit, let's visit with Edie." It's, we get together and it's just like a family get-together . . . We enjoy being with 'em. It's great. It really is . . . Me, Danny, and her and John, we just all hang out. And act crazy and play

games. And be crazy and funny . . . We kick off our shoes and sit around and, I can't
even, you would die if you knew some of the crazy things we did, you know what I
mean? We're all comfortable and just a happy family.

For Emily, the adoptive parents' behavior and treatment towards her indicated that they view her

as family: "I've gone to visit there at their house. I stay at their house, which is so gracious. I feel

like that's just like, 'Yeah, you're family. Of course you can stay here!'" Emily also treats the

adoptive couple as her family: "I do feel like if there's something big going on, that I can reach

out and . . . talk to them as family. So that's been nice . . . We let each other know. It's like

family." Emily embraces Chad and Nancy as her family, not simply because she wants to

maintain a relationship with Nathan, but because she values her relationship with Chad and

Nancy: "[Chad and Nancy are] my family now. And so you don't want to damage *that*

relationship with them, not just because of you, because of the child, but because of *them*. Your

relationship that you have."

Judy also feels like Steve and Jackie see her as family: "They treat me like family. I feel

like family to them." Steven and Jackie explicitly tell others that Judy is family: "They refer to

me as family. Like even when they introduce me. 'This is family here. This is Judy. She's

family.'" Peter and Anna invite Fran in their family functions. Fran said, "We're family . . . and

that's always been the thing." Meanwhile, even though Tessa and the adoptive parents have

always referred to each other as extended family, Tessa has longed for a little more inclusion in

family events. She feels like she is placed in a separate category from biological extended

family:

> They're family. Yeah, we've always kind of talked about we're an extended family.
> Which, I guess if I could change something about the adoption, it would be to feel like
> more of extended family, which is what they label us as, but I don't necessarily feel as
> included, or as a part of family as their extended family . . . It feels like there's like
> designated times for me. I feel like I am very integrated. I know their families, and I

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know they're friends. But we call each other family, but there is a disconnect between family family and Tessa family.

A couple of birth mothers more specifically described their familial relationship with the adoptive parents. Sam regards her relationship with the adoptive father as sibling-like: "I see myself as . . . the adoptive father's little sister." Sheila has multiple family-like roles within Grace's adoptive family: "George says I'm the cousin that's always out of town and comes in when it's vacation time." Sheila said that Justine is like a sister: "Now, 6 years later, we talk like sisters pretty much: 'Oh, well Grace did this the other day.' 'Oh, oh yeah, I could see her doing that' sort of thing." Sheila also embraces all of George and Justine's children. They are George and Justine's children and Grace's siblings, so by transitive property, Sheila sees them as part of her family:

> I make sure to make time for each child . . . I wouldn't feel right if I didn't do that. I'm here to visit Grace. But these kids, they're a part of her life. I can't just go, "Oh, I'm sorry. This is my time with my child. So can you kind of go away?"

Because Sheila is the only birth mother in their lives, she wants to represent as a birth mother figure to all of them and devote special, intentional time to each of them:

> I ask how *all* the kids are. Not just how Grace's doing . . . Technically, I'm the only living birth mom that's involved in their lives. So I wanna make sure everybody, you know . . . So now it's like, Klara's like, "Oh, I love your nail polish," you know. I'll bring a thing of my favorite nail polish and paint her nails. And Alexander was, you know, "Have you seen the latest episode of Spiderman on TV?" And we'll sit there and I'll go, "No, you have to explain to me because it's kind of confusing." You know, I just have different [relationships with each of them].

Abigail described Chrissy as an "extension of family" because Abigail has felt the love, care, and support that family give:

> [Chrissy's] always been that loving, encouraging, supportive, unconditional love that I would expect from my family. And so to have that extension of family within her, it's everything that I wanted out of openness . . . I just want to feel like I'm important to you too. And I don't want it to be this abnormal thing that you. I don't want you to feel

obligated to make me a part of your life and [Penny's] life. I *want* to be a part of your life. But you know, within reason.

In summary, birth mothers described their relationship with the adoptive parents as familial and indicated that the feeling was reciprocal. Birth mothers expressed feeling accepted, welcome, and supported.

Category 2: The adoptive parents are like friends. Through the open adoption relationship, birth mothers found themselves developing a strong friendship with the adoptive parents. Fran stated, "We're really good friends." Sheila said, "Justine tells people I'm like her best friend." Sam thinks of herself as Stella's best friend: "I see myself as the adoptive mother's best friend." According to Sam, Stella shares similar sentiments:

> [Stella's] told me a handful of times that I'm like a best friend with her. She's like, "Everything time I hit a rough patch or I have a rough day, you come up in my mind. And I wanna pour my heart out to you." It was just really sweet, everything that she had said. So it's really cool being able to walk through the journey of life with them ultimately.

Sam further described the relationship by giving an example of their casual and thoughtful interaction:

> She texted me yesterday [because] they just got a silver lab . . . And I got her this, it's called a bark ball . . . She fell in love with it, and I guess she destroyed hers. So she's like, "Where did you get it? I gotta get another one." So I mean that kinda shows the relationship we have. I mean, we're like best friends. I love 'em to death.

In addition to informal texting, Sam and Stella have long, heart-to-heart conversations: "We've had a couple real *deep* conversations at 5 o'clock in the morning on the phone, like overnight. We've spent 5 hours on the phone overnight at one time before." Gabby also explained her friendship through giving an example of their interactions:

> Me and Julia have a really close relationship. I don't look at her, "Oh, she's my birth daughter's adoptive mom." I do, but it's more like we're friends, you know. Like she'll Facetime me and say, "Does this look cute?" Or, "Does this go together?" And I'll do the same for her. It's not just she's Edie's mother . . . We're more than just sharing this

daughter. She's really a true friend of mine . . . It's not always just about Edie when she calls.

Abigail described how Chrissy treats her like a friend.

> I would consider [Chrissy] my friend. And she talks to me just like I would think she would speak to her friends. And that's the most important thing to me from the openness . . . I don't wanna feel like you're just there for my baby. I wanna feel like you're there for me too.

In summary, birth mothers depicted their relationship with the adoptive parents as a friendship. Birth mothers and adoptive parents share mutually enjoyable and meaningful interactions.

Category 3: The adoptive parents care for birth mother. Beyond birth mothers verbally characterizing adoptive parents as family or friends, birth mothers shared instances when adoptive parents demonstrated care for the birth mother. Birth mothers appreciated that adoptive parents do not merely see them as their child's birth mother, but that adoptive parents show care and concern for the birth mother herself. Tessa articulated a relationship that exhibited unconditional support:

> Michelle and I just knew each other really well and she became like one of my biggest cheerleaders. And I felt fought for by her. And I never wanted to disappoint her. Like I wanted to study social work. I wanted to go into more advocacy for birth parents and birth moms. And maybe counseling in the future. And she just like, well, also she just listened. My family doesn't really listen. My family's a bunch of talkers. So I felt known in a different way by her than I had been ever before. And so that was just really special and I held our relationship at a high standard.

Abigail described experiencing unconditional support from Chrissy: "[Chrissy's] always just been so loving and warm. And I've been through some really immature decisions, like in the earlier stages of Penny's life. And [Chrissy's] never thought any differently of me." From the beginning, Fran felt that the adoptive parents cared about her as a person, regardless of whether or not Fran placed her child with them.

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They had always been really, especially Anna, had always been really protective of me. There was a brief time during my pregnancy that the birth father was discussing contesting the adoption. And Anna was always concerned about *me*, and not about if the adoption was gonna happen, but if I was okay. And then through placement and everything, they just always were very respectful of me. And you know, at the hospital and stuff, they never asked to come. They just, if I invited them, they were there. Early, before placement, I remember Peter telling me basically that they always had the best intentions, and that they fully intended to follow through with whatever contact we agree to and all of those things and all. But they knew they were human. And gave me permission specifically to remind them or let them know if they weren't living up to that. And so, that was really amazing going into it, to have that permission.

Sheila felt like the adoptive parents were considerate of her. George and Justine sacrificed having Grace's original birth certificate so that Sheila could have it:

The part that broke my heart the most was [the hospital was] going to send Grace's original birth certificate to Justine and George. And I was gonna get a copy. And when Justine received it in the mail, she sent it right back with a letter saying, "No, we'll take the copy. [Sheila] deserves all the original hospital records . . . We'll take all the copies. She's been through hell and back pretty much."

Adoptive parents also show their care by going beyond what they had originally agreed upon regarding communication. Chad and Nancy initiated contact before their first scheduled postadoption communication. They continued reaching out to check in on Emily. Emily recalled that they made her feel special and loved:

If I could have redone it, I would have asked for contact that night [after placement]. But it just made it even more special that I hadn't asked for it. And that they did that. Because they really were watching out for me. Like from the time that they put their profile together, it has the thing about how, you know, "We don't know what you're going through, but we know that this must be very difficult for you. And we want to be here for you. And it's very brave." So it's like they had me in mind before they even knew me, you know? So . . . through the pregnancy, and then through the birth, and through the first year even, very much like, "Are you okay?" Like, almost like they had two babies now, you know?

Tessa and the adoptive parents had originally agreed on one visit a year, but their relationship was so strong that they quickly decided they wanted more than that:

We had agreed on at least one visit per year. And phone calls and pictures and stuff like that. But yeah, we haven't had to really focus on that lately because I go over there like three, four times a year. And they come and visit me and my parents.

Abigail felt comfortable reaching out to Chrissy if she needed a mood booster, and Chrissy would respond with an update or picture of Penny:

If I was ever feeling blue, I would just say, "Hey, what have y'all been doing this summer? Can I see some pictures?" And I never told her that I was feeling sad. I just said, "Can I see pictures?"

Judy also felt like she could freely express when she had a particularly tough day. Jackie promised, "If you're having a hard time, just call me. We'll do an emergency visit for an hour or so, so you could spend some time with him." Jackie is very responsive, helpful, and empathetic when Judy reaches out:

[Jackie] always has a way of comforting sometimes my worst feelings . . . If I'm feeling down or something, I'll be like, "Hey, can you take a picture and send it to me?" And almost automatically, I get a text message back with a picture of him. She helps a lot. She really does. She understands.

Adoptive parents show their care by demonstrating fierce loyalty to birth mothers; they are quick to protect and defend birth mothers. When a family member questioned Fran's relationship to the family, the adoptive parents defended Fran's status as family:

At Michael's first birthday party, Anna's nephew challenged me [because] he said this party was just family and the godparents. And he kind of side-eyed me. And Anna said, "Fran is family." So that was just always what it was.

When Grace's teacher challenged Sheila's presence and Sheila's lack of involvement at Grace's party, Anna intervened:

There was [a] situation at [Grace's] sixth birthday this past February, an old teacher from her school. I was wearing my "Adoption is love" shirt. She asked me, "Why are you here? You gave up your right to be her parent. So why are you here? Why are you at her birthday? Why do you get to celebrate if you gave your child away?" . . . And I just remember looking over at Anna and kinda nodding. She came over, and she said, "What's going on?" Teacher explained what she felt. Anna said, "You don't know what she went through to get to this point in her life. This is 6 years. She went through the

biggest roller coaster at the beginning of this whole process to get to where she is now. Where she can stand off and watch her child play with her friends and her siblings. When in the beginning, it was like she had to keep Grace to herself. Like nobody else could hold her. Nobody else could, you know. And you don't know her story. You don't know why she chose adoption. So you come in and you're an outsider to this whole perspective. You know, if you sat down and you talked to her, maybe you better understand why she wears the shirt that she does. Why she's sitting off in the corner, and letting her child play, rather than running after her."

In summary, adoptive parents demonstrated care for birth mothers through taking an interest in the birth mother as an individual, not just as their child's birth mother, initiating more contact than expected, and defending the birth mother when others challenge her presence in the child's life.

Category 4: Birth mother cares for the adoptive parents. The acts of caring are not one-sided. Birth mothers also demonstrated their love for the adoptive parents. Judy sent a message of encouragement to Jackie right when Jackie needed the support:

It's almost like we feel led to attempt to comfort each other . . . I sent [Jackie] a message to tell her I was thinking about her . . . And I said, "I just want you to know I chose you for a reason. I think you're gonna be an amazing mom." And she's like, "Oh my God . . . [Simon's] been up for the last 18 hours. He hasn't been sleeping." She's like, "You have no idea how much I needed to hear that."

Birth mothers refrained from sharing her negative, unproductive feelings that might hurt the adoptive parents. When Emily felt upset about the adoptive parents' struggle with keeping up with open adoption communication, she tried to empathize with their side:

I took the time to think about it and think about putting myself in their position, and not only being new parents, but being adoptive parents. And having that be like, how can you know what you can expect to feel?

Empathizing with the adoptive parents helped soften Emily's heart and respond to them with love and grace:

That's what God put on my heart to do instead of being offended or being angry. I could tell that they not necessarily needed me, but I could tell that they needed support. And at that time that meant space from me.

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Emily gives the adoptive parents the benefit of the doubt: "I know that if I'm hurt, that it's not anything that they've done or neglected to do intentionally. And I know it's probably not even something that they're aware of." Emily is willing to be flexible and have a positive attitude for the sake of the relationship:

> It's good to have a plan, but . . . be really open to changes and . . . know that if it's different, as long as both sides are still communicating, and still willing to have open communication, and still love each other, that if it's different from how you thought it would be, that it's still growing. It's a living, growing thing. And so just to really try to go into it knowing that there will be times that you get to exercise being flexible. And that you will be able to show grace. And that you really do, that there are seasons when you have to take care of each other, one more than the other maybe. And that if you need help in that, that God's grace is sufficient for you. And to just go to him with everything. And that He is sovereign. And it'll work it out.

Sam withheld information for the adoptive parents' benefit. She had chosen a birth name for Cooper, but she did not tell Russ and Stella because she wanted them to feel unburdened and autonomous when naming their son:

> I don't want to be [Mom] to [Cooper]. I don't wanna take that from [Stella]. I want her to be able to—[because] I gave him a birth name. And I have a birth certificate with that name on it. And I didn't tell [Russ and Stella] about it because I wanted that to be their decision. I wanted them to be able to—you know, they're first-time parents. I want them to be able to make their own decisions, and not—I didn't wanna influence that. I want him to be theirs, completely and totally theirs . . . [Because] I feel like they fully deserve that, that option.

Sheila decided to decrease the frequency of visits because Grace made a request that touched a nerve for Sheila: Grace asked to go home and live with Sheila. This request made Sheila reevaluate how visits affected Grace and how to keep open adoption in Grace's best interests. Furthermore, Sheila felt a pang of pain for Justine. She realized that Grace's request may have hurt Justine, and Sheila was protective of Justine's feelings:

> I didn't want to hurt Justine's feelings. Because the first time Grace asked if she could come live with me was on her fourth birthday. And seeing Justine's face kind of get a saddened look. I didn't want to put her through that. So I sat down with Justine. I said, "I

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think it's best that for birthday purposes, we just keep it to two visits a year because then, you know, she's not constantly asking, 'Well why can't I come live with you?'"

Sheila courageously and sacrificially decided to forfeit her quarterly visits for Grace and Justine's sakes. She suggested cutting it down to two visits per year. She reassured herself, "I'm okay not knowing every little detail of [Grace's] life, you know. It doesn't hurt, not knowing, you know. If there's something wrong, [Justine] has my number. She'll text me. She'll email me. Call me." Judy restrains herself from asking for more visits because she has observed Jackie's reactions during visits:

> I've seen the look on [Jackie's] face. And I know it's maybe a little bit of insecurity because I'm the same way. But when we have visits, he'll run and jump into my arms and tell me how much he missed me. But I can see the look on her face. Like it scares her sometimes. Or maybe it hurts her feelings.

Birth mothers are sensitive to how the child perceives the adoptive mother. Birth mothers unwaveringly want the child to recognize the adoptive mother as "mom." When Michael first called Fran "mommy," Fran's immediate thought was to check on Anna:

> Michael's sitting on my lap, and he called me mommy. And then he backed up and he was like, "I called you mommy, [because] you're my real mommy." And I was like, "I'm your birth mommy." He said, "Yep, that's right. Because I have two mommies." And just walked off. And I was like, okay. And so I reached out to Anna the next day [because] I didn't know she had heard it or not. And I was like, "Was that okay? Are you okay?" Because that was the first time he'd like directly called me mom.

Michael usually addresses Fran by her first name. Regarding the subject of names, Fran keeps Anna on the forefront of her mind: "If he decided he wanted to call me something else, everybody was fine with it, as long as it wasn't to be disrespectful to me or his mom." Sam also considers how to respect and protect Stella's role as "mom" to Cooper. Sam wants Cooper to call her "Sam" because she does not want to arm him with a piece of information he might misuse before he has a better understanding of it:

I don't want that whole, "You're not my real mother" argument to ever come up in their household. I don't want to be that one that [Cooper] throws a wrench into [Stella's] heart with. So I'm hoping once he can fully grasp the concept of what that is, I want to stay "Sam." I'm okay with being called that.

Similarly, Judy asserted that she will redirect Simon if he ever called her "mom" because she believes that that is Jackie's relationship to him:

He has a mother, a mom . . . If he ever called me "mom," I would direct him right back into [Jackie's] attention, into her area. Or say, "No, this is mom. I'm your Judy." I have no problem with that, and I completely get that.

Birth mothers are loyal and protective towards adoptive parents. Sheila defended George and Justine to her parents several times. Sheila's parents had questioned the adoptive parents' devotion to Grace when George and Justine decided to adopt soon after bringing Grace home:

My parents were really upset. They're like, "Oh, you know, [Grace] hasn't even hit a year. And they're already planning on adopting more kids. They're taking the spotlight, the shine off her. This is supposed to be about her." And I remember sitting with my mom. And I said, "Do you not remember the conversation that Justine had the first time we met her? She wanted a big family. She wanted to adopt as many kids as she could with the love that she had in her heart. And that just gives Grace more siblings. More best friends to have."

Sheila stood loyal to George and Justine once again when Sheila's mom repeatedly refused to refer to George and Justine as Grace's parents: "My mom would refer to them as 'Justine and George.' And I'm like, "No mom, they're her parents. They have every right to discipline and do what they have to do. *They are her parents*." Fran shared about how Peter was a bit hesitant about a more open adoption, but she also expressed how she understood his thought process. She does not take Peter's attitude personally. She recognizes that his personality is one that likes order and rules:

[Peter's] got his way of thinking: "This is how stuff is supposed to go. And these are the things that are done. And we don't do these other things." And so. I mean it's not because he doesn't love me. It's not because he doesn't like me. It's not because he thinks I'm gonna run off with his kid. It's just, in his brain, this is how it's supposed to work.

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In summary, birth mothers showed they care for adoptive parents through empathizing with them and considering their feelings, honoring the adoptive mother's role as "mom," and defending the adoptive parents.

Category 5: Birth mother sets tacit boundaries out of respect for the adoptive parents. Birth mothers are careful to treat their relationship as a privilege and not overstep their role with the child. They tacitly create guidelines with the intention of respecting the adoptive parents as the child's parents. Judy established a strict set of rules for herself that included punctuality, keeping her thoughts to herself, and staying on her side of town:

> I make sure that if I'm at their home, that I do cut the visit often time when it's supposed to be. I make sure that I do keep my distance. She'll ask me advice: "Well did Ian or Eva ever do this?" Like Simon'll do something. And I'm like, "Yeah, Ian, Ian kind of did that. He might, you might want to try this." But I don't ever give them any unsolicited advice. I never do that. I won't go into [the city where the adoptive family lives] unless we're in a visit because I don't want to run into them and them think that I'm stalking them. Because that's where live. I *know* where they live, but I *don't* go to their house unannounced. I won't drive by. I won't even go into [that city].

Emily has resolved to not complain or be dissatisfied with the communication she has out of respect for the adoptive family's time. She knows that any lack of communication is not with the intention to wound, so she gives them time and space as needed:

> I love them regardless. And I know no matter what, maybe silence or distance or space or whatever, I never doubt that he's exactly where he belongs because I just know. And honestly, I think that they have no idea that I even feel a little bit like it's too long in between. Or like I would like more . . . Just to respect their time, and their family, and their busy schedules. I think if they knew, I think if they realized how far in between it is, I think that they would want to do more communication.

Through Lexi's toddler years, Tessa inwardly questioned how to be involved during the visit while respecting boundaries and not overstepping. She deferred to the most conservative route, limiting her participation and refraining from asking uncomfortable questions.

> Towards the beginning, there was a level of nervous anxiety of, I guess after, once she got to the age where she could like walk and move around on her own, I was like, "Okay,

how much do I help out?" Like how much is overstepping my boundaries? How much is? Do they want me to put her in her car seat? Or do they want me to just get in the car and let them do everything? Like do they . . . I don't know. It was just an awkward kind of felt like I could have asked them about what they wanted me to do. But it was also like, well I don't want to.

Abigail also avoids certain subjects, like asking questions about the divorce, because she does not want to be inappropriate or disrespectful:

I have never expressed anything to Chrissy [regarding my questions about the divorce] . . . I'm not gonna do anything that crosses boundaries because that's something I've always been really respectful of. It's just like, I want her to be comfortable. And I think that that's part of it.

Additionally, Abigail sets the boundary of not expressing negative feelings, partially to respect the relationship, but also partially for fear of driving Chrissy away:

I pretty much always make myself pretty pleasant and happy and things are great . . . Like I never feel anything else outside of everything's good because I don't want to shatter the perfect little family that we have right now, if that makes sense. I don't want to put a bump in the road because everything's so good when we're together that I, it's scary to be real with someone.

Abigail has found that her boundaries and behaviors have been successful in maintaining a positive relationship. Due to her restraint, Chrissy has felt comfortable revealing identifying information like her home address and befriending Abigail on Facebook. Abigail does not ask for too much, but when she does ask, Chrissy always obliges:

Just with time and her realizing that I *am* trustworthy, that I *do* respect boundaries and everything to do with their, like I realized Penny has a world outside of me. And that is something that I'm very mindful of. So I'm thankful for the moments that I get her to be a part of my world too. So that has helped us progress from super structured to now it's like, "Hey, we haven't seen you in a while; let's do something." And it's always a yes. Always.

Fran sets boundaries for herself to respect Peter and Anna's parenting decisions because, as she stated, "I don't want to step on their toes." However, Fran also feels the freedom to express her thoughts and offer suggestions, judiciously:

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There had been a couple times that there were some behaviors that I was like, "Hey, I did that as a kid. Here's what my mom did." And they went and did it. And it worked, and it was great. So, I have had enough experience, now that I trust them to be receptive, and to at least, even if it upsets them, to know that my intentions are good, and that they can work through it if there's a problem. So there's a lot of trust that's been built on both sides.

When Fran feels the urge to voice her thoughts or opinions about parenting decisions to Peter and Anna, Fran keeps herself accountable by using the following litmus test:

I always kind of approach it like if I would say something to a good friend of mine or to my cousin who had a kid who had this situation, then I would say something to them. If I wouldn't say something to my friend or my cousin, then it's not something I'm gonna address with them.

When Sam has the opportunity to share her story, she always checks in with the adoptive parents out of respect for them, because it is partially their story too:

Any time I go and do anything similar to this . . . I spoke at [a] gala one year, and just making sure that it's something that [Russ and Stella are] okay with. I wanna make sure that I'm not overstepping boundaries if anything weren't—you know, I'm not necessarily worried about anything getting back to them, but make sure it's something that they want too. [Because] it's not just about me. And [Stella's] always encouraged me, "Go for it. This is something that's very important. It's very dear to both of our hearts."

In summary, birth mothers shared about the implicit rules they created for themselves, such as respecting the adoptive parents' time and space, not giving unsolicited advice, and not putting the adoptive parents in an awkward position. These boundaries were created in order to honor the adoptive parents' roles as the child's parents.

Category 6: Mutual commitment to open adoption through disagreements. Most birth mothers found that there have been challenges at some point in their open adoption relationship with the adoptive parents. Through the challenges, birth mothers and adoptive parents remained committed to each other because they prioritized their relationship, recognizing it as a lifelong bond for the sake of their child. When Fran suspected that Michael had autism

spectrum disorder, she mentioned her observations, but Peter and Anna disagreed with Fran for

several years:

> That was really difficult. But we talked through all of it. And even though they weren't listening, we were still respectful, [because] ultimately, they have to make the parenting decisions. But they never backed off because we brought it up. And we never told them they were being stupid or anything bad like that. So we were able to push forward and still be fine.

During their difficult periods, they were consistently "loving towards each other and respectful

of each other":

> I think we all just approached it as this is, "We're going to be in a relationship for the rest of our lives because we all believe that that's the right thing to do for this child." And so you figure out a way to make it work.

After a tense period in her relationship with the adoptive parents, Emily imparted what she

learned about conflict resolution:

> It really does have to go both ways. You have to watch out for each other. And I think that the awesome thing is that at the base of that, everybody's always thinking, "How is this going to affect Nathan?" Like, "Let's all do what's best for Nathan."

Sheila and Justine do not shy away from confrontation and conflict resolution. Sheila describes

them as "open books." They both share a resolution-oriented attitude:

> It's a two-way street. If one person blocks your path, then there's something wrong. You got to figure out, well how do we get past this bump in the road? Do we stay stuck, or do we communicate?

Sheila and Justine always choose to communicate:

> For a while, when I heard [Grace] call Justine "Mom," it hurt. It made me feel anger, like, "But *I'm* your mom. *I'm* the one, you know, you grew up on my stomach. You know, I spent four days with you. Why are you calling this lady 'Mom?'" . . . It wasn't fair for me. It wasn't fair . . . Me and Justine talked. And I always told her, I said, "I'm gonna lay out how I'm feeling. If I bottle it up, then it's gonna come up later. And I'm gonna look like the bad guy if I don't let you know how it feel." I remember we were sitting at her dining room table. And just said, "I don't like that she calls you 'Mom.' Some part of me says that hurts. And I have this hatred towards you. But you've raised her for so long. But hearing her call you 'Mom,' it hurts. Like, I wanted her to call me that. I wanted her to say that to *me*. Run up to me and call me mom." I said, "But I can't hold that against you.

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I can't do that because I'd have to hold that against you for 18 years. I'd hold it against you for the rest of your life. I can't do that. That's not fair to you. That's not fair to her. And that's not fair to the situation." And I said, "I am learning to ride this up and down roller coaster of emotions. If I don't get them out, and if I don't speak how I feel, I'm just gonna carry that with me. And I have to get to a point where I'm okay with this."

After communicating her feelings to Justine, Sheila took time to reflect on her own role in the situation:

So that took *a lot*, a lot of tears and a lot of writing notes to myself going, "You will always be *this* part of her for the rest of her life. She will always have *this* aspect of you. But her parents are raising her. You have to get to a point where you have to be okay with that. You can't hold hatred to somebody who stepped in and did something so amazing to say, 'I know you can't take care of your child. Let me. Let me take on that responsibility. You'll still get to be a part of her. You'll still get to see her grow up. But let me, let me take that on. Let me take that burden.'" And to see it that way, and laying it all out on the table and how I felt . . .

To continue to move towards resolution, Sheila and Justine committed to checking in on each other and communicating honestly:

We talked on a daily basis. "How are you feeling? What's going through your mind today? I know you haven't seen her in a while." I'll call her up. Or I'll Facetime. Or I'll send her an email. Or I'll send her a, a long text: "Hey, this is what I'm going through." And we'll sit and we'll talk . . . I needed to be open and honest because I felt if I kept everything in, that our relationship would be affected.

Justine was also able communicate when she felt overwhelmed:

So now, [Justine's] open and honest with me about visits and things like that. Because the first couple years, I was always messaging her on Facebook: "When's our next visit? When's this? When's that?" And it was too overwhelming. She had . . . six kids to take care of. And six different schedules. So things didn't work out. And I felt like, I remember telling her, I said, "I gave you responsibility for my child. And you can't even promise me a visit?" And I remember after our huge conversation, I said, "I can't keep doing that to you."

Despite a situation that caused tension in their relationship, Tessa and the adoptive parents decided to "power through" and continue visits even though "visits during that time were really hard." The visits involved "a lot of conversations [and] a lot of tears shed." However, Tessa reflected, "I will say that because of that, it spurred us being more open with each other." Tessa

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compared the birth mother–adoptive parent relationship to a marital one because each had to

continually choose to fight for the relationship during tough times:

> It's like being married, almost. Like you have to choose to love that person every day, even though some days you might not. Or you might not want to love that person. Or you might not like that person. Or it might seem like an easier choice to just sayonara, and not pay attention to it, and just forget about it.

After Rob and Chrissy divorced, Abigail stated, "I actually haven't seen *him* since then. So I just

see [Penny's] mom now." Chrissy got remarried, but her current husband does not want to be

involved in the open adoption relationship. Despite the fragmented nature of these

interconnected relationships, Abigail and Chrissy maintain their commitment to the open

adoption, and they continue to encourage Chrissy's husband:

> There's weird aspects to this anyway because Chrissy's husband that she's married to now, we invite him all the time. And when we get them Christmas gifts, we always put his name on it, even though I've never met him because he just thinks it's weird. He thinks it's awkward that she comes and sees me. And Chrissy tells him like, "It's not awkward at all. We love each other; we're family." And he's just like, "I don't know. It's just still weird for me." Like, "Have fun. Bye." And we continued to let her know, "We would love to meet him. Whenever he's already. No pressure, but just please know that that offer is still there. We would love to get to know him." And so actually, this last time we met, she's like, "I just want you to know that he actually expressed some interest. And he was like, 'I might go with you next time.' And so I just want you to know, I think he's warming up to it. And I know that that means a lot to you." And I was like, "Yeah." Because I mean, it *is* hard. We face so much judgement. And so to know that a man that is also parenting my child, that he has awkward feelings towards our dynamic, I'm like, that's kind of strange to me. In that it kind of cuts deep. But I don't take it personally. It's just like, ugh, "You knew she was an adopted child. I don't understand how you can't just accept this." But then also I know not everybody gets it. Not everybody has a connection to adoption. And not everybody understands like how beautiful this open adoption situation can be.

When Sam and Stella hit a rough patch in their relationship (as Sam described, "It was very

touch and go. And kind of rocky"), Russ maintained communication: "[Stella] didn't want to talk

to me. So all the communication was through the adoptive father." Meanwhile, Sam maintained

hope. Sam and Stella both "put a lot of reflection on [their] own [lives]," and after a few months,

Sam and Stella "[came] back to that best friend mentality."

Two birth mothers noted no conflicts throughout the duration of their relationship. Judy

was effusive about Jackie and her parenting and said that in their 7-1/2 years of relationship, they

have never had a disagreement:

> She's an amazing mother to [Simon]. And I'm not even sure I could have been as good of a mother. I know I have two amazing kids that are grown . . . They're great. But [Jackie] is such an amazing mother. Every little. And she's so protective over him. And I can just see how much she loves him. How much [Steve] loves him too. I keep saying "her" because she the main person I contact. She just, she just amazes me all the time. She's very attentive, protective. She just loves him so much . . . Like I said, she's, she's awesome. She's awesome . . . She's just great. I don't know how else to say it, but she is an amazing mother to him. And I couldn't have picked anybody better. Even myself.

Gabby also has no complaints about the adoptive parents and her relationship with them:

"They've been awesome. Nothing has been really hard with open adoption with me . . . Really. It

just has gone perfectly."

In summary, birth mothers and adoptive parents actively chose to maintain their

relationship through disagreements because they kept their child at the forefronts of their minds.

Birth mothers shared that conflict resolution requires both parties to remain committed and to

treat each other with grace, love, and respect.

Category 7: Open/honest communication is essential. Through the growth of their

relationship with the adoptive parents, birth mothers articulated that honesty is the best policy.

Judy suggested, "Keep it 100% real with the [adoptive] parents, first and foremost." Fran

embraced honesty early in the relationship because she felt like she had established an open and

trusting relationship with the adoptive parents from the beginning:

> Even though it was still early, I didn't feel uncomfortable [telling them the truth]. And I knew if I don't say something and then this continues to happen and it becomes a

problem, then it could harm our relationship long term. And I didn't want that to happen. It was too important.

Tessa had many inner battles with herself before she cultivated the courage to be honest: "I've learned that it's much better to like ask the question, instead of assuming that they don't want me to." This past visit, Tessa finally asked what was on her mind and learned to "just not [be] afraid to ask the questions that are like, 'Hey, in this situation, how do you want me to respond?'"

Sheila and Justine worked through interpersonal issues to get to a place where they could share their honest feelings without offending the other person. They are now able to receive feedback calmly and rationally. They are able to evaluate themselves to see how they can contribute to the solution:

> Now that Justine and I have like this communication where if she feels threatened by me asking for so many visits, she'll be like, "Hey, you know, I'm just letting you know this is how I'm feeling." And I'll take it, and I'll go, "Okay, let's take a step back. What am I doing? What am I doing wrong? What am I, what can I fix myself, you know?"

Sam believes open communication needs to be reciprocal:

> I feel like I can go to [Stella] with anything, and I hope she feels the same way. And I've told her multiple times I'm always here if she needs to talk . . . We've developed the open communication and everything.

Abigail shared a similar sentiment, exhorting adoptive parents to not be afraid to share honestly:

> Communication, I think, is key. And that's with any relationship. I think that that's important for adoptive parents to know. It's okay if you feel overwhelmed that you need to make sure that birth mom's expectations that are not completely unrealistic right now to help save that relationship.

When Chad and Nancy disclosed some thoughts that they knew would be difficult for Emily to receive, Emily still appreciated their honesty:

> [Nancy] had written, "I've been praying about it and God just keeps putting it on my heart to be honest. So I'm going to be honest." And I do appreciate that. To this day, that's one thing. They've always been honest.

In summary, birth mothers affirmed that open and honest communication is the crucial to maintaining their relationships. They acknowledged that honesty can be challenging, but it is worth the hard work.

Summary. In summary of Theme 5, the birth mother–adoptive parent relationship is significant in open adoption. Beyond sharing the bond of their child, birth mothers expressed their love and respect for the adoptive parents as individuals and a couple. Birth mothers regard adoptive parents as their family and their friends. There is mutual care, support, and commitment through challenges. Birth mothers emphasized the importance of communicating openly and honestly.

Theme 6: Open Adoption has a Ripple Effect on Other Areas of Birth Mother's Life

Open adoption is not an isolated portion of birth mothers' lives; rather, open adoption is an element in birth mothers' lives that is integrated into other aspects of their lives, such as romantic relationships, life direction, and birth mother's family.

Category 1: Birth mother is cautious about romantic relationships. Because birth mothers prioritize their child, they always consider whether or not a potential boyfriend or husband would be supportive of the open adoption, as well as be a positive influence in their child's life. Fran was judicious about her romantic relationships. She wanted to wait for someone who would embrace the open adoption and be a good man in Michael's life.

> I really didn't date a whole lot . . . A little bit off and on. But definitely changed the type of relationships that I had. Didn't have sex again until I got married. I was looking for a different kind of person after [Michael]. If I was gonna be with somebody, they were gonna be in Michael's life. So I wanted it to be somebody that I would be comfortable having Michael around.

Abigail shared similar thoughts; she eliminates prospects who are disrespectful of her open adoption experience:

In the dating world, as a birth mom, it's hard because of course you're going to want to tell someone who—I believe dating should only happen if there's a potential of marriage—and of course I'm gonna want to be honest with someone that I might potentially marry. And so even within those situations of that, I've learned to just prepare myself. If someone comes to me with opinions that are hateful and ignorant, then I don't need them around me. I don't have time for that. And I just have to keep continuing to remind myself, "This is who you are. And you need to continue to be bold in that and walk in that." Because it still does hurt sometimes. I had one boyfriend a while back say, "Stop calling them your kids. They're not your kids." And I was like, "How dare you say that to me. [Because] they are. Just because I'm not parenting does not make them any less mine. They are. They will forever have pieces of me that they got naturally just by coming from me. And they're part of my life. And I love them, just like any other mother would." So I think that there still things that can dig deep and hurt.

Tessa also expressed that she would decline being in a relationship with someone who would not accept and welcome open adoption:

It totally affects, like I mean, I've embraced being single . . . But I still kind of get nervous about like: What if I really liked the guy and he doesn't want to move out there [closer to where Lexi lives] eventually? Or he doesn't want to, I dunno. I think I would be fine if someone was like, "Oh, I can't handle that." That's an easy, "Oh okay, then you're not the person for me" type thing. Well, I probably couldn't do that easily. But I think it would be clear that that person wasn't right for me. And then eventually I would be okay with it and know that there is a better storyline for me than that one. But yeah, it's just kind of always in the back of my head.

Meanwhile, Judy has avoided romantic relationships because she does not want to get pregnant and be in this type of emotionally painful situation again.

[Open adoption] has made me leery of [romantic] relationships . . . Even though I did get my tubes tied, the fear of having to go through that again just makes me want to kinda just stay back, stay away from any type of an emotional or romantic relationship.

In summary, open adoption affects birth mothers' choices in dating and marriage. They are more judicious about romantic partners because they want to find someone who accepts and embraces the open adoption.

Category 2: Open adoption affects birth mother's direction in life. Open adoption inspires birth mothers to lead a life that reflects their identity as a birth mother, their concept of

themselves, and how they want their child to see them. Tessa explained that adoption now an

innate part of her identity and it affects her thought process because Lexi is always on her mind:

> There's literally not a day that goes by that you don't think about them. It can be little tiny things that can be memories. It can be future-planning. And I know that my identity is not in this adoption, which is something that I had to work through. But it's just kind of like always there. And you don't forget about it, ever.

Specifically, open adoption has given Tessa direction for her professional aspirations. She has

developed a passion for birth mother advocacy:

> I [want] to study social work. I [want] to go into more advocacy for birth parents and birth moms. And maybe counseling in the future . . . Having [Lexi] totally affected what I wanted to do because now I want to go into adoption. And I had no idea what I wanted to do before.

Gabby also expressed wanting to take time and do something in her life to encourage other birth

mothers:

> I think a lot of birth moms maybe go into it as a negative thing. And then they get [adoptive] parents that see the birth mom's negative about the situation. And then kind of scares them to allow the birth mom to be a part of their lives. I don't know. I just think ours was just so positive and so uplifting the whole entire time. I think that's helped. One day, I always tell my husband: "One day, I will be able to stay in front of a bunch of people and help birth moms that are struggling. And share my story to say, 'Hey, life is gonna be okay if you choose to place your child for an adoption. It does not have to be a, neg, a hush hush thing,'" you know? [Because] it really is, adoption. You mention adoption sometimes, and everyone's just like zip. You know, it's kind of a hush hush thing when people—or you hear adoption, everyone's like, "Whoa, adoption? Don't talk about that." You know what I mean? My thing is for it to not be like that, you know? Let it be okay.

> Overall, birth mothers want to be the best person they can be and reach their fullest

potential for their child. Abigail noted her desire to be productive and acquire more knowledge

about child development in order to connect with Penny throughout her developmental stages:

> Just continuing to gain knowledge about, [because] I may not be parenting, but I've learned so much from other parents that I'm able to talk to. Like my coworkers for example. I have a boss who's an adoptive mom. And so to listen to her talk to me about certain things . . . With Penny, I can gain how to connect with children from knowledge that I've learned from other parents or from other children. And so just constantly

growing and just learning how to connect and to communicate more effectively [because] I mean knowledge is important.

When Grace was a newborn infant, Sheila told her, "I hope I make you proud." When Sheila felt grief regarding her loss, she told herself, "No, I have to be strong. I have to make her proud. I can't just sit and cry constantly." Sam has similar internal discourses. At every decision-making juncture, Sam asks herself, "Is this the best decision? Would he be proud of me for this?" Sam wants to convert any anxiety about open adoption into drive to develop new skillsets:

> I need to put that [anxiety] towards constructive things. What's gonna make my son proud of me one day. You know, take courses and try to better myself. Do odd jobs that could have me a skill set that would just randomly, I dunno, explode into some awesome career.

Open adoption has also motivated Fran to be the best person she can be so that she is a positive influence in her son's life:

> I know one thing, especially immediately after placement, there's a lot of unhealthy stuff that was in my life. And a lot of trauma I hadn't dealt with. And having him, and deciding to be in his life, really brought into focus that I've got to be healthy, and I've got to be whole, so that I can be there for him. And so, when things get bad, whether it's about the adoption or something else entirely, I think it makes me seek out help, or treatment, or whatever a lot faster. Because if I'm going to be there for him, I need to be healthy. I need to be a healthy person in his life.

Emily's career change represented not only Emily's goal to have financial stability and schedule flexibility but also her desire to set an example of work ethic and determination.

> This move, for me to go back to school, to nursing school, was all about options and opportunities. And not only that, but meeting my potential, even though it's later in life. Every time I wanna quit school, I think to myself, "No, I am gonna show him that if you work hard, and you start something, you don't give up. And you can do it."

Ultimately, Emily wants Nathan to witness her living a life of growth and purpose so that he can one day also pursue his greatest potential.

> I want him to see that when I chose what I chose for him, that that changed me too. And that I am not settling. And that I am, that as he's growing, I'm growing. And that when I wanted to give up, that I thought of him and that helped me to keep going, and to keep

growing. And to be who God made *me* to be. In the same way that I placed him, so that he would have the opportunity to be who God created him to be.

In summary, birth mothers explained that having their child in their lives motivates them and keeps them accountable. Thinking about their child helps birth mothers pursue goals and careers and live healthy, productive lives. They expressed their desire to live to their fullest potential to set an example for their child.

Category 3: Open adoption affects birth mother's family. Birth mothers are not the only ones involved in open adoption; their families are also physically and emotionally affected. For some birth mothers, the open adoption experience brought them closer with their families. Tessa is in awe of how her father transformed from wanting Tessa to get an abortion, to forbidding Tessa from telling people about the adoption, and then to being a grandfather to Lexi: "That's a really cool thing that I love to look back on. My dad's relationship with [Lexi] is super beautiful. And he loves her, and it's just amazing." Tessa is surprised and appreciative of the fact that her parents get to be a part of Lexi's life as her grandparents:

> I go over there [to Matt and Michelle's house] like three, four times a year. And [Matt, Michelle, and Lexi] come and visit me and my parents . . . And Lexi . . . knows my parents as her grandparents, which is really cool. And that was an aspect of it that I wasn't expecting when we first talked about [open adoption]. I thought it was just kind of be like me and her life, and just that being it.

Most recently, Tessa found the courage to share about the adoption with her grandparents:

> Like I mentioned before, I was kinda sworn to secrecy about this whole situation. And I have always been really close to my grandparents. And they did not know. And so . . . I drove to [their home] and sat down with them . . . And so I went, and was super nervous to tell them. But I told them. And my grandma's first question was, "Oh honey, were you alone?" And then they asked to see a bunch of pictures of [Lexi]. And they just doted over her. And thought she was precious. And just loved her. And *that* was a huge answer to prayer.

The next blessing was introducing her grandparents to Lexi and involving them in her open adoption:

[Telling my grandparents and receiving their positive response] was just something to celebrate with Justine and George . . . They came to visit in June to celebrate my graduation from college. And my grandparents came up to meet them for the first time. And so they got pictures with them. And it was just super sweet. And so that felt like, "Ah!" Like things are, like. Not that things weren't great before then, but that just brought a whole level of joy to it that wasn't there before because it was still hidden.

Emily felt the burden of loss for her mother. Emily understood that placing Nathan for adoption not only affected her but affected her mother too:

I felt bad for my mom too because this was her first grandchild. None of my sisters had had babies yet. So I'm feeling like I hurt her even though she was totally supportive. And she understood. And she knew, she felt like I was doing the right thing.

Emily is thankful that Chad, Nancy, and Nathan visited with Emily's extended family. She was thrilled to introduce her extended family to her new family and show her new family her roots:

That was *really* a big deal because they came to where *I* grew up. They met my extended family. And I just thought they were so brave to do that. And it was so wonderful for my grandparents and my family to get to see my son, you know? . . . We all got together at the ranch and my dad's dad's house. My [grandparents] . . . and as many family that could come, came. And met Chad and Nancy and our little family. I felt like a kid at show-and-tell. Like showing them, "This is where I came for Christmas when I was little." And like, "This is the barn where we used to go and jump off the hay." And so to be able to share that stuff with them, and my mom's parents, my grandparents on that side got to meet him. I was just so grateful that, I felt like that was so above and beyond what any adoptive parents would do for the birth mom. And so that was a really, really big deal. And they stayed with me at my mom and dad's house. So it was really intimate.

Sam appreciates that the family connection extends to her family—the adoptive parents see Sam's family as their family. Russ and Stella are willing to include Sam's family for visits:

My whole family got to meet 'em, which was really cool [because] my mom was under the conception that she was not going be able to see him until he was 18 or something like when he finally decided he wanted to meet everybody. And [Russ and Stella were] like, "You're part of the family too," and they want everybody included.

Sam's family members get consistent updates on Cooper: "Both my sisters and my mom are on [Stella's] Facebook too, which is kinda cool." Abigail's parents have been to every visit, for

which Abigail is thankful because her mom has astute perspective as an adoptive parent. Abigail is also grateful that her mom is there to give her encouragement and constructive feedback:

> Words of affirmation is the love language that I need. And so I will say that part of what keeps me together after those few weird, tough conversations I've had with [Chrissy]. Like I said, my mom always likes to insert herself, so I don't think I've ever had a tough conversation with Chrissy that my mom hasn't been present for. Or even just conversations. Like there's only one time I can think of that I met with [Chrissy] without my parents . . . It's good because my mom is an adoptive parent too . . . And so to be able to have that conversation with my mom present. And then walk away from it. And be in a car with them and be like, "Mom, was that weird? Did I say anything wrong? Is it okay that we just talked about that? . . . Please help me as an adoptive parent. Did any of that sound threatening or awkward or whatever?" And my mom does not hide things from me. And so I know that if she thought that I overstepped, then she'll tell me.

For some birth mothers, the open adoption experience added a level of complexity to their family relationships. Sheila's family members processed the open adoption situation differently. They were supportive at times but also unable to provide the support Sheila needed at other times. From the beginning, Sheila's family members participated. They took time off work and school to give Sheila moral support and help Sheila choose an adoptive family: "My mom took off work . . . My sister had taken off time from school . . . so she came. And my dad came." Sheila's mom was by Sheila's side through delivery and placement, as well as the painful period after placement. Then, Sheila's family members were present for the first visit:

> I had brought my entire family: my sisters, my dad, my mom. I wanted them to all experience this. To see her for the first time. After so long. And we had all gotten her gifts and presents and things.

Familial relationships began to unravel when a disagreement ensued from a wedding invitation:

> My younger sister got married 3 years ago. And they sent Justine and George an invitation to invite them to the wedding . . . And they had already told my sister no because my sister only wanted Grace there, and not her entire family. I said, "If you're gonna invite Grace, you gotta invite the kids. They *all* come as a packaged deal." And I remember my mom constantly asking, "Well, ask Justine. See if she's changed her mind. Ask." And I remember asking. And I got into it. And [relaying] it to my mom. And I said, "No. She said, no. They don't have it in their schedule . . . " And I remember 2 days before the wedding, I got a message from [Justine] saying, "I really don't appreciate, I

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think you and your family are constantly asking us to come to this wedding . . . And I've told them numerous times, 'No, we're not gonna be able to make it. We want the entire family there, not just Grace.' . . . It's a no from us, for right now. Maybe when you get married, that'd be a different story." And I just remember asking her, I said, "Well, who messaged you? Because I've told them numerous times, 'They've said no. They don't wanna come. It's too far of a drive." She goes, "Well, first it was your mom. And then it was your sisters. And then it was your aunt." They had all messaged her through the Facebook page that we had. And I went back and I looked. And I remember getting into it with my family *and* Justine. And I said, "They just want to see her. I understand it's too much, but can it just be you and her coming? You know, just so that they'll give it a rest." And at that point, I remember she quit talking to me for 3 months because of my sister's wedding. And every time I would shoot her a text or a message on Facebook, it would go, "The message you sent cannot be received." So she had blocked me for a while. I said, "Well, okay. This is not how I thought this would go." . . . And then I think after 3 months, she called me. And she says, "I want to get across from you that that was just too much. That would be too much for Grace. And that would be too much for you . . . " And I had never seen it that way . . . And I said, "I think my parents got to me. I think my mom got to me. She really wants Grace to be there." Justine also said, "But you gotta think, your younger sister wanted her to be the flower girl at her wedding. I think that would take away from *your* special day that your child had already been in a wedding and not yours." And I had already told Justine my dream wedding was to include all her kids and her . . . But I never thought how badly it would hurt her in the end because all these people coming up asking her all these questions. Never thought of it that way. So for [Justine] to quit communicating with me because of that, I pretty much pulled my mom. I said, "If you want her to come to something, you invite her for herself. Do not put me in the middle. Do not put Justine in the middle. She says, no, it's a flat-out no."

The acrimonious exchanges left several family relationships severed:

I may not have a great relationship with my family . . . because I was *so* determined to make everybody happy. Make sure everybody got their time with [Grace], that it destroyed relationships along the process because I had self-doubt of, "Am I ever gonna have a normal relationship with my sisters again after this?" I was blamed a lot of the times. Like I ruined that relationship with my siblings because of this whole adoption process. [Because] in their eyes, I gave away their niece. I didn't fight.

Sheila's sisters still feel hurt. Her younger sister felt that Sheila was selfish and dragged the

entire family through an ordeal:

My younger sister came to me. And she said, "You know, throughout the whole process, choosing college when this all happened." She said she held on to a lot of anger towards me. *I* put my family through this. *I* got myself into this situation. I couldn't parent. She remembers going and talking to a psychologist, professor at her university on how to get past this and have a decent relationship.

Through counseling, Sheila's younger sister was able to gain perspective, and they are beginning

to slowly mend their relationship.

> She sat down with me. And she said, "It's gonna take a long time to forgive you because of the way I felt towards this whole process. But I see you in a different light. I see that you're not who I thought you would be, wallowing in self-pity. You're not selfish. You could've been selfish. You could've gotten an abortion like you planned. You could've kept and run away and you would've never known. But you did this thing where you gave her a life that you knew you couldn't give her. And for that I'm slowly starting to see you in a different light, seeing you as a different person.

Sheila's older sister also had a difficult time empathizing with Sheila and understanding the

situation:

> My older sister made it all about her. It was all about how she felt. Not about me. So sitting down and having that discussion saying, "Did *you* have to sign your parental rights away from a child that you could've taken home? Did you have to break your own heart to know that she deserved better? Did you?" And I said, "Until you walk a mile in my shoes and know what I'm feeling, you can feel a certain way. But until you know what an actual broken heart feels like, you can't say this is all about you. Because it's not about me. It won't ever be about me. It's about her, and what she deserves."

Sheila concluded, "It's different for everybody. You have that family support to an extent, but

essentially, you're going through this process alone." Judy's children were supportive of the

adoption, but they did not know the extent that it would affect their mother. In her grief, Judy

turned to alcohol to cope. This period lasted for about a year until Judy's son found her drunk on

the floor:

> I was totally passed out. My kids never saw me drunk or saucy or anything like that growing up. And I think it was my son telling me, "Yeah, you drove home. You didn't park the car right. You came in. And you passed flat out on the floor like that." He's like, "I don't ever want to see you do that again. I've never seen you do that. What's wrong?" And so me and him talked. Never ever bought a 12-pack again. That was the last time that I drank. And I started journaling.

Hitting rock bottom and sharing such an intense and intimate experience exposed Judy's

vulnerability to her children for the first time, which ultimately brought them closer:

They saw what I went through. And I think it put them on a different level with me. It's weird. They had never seen me fall apart. I've always been mom. I've never fallen apart around them or anything. So I think it drew us closer together, as for the three of us.

Judy's children and grandchildren are involved in Simon's life: "Me and my kids and my grandkids always go to [Simon's] birthday parties . . . My grandkids call him Uncle Simon, which, he is their uncle." Despite the bonding experiences, Judy's son, Jason, is still hesitant about the open adoption situation.

> My daughter refers to [Simon] as her brother. But my son really doesn't. He's still a little bit more stand-offish than my daughter is with him. He said, "I want him to know me. But I want him to be a little bit older before I introduce it to him like that . . . One reason is because I don't want him to wonder why you kept us, and why you gave him away." And that's my son's thinking of. So it's never really brought up, brother and sister type of thing . . . [Simon] has spent time with them. Just not as a brother or sister.

Gabby's daughter also struggles with the open adoption, and it pains Gabby that she cannot give her daughter a satisfactory answer, an answer that will help her be at peace:

> Mia, my oldest daughter. And it's tough to talk about this one. Mia, she is our little girl that's real sensitive . . . She's asked us why a lot. And like I said, we are honest with her. And she still, I don't think, she still hasn't gotten her answer that she wants . . . We explain all that to her . . . And she's still like. "So, but why didn't you do that with me and [sissy] and Bubba?" . . . I don't think she's really gotten her answer yet . . . It kills me to know that in the back of her mind, she's still like, "Well, why this?" Or "Why that?" And I've explained it to her as much as I can . . . And she still has that little thought in the back of her head. And that's why I get so emotional when I talk about it because I hate the thought of my child worrying or having a big question mark in the back of her head . . . I don't know what that worry is. I know it's just Mia. She's just, that's just her. She's just a big worrywart . . . I say I don't think she's gotten her answer that she wants. No, I know she hasn't. I can't say maybe she has because no, I know she hasn't just because she asks often. Or she'll say something. She might not come out and ask it, but she'll say something to where I'll look at Danny and I'm like, I can't even really think of anything right now that she says that I'm talking about that. Not that Mia has an issue with it, but Mia still has questions or wonders about the whole Edie situation. But when she's with her or around her, everything's perfectly fine.

From the moment Fran told her husband, Greg, about Michael, Greg has been supportive:

> Told [Greg] about the adoption. And there just was never a second that there was any weirdness, or discomfort, or anything . . . He's just always been totally accepting. And

was happy to be a part of it. And adores Michael. And Michael feels the same way. So it's been really awesome.

Peter and Anna have embraced Greg: "They've been really welcoming of my husband into the relationship." Despite the mutual warmth, there are still relational challenges involved in open adoption:

> I think what I didn't understand was how much it was going to affect the other people in my life. Like, I went into it, and I was willing to accept the ways that it would affect me. But I didn't think about how it's gonna affect my future husband. Or how it's gonna affect my parents necessarily. Or future children. Or, you know, all of that. And so, that stuff's been really difficult. *Adoption period* would affect it, but it's compounded by the presence of it all. And the visibility of it.

Specifically, Fran had anticipated how deeply open adoption would affect her marital relationship. Fran shared about her current struggle with infertility and how that is intertwined with her marriage and her open adoption. Fran is grateful that her husband is supportive, but she feels the impact of having placed, and the burden of the struggle:

> It has definitely affected my marriage. We are currently kind of dealing with fertility issues ourselves. That's been compounded with the adoption and has been really difficult. And again, my husband's been *amazing* and has understood way better than I could ever have expected him to about stuff . . . When we decided to, to stop trying because it was getting really difficult to me, and that he was very gracious about it. And you know, "If we get to a point where we feel comfortable doing it later on, we'll try it again. But this is not good for *you*. So we need to step back from it." So, but I mean, it had been a whole lot harder.

In summary, birth mothers described how their families are involved in open adoption. For some birth mothers, family involvement has been an auspicious component. For other birth mothers, family involvement added layers of complexities because there are more relationships, personalities, and feelings to balance.

Summary. In summary of Theme 6, open adoption is far-reaching in its impact. Birth mothers voiced how they did not necessarily anticipate how open adoption would comprehensively affect other areas in their lives and its omnipresence. Open adoption trickles

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into every area of birth mothers' lives and influences their approach to romantic relationships, their goals, careers, and decisions in life, and their family relationships.

Theme 7: Birth Mother is Maturing Through Open Adoption

Even though open adoption is not the path birth mothers would have chosen for themselves given different circumstances, birth mothers expressed pride in persevering through a journey of inner growth. Birth mothers demonstrated their growth through developing coping skills, focusing on their own lives, developing self-confidence, and setting boundaries for their own emotional well-being.

Category 1: Birth mother is developing coping skills. Though there were periods of difficulty and unhealthy coping, birth mothers found healthy coping mechanisms. Some birth mothers relied on prayer, including Tessa ("I spent time . . . praying about it . . . I was asking my friends to pray for me"), Sheila ("I pray a lot"), Emily ("I just was praying and praying and praying for God to guide me"), and Gabby ("I prayed about it").

Some birth mothers found writing to be therapeutic. Tessa used writing as a way to reflect: "I spent time journaling . . . I was journaling a lot . . . just for guidance." Judy journals when she feels overwhelmed with emotions: "I write in my journal. A lot." She also utilizes a birth mother's journal that Jackie gave her. It has prompts for expressing different feelings about the adoption:

> It's a birth mother's journal, and it has different questions. It's like, "When you're feeling sad, write here." Or "When you're missing him, you know, write in this space and let him know why you're missing him or what's happening."

Judy finds writing so helpful that she shares some of her writing (short stories and poems) with others:

> I write short stories, or I write poems about the adoption. And [a birth mother advocacy group will] post them on their blog and stuff like that. I've had my birth mother's story

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published with another [adoption agency] . . . This writing it down is definitely so helpful. Just to write your feelings down on paper and then read it again. Add more to it if you have to. But that's how I cope now. I just write my journal.

Sheila cathartically wrote down negative feelings in letter form (a letter which she did not send), which gave her the time and space for her wrath to subside:

Write a letter: "Oh I hate you. I don't know why I chose you. Why did I do this to myself?" You know, at one point I said, "I can't keep doing that. I can't have hatred for somebody who stepped in when I couldn't do the only thing somebody wanted to do, was be a parent." So that took *a lot*, a lot of tears and a lot of writing notes to myself.

Emily also wrote an unsent letter to express her initial feelings of anger:

My response initially was a completely different letter. But that's the letter that was a lot of anger. And a lot of hurt. And not having prayed about it. And so that's the letter that was eventually ripped up and never to be seen or thought of again because then when I took the time to think about it and think about putting myself in their position and not only being new parents, but being adoptive parents.

Towards the beginning of the relationship, Fran opted to communicate more difficult subjects and feelings with the adoptive parents over email to give herself time to process through emotions, carefully consider her words, and then rationally write an email: "Earlier, it was more emails. Now it's more in person. Just as we've gotten more comfortable, I can say things to them and not feel all of the crazy things that I felt early on."

Birth mothers believe that sharing their story helped both others and themselves. Judy speaks on birth mother panels and has words of advice for adoptive parents:

I participate on the [adoption advocacy group] panels. They have adoption seminars. And I participated in the birth mom panels. If the birth mother is placing their child with you, try not to be insecure about it. You're their mother now. And I know that's hard for a lot of birth parent or [adoptive] parents. It's the insecurities. Or they're not feeling like they're the actual parent. And they are insecure when the birth parents come around. You're their parents now. I mean that's just, you know, it'll happen. It'll be good . . . You were chosen for a reason. There is a reason for everything.

Gabby hopes that her story can inspire another expectant mom in crisis to choose adoption and live with the decision joyfully:

Sharing my story also helps because hopefully one lady that hears my story that's in the shoes that I once was when I *very* first found out I was pregnant, it will help her and show her, "Look, *she* is a parent, she's a mom. And she can do it. Then maybe I can do it. And her be okay and not live so depressed and so empty." . . . Sharing my story and stuff like that also helps me be up about it and stuff like that.

Abigail also believes that her testimony can powerfully touch others, even if it is just one person:

It really helps to share my story. I believe that God put me through the struggles that I went through, and that my story has worth. And that no matter how vague I tell my story or how in-depth I tell my story, I believe that it's impactful and that it's going to help someone. And that no matter what . . . I believe that someone in that room can take something away from that. And that I'm making something better because of the things that I've gone through. And it's not easy. Like I say that I have this cookie cutter adoption plan, but I've been through a lot. And so it hasn't all been easy. It's just now I'm healthy. And I'm just mature enough to like realize that all those things made a bigger picture and that that bigger picture serves a purpose. And so I think that that really has helped me have a positive mindset on it. And to work through my stuff differently. To not go into this spiraling but be able to express what's going on with me, or what I felt . . . And like look at it from a different perspective, instead of, "Oh, my world is just awful." It's really helped to do that.

Birth mothers established a strong support system. They have a group of people with whom they can trust sharing their story or what they are feeling on a particular day. Gabby actively sought community: "Shortly after I'd delivered Edie, I had come to [this adoption agency] for a couple of support groups . . . I'm in a lot of support groups, like on Facebook and stuff like that, birth moms." Sheila befriended other birth mothers and encouraged them:

You may feel horrible right now, but it gets better. You just gotta give time, you know, gotta give it time. The, the wound is never gonna fully heal if you keep ripping that band-aid off. It's gonna hurt. It's gonna be sore. You just kinda have to give it time to hurt really bad at first.

Sheila also reaches out to her birth mother "sisters" for consultation when she is facing a challenging situation in open adoption:

To have the amazing support of, I call them my sisters, my birth mom sisters. If I'm having a bad day, and I really don't want to tell Justine quite yet, I'll send somebody a text like, "Hey, how do I communicate, 'This is how I'm feeling' without coming off harshly, or rude or, you know."

Fran also has several birth mother friends, each at a different stage in their adoption journey.

> I have several birth mom friends, which is awesome. And kinda all stages in adoption . . . I knew the one woman that I had worked with early. And she and I are still friends. And then, when I was pregnant and starting to talk about placing, one of my coworkers at the church told me about his niece who placed recently and got us in touch. And she actually was one of the people that came in, witnessed all my paperwork signing, and was there. And came and took me out a couple times a week after. And helped with stuff. So she was awesome. And we have an adoption education group [here].

Additionally, Fran became good friends with an adoptive mother:

> An adoptive mom that I met on Baby Center when I was pregnant, who's one of my best friends now, and I've gone and visited her in [the northeast] a couple of times. So she's been a really amazing support system.

Fran added that her mom has also helped her through everything: "My mom and I are really close so she's been a really good support too." Emily is grateful for her family and community who support her by remembering to celebrate and honor as a mother:

> Mother's Day cards. I think the last couple of years I haven't gotten one [from the adoptive parents]. Just kind of like oh, whatever, you know? I think the first year, that was hard that I didn't get one because it had been like a card and a gift up until then. And then it just kind of dropped off. And so then you're kind of like, "Well why?" But I just try not to think too much into it, you know? And I still celebrate Mother's Day. My family sends me Happy Mother's Day. And my church family. So I have a lot of others.

Abigail also has multiple people she relies upon when she needs support:

> I'm really thankful that I *have* support, not just from [Penny's adoptive parents], but my family, and [my adoption agency] and caseworkers, my friends. So that really helps me with all the emotions that I feel because they change every day, every year.

Abigail affirmed: "Being able to talk about it is the biggest thing because if I just stay in my head, I'm gonna go crazy." Abigail astutely reaches out when she feels despondent:

> If I'm distraught about something, music is something I'm passionate about and so I can go sing with one of my friends. Or just as simple as reaching out to my friends, "Hey, I'm crying, and I don't feel awesome." And they'll give me words of encouragement, and say like, "Have you gone for a walk?" Or, "Have you done this?" And so there's those things. And of course, just having that support system in general has really helped me cope with everything that I go through. And then caseworkers. I'm so thankful that I have [my

adoption agency caseworker]. I don't think there is a thing she doesn't know about me. And it's nice to be able to say to her, "I need you" when I do.

Sam is aware that she needs a cushion between leaving the visit and arriving at home, so she seeks out time with her best friend for support:

> Coming back home was a little difficult. I took a little time coming back. One of my best friends lives [between where the adoptive parents live and where I live]. So I stopped there on the way home and stayed there for a night or two before I came back just to put that buffer in between emotions one and then coming back to the other.

After Sam's most difficult year, time with her friend and time in nature was what she needed to rejuvenate herself:

> I went and saw, again, my best friend. And she had actually moved back to her hometown, which is gorgeous. And it's *beautiful* up there. That was really cool, being able to go there. And she took [me] to a local spot hidden way back in the side of a mountain in a river. And it's this rocky waterfall that has these little pools so you could take your kids out there. And there were kids playin' out there. And there were people slidin' down the rocks. And it was really cool. Coming back home, I wasn't ready to come back home. But I didn't want to go back and see him. It was rough that year.

> Birth mothers took time to pause and reflect in order to gain perspective. When Sam was

struggling with wanting more visits, she took the opportunity to quiet her mind to consider whether or not more visits is best for her:

> It was just a lot of it was self-reflection. I spent *a lot* of time by myself. A lot of time. I wasn't working yet. So for a month and a half, I was doing nothing but sitting there thinking, which isn't always the best thing. But it can be. And I think in that case it probably was. [Because] it was a lot of self-reflection, especially on the situation at hand.

Revelation did not hit until a few years after placement:

> It took a while . . . It was probably his third birthday, when he was down here . . . That was when it really hit me, that I needed a better balance of things. [Because] I wanted that constant communication . . . I was finding my self-worth in our amount of communication . . . It needs to be I'm finding my own self-worth and I'm finding worth in this relationship on its own, instead of relying on how I feel, or how that makes me feel.

Sam's reflection led to her desire for self-improvement through building her confidence:

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I did a lot of self-reflection . . . wanting to change who I was and the way that I saw myself. Trying to build my own confidence. And hang out with people that were encouraging . . . I realize that I had a lot to do with my self-confidence.

Sheila's reflections led her to the conclusion that she was going through the motions but not digging deep and doing the hard emotional work:

I'm not healing. I'm stuck. I can go to so many support groups, and say how I'm feeling, but if I constantly say the same thing at every support group, it's like a broken record. "Oh I'm okay. And I'm here. I'm feeling this emotion. But I'm okay." And you're not really okay. You're not getting to the point where you break through that barrier and go, "Okay, we really need to work through this emotion. I really need to get this out."

Sheila takes herself through her cycles of negative self-talk, reflection, and positive self-talk:

That's part of my self-healing. I take myself back to where I was in the beginning. And I say, "Okay, wow. I was really *that sad*? Like, I really took time out of my day to be angry. Really angry. But not taking the joy of, I got pictures today. But I'm really upset. I got a full album of pictures of her smiling, but I'm gonna be angry." And now getting pictures, updates, that sort of thing. It's like, wow, she's really grown into this tiny little lady. With a lot of sass, and you know. I'm telling myself, I really wish I didn't focus on being so upset about certain things. And then looking back I said I can't go back to the what ifs. That's what ate me up inside. That's what made me so angry about everything.

Taking time to reflect helped Sheila get to a place where her mindset was, "I always say the good outweighs the bad." Abigail analyzes and re-analyzes her emotions. She asked herself the difficult questions to gain self-awareness, stating,

There's so much to unpack here. Like, "Why are you finding yourself emotional about these things that you weren't emotional about before?" And like really trying to be self-aware and understand like, "Hey, what's going on with me?" And just realizing, you know, that there *is* some guilt there, of like, "*Will* I be a good mom down the road?" And just watching her life and seeing her happy, and just wondering, "Will I be able to do that for a child in the future?" I think that that's a lot of the emotion that was there. And just being honest with myself of like, "Okay, I'm struggling with this right now. And eventually, I hope I'll work through it and figure out like what it is that I do want for my future."

Ruminating over her feelings helps Abigail gain perspective, and she reflected:

I think just with maturity through time, you just realize, "Okay, well maybe this is why I felt that way." And just playing with different scenarios of why your emotional. [In reality], it could have just been like hard day for me that day. I don't even remember why

I cried, but I remember that I cried and I remember that I was like in so much pain [because] I just miss her so much. And I still feel that way. I feel like I'm missing a lot, but I am so blessed with the openness that we have.

Birth mothers coped by occupying their hands and staying busy. Sam has several coping mechanisms: "There's a lot of things as far as being outside that help me a lot. Driving, I love driving." Also, "Horses . . . Going out riding. The smell of a barn is therapeutic for me. So I spend a lot of time around horses. And trying to find jobs that have to do with horses." Overall, Sam likes to keep herself physically active in order to have a positive mentality:

I try to put myself in a situation where I revibe myself. And get back up and moving. And be able to come back home with a positive mindset. [Because] I know if I come back here and I'm miserable, I'm gonna stay miserable. It's gonna be impossible to get outta that rut that I stick myself in.

Fran found it helpful to go to her office after her visits on weekends and channel her energy towards finishing small tasks:

I'll go in to work and get some extra stuff done [because] nobody's ever at the office if we're doing a visit on the weekend. So I can go lock myself in my office and just have something to focus on. And so I just find like menial tasks that I can do. And that's been a good way to, to deal with it recently. I don't have to kick Greg out of our bedroom for several hours.

Emily was productive with her updates and created a scrapbook, which was part of her grieving process:

I was scrapbooking the pictures that I got . . . Taking those pictures and scrapbooking them was part of my grieving process. It was something to do with my hands. And it helped me still feel like connected to him. But also kind of letting go at the same time. Not letting go in a mother way, but just kind of personally growing I guess. So the letters and the pictures were really important this the first year or two.

In summary, birth mothers described how they developed coping skills, including praying, writing, telling their story, establishing a support system of family, friends, and birth mothers, reflecting, adopting positive self-talk, and staying busy.

Category 2: Birth mother is focusing on her own life. As birth mothers felt more

grounded and secure in the open adoption, they realized the importance of focusing on their own

lives. Emily explained while she identifies as a birth mother, it is not her sole identity. She is an

individual with passions and goals:

> You don't just identify as a birth mother. And that happens very early on, I feel like. Like
> within the first couple years. You're rebuilding. You're pursuing your dreams. And
> you're embracing this beautiful new family that you have. And you're navigating through
> that together, which nobody's been through.

After building a strong relationship with Justine and George, Sheila recognized that she was

torturing herself with the constant need for "know every little detail about [Grace's] life." As

Sheila recalled, "I was so focused on being every aspect of her life that I quit focusing on

myself." Sheila needed to let go of her grip on Grace in order to find her identity:

> I've noticed, from her fourth birthday to her sixth birthday [after cutting visits from four
> times a year to twice a year], how I've lived my own life. Like I've done my own thing.
> I'm working again. I'm focusing on myself. And I said, "She's okay where she's at.
> They're taking really good care of her. So I need to focus on myself now. I need to take
> care of Sheila." I've always taken care *that* aspect. The first 3 years, I wanted to know
> every little detail, every little thing. But I think it hit the breaking point when she asked to
> come home with me. I can't constantly ask for visits.

Sheila admitted to herself that it was time for her to move forward. Grace was thriving; it was

time for Sheila to thrive as well:

> I need to live *my* life. I made this decision to give her a better life. So now I need to make
> sure *my* life is better. She's okay. She where she need to be. I'm at a point in my life
> where I'm doing my own things. I made new friends.

Sam decided not to feel guilty or selfish about focusing on her wellness. She committed to

ensuring that she would be in a good place before visiting Cooper:

> This year I'm gonna kind of try to plan the visit around me and what I wanna do. I'm
> gonna take my time goin' up there. See things on the way up there that I would normally
> just drive right past . . . Take my time and make it *my* vacation, and not just to go up there
> to just see [Cooper]. And see how that goes. I don't wanna be selfish with it. I wanna be
> able to see them and everything, and spend a lot of time with 'em too. But I really wanna

kinda take this as a self-preserving kinda visit. And spend a lot more time on focusing what I need, not just what's convenient.

Focusing on her present life came naturally for Gabby due to necessity and due to the ease of the open adoption experience:

> I was just so busy with my kids. My husband was working out of town in the oil field, so I was really busy by myself with 'em. I'm just a busy mom . . . Nothing's bitter in my adoption. So there's really nothing that keeps me going to live life after placement because nothing's bitter about it.

> In summary, birth mothers shared how they learned the importance of focusing on her own life, to accomplish goals and dreams and to stay healthy.

Category 3: Birth mother is developing self-confidence. The open adoption experience is a refining process, and birth mothers illustrated how they have emerged stronger and more confident than they were in the beginning. In the beginning, Sheila felt worthless: "I felt like I wasn't worth anything. And I felt if I had done this, what's the point of moving on? What's the point of, if I can't be a parent, what's the point of having any more kids?" Currently, Sheila is able to say, "Nowadays it's like I went through it. I'm still going through it. I'm stronger now than I was at the beginning of this whole process." Abigail's confidence was bolstered after overcoming a fear and sharing an opinion with Chrissy: "The fact that I was able to be brave and just voice [my thoughts] and be accepted, that has helped grow my confidence and just talking about things that I'm processing and feeling." Now, she is comfortable in her identity. She professed,

> I have a lot of confidence in who I am as a birth mom. I'm proud of who I am. With each time I hear these ugly statements about people thinking that they know my situation and making a judgment upon that, the older I get, and the more mature I get, the less it hurts because I'm confident in my decision and how much I love [Penny] and how amazing [her life is]. That helps prepare me to know, "Your identity is not in a heated statement. Your identity is in all of this background that you feel solid in . . . " And so I think that that's something I constantly remind myself.

Abigail added, "I think [open adoption is] a really healthy way for [birth moms] to naturally deal with what we go through. And think the open adoption is a real game changer compared to a closed adoption." Tessa also found her confidence after voicing her thoughts. She disclosed, "I think what really made the difference was just becoming more comfortable in myself honestly, outside of the adoption." Tessa experienced her best visit when she held fast to self-confidence. Tessa mentally prepared herself before the visit. She was determined to squash the negative self-talk:

> This past November was the best visit that I've ever had with them. And I *know* that it's because I went into it, going through in my head saying, "I'm not going to allow those thoughts to flood my mind. I'm going to choose joy. I'm gonna choose to be present. I'm gonna choose like making myself aware of everything that I was going to actively be doing and deciding. And to not be on my phone. To be there."

Sam attested that the challenges of open adoption are worth it because they spur growth:

> The best part [of open adoption] ultimately is it's forced me to watch myself grow in that aspect. It's helped me . . . You know, the worst and the best are kinda the same . . . How far I've come and how far they've kind of pushed me to go.

Sam has pushed herself to confront her emotions, something she was formerly reluctant to do:

> I've kind of forced myself to deal with the emotional side of things. I'm not a very emotional person. So I try to force myself into kind of dealing with that issue . . . It's important to let that emotion out, but I wanna be able to get through a conversation with a courageous heart. And be able to kind of show people that it's not all this sorrow and all this hurt and pain. It's peaceful. And it's relieving. And it's something to rejoice about. It's awesome, and it's something that a lot of people don't get to experience.

Confidence is also reflected through birth mothers' sense of calmness about the open adoption. Judy no longer feels the apprehension she felt at the beginning; she is now able to "just take it one day at a time." Sheila compared her initial mindset with her current one: "I used to set my expectations really high about what the next visit would be like. What, you know, where she's at. And I tend to not think about that far along [anymore]." Fran also converted her anxiety to positive feelings. She suggested using humor as an antidote to uncomfortable situations:

> I think a sense of humor has been super, super important. Hey, especially when, you know, meeting a man I hardly know and handing him breast milk. We've had some really funny goofs, but it's also helped with some other stuff . . . It helps us approach stuff a lot easier.

Early on, Fran developed a lighthearted and a gracious attitude towards people who have good intentions but flounder with the open adoption concept. She chuckled as she recalled this story:

> At [Michael's] baptism, Anna's stepmom, couldn't figure out what to call me. Every time she introduced me to somebody, she called me something different. It was really funny. She went through the whole natural, genetic, biological, birth, like everything. As long as the intention is not to be disrespectful, I don't really care.

Emily transformed from specifying every detail in the postadoption agreement to allowing the relationship to flow freely: "It's about just being flexible. And I think even though something looks different than you thought that it would, that doesn't mean that it's not still wonderful."

Birth mothers mentioned their confidence in the stability of their open adoption relationship, particularly with the adoptive parents. Fran knows that regardless of Michael's future decisions, Fran will continue to have a strong relationship with Peter and Anna: "[Michael's] parents and I have a strong enough relationship that I'm confident that that will continue to whatever it is, regardless of what, you know, he decides. Or how much contact he wants or whatever." Gabby also talked about the permanence of her relationship with the adoptive parents, regardless of Edie's future choices: "We're all comfortable and just a happy family. So I don't think anything would change as she got older." Similarly, Abigail stated, "I believe that [Chrissy] and I will be friends for a long time."

In summary, birth mothers exhibited confidence, which was reflected in their self-report; their ability to combat fears, negative self-talk, and emotions; their calmness in comparison with their initial anxiety; and their assuredness in the strength of their open adoption relationships.

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Category 4: Birth mother sets boundaries for her own emotional well-being.

Towards the beginning of the open adoption experience, some birth mothers wanted as much

contact as they could get. As they grew in their journey, they developed self-awareness about

their personal limits; thus, they began to set boundaries for their personal and emotional well-

being. Sam shared how she initially wanted constant communication:

> I wanted it to be to where we could be all the time. And I started realizing that that was
> very unhealthy. But initially, I wanted to be able to communicate with them whenever I
> wanted to, however I wanted to, I don't have any restriction. And I started realizing that it
> was probably better to limit some of that.

Even though Sam and constant access to the adoptive family through Facebook, she decided to

unfollow Stella on her own volition:

> I knew for me, emotionally . . . it's the constant communication is a little rough for me . .
> . We're still friends on Facebook, but I've unfollowed her. So she doesn't pop up on my
> news feed all the time. I can choose when I wanna go into that section of my head.

For a period of time, Sam exercised self-control in the amount of communication she had with

the adoptive parents. She limited her communication until she felt like she acquired a sense of

confidence independent of her open adoption communication:

> I started realizing that regardless of anyone else's decisions in their life, [the amount of
> communication] can't define who I am and how I feel about my own life. So I started
> restricting my amount of communication. And just going with bigger holidays for a
> while. And over the past probably year and a half, [Stella] and I have started
> communicating more.

Fran maintains awareness of her surroundings and her responses to situations. She limits her

interactions with children because it is too painful at times:

> I have to kind of be more guarded with time around kids. Just in general, like if I am
> gonna be with Michael, I'm definitely not volunteering in the nursery that week, you
> know. I just have to be aware of that because it makes me a little more sensitive to it.

Judy has self-awareness about her triggers. She had formerly set the boundary of no visits at her home. She agreed to a visit in her home for the first time a few months ago; however, she still demonstrates prudence and strength when she says "no" to the adoptive parents' requests:

> Sometimes [the adoptive parents] want to do a little bit more, not necessarily with visits but like coming to my home or like family dinners and stuff like that. And I try to just protect myself a little bit to avoid any downfall or breakdowns.

In summary, birth mothers shared how they developed self-awareness in the frequency and type of communication that was healthy for them, thereby allowing them to set boundaries and limit themselves.

Summary. In summary of Theme 7, open adoption has compelled growth and maturity for birth mothers. Birth mothers showed maturity as they incorporated coping skills, focused on improving and enhancing their own lives, built self-confidence, and voluntarily set boundaries regarding open adoption communication.

Theme 8: Technology Enhances Open Adoption

Modern-day technology has allowed more channels of communication, thereby giving birth mothers and adoptive parents more opportunities to maintain contact. Many birth mothers and adoptive parents have taken advantage of these additional routes, such as texting, video calls, and social media, which has served to enhance their relationships. Several birth mothers use all forms of technological communication. For example, Sheila uses all modes interchangeably and with frequency: "[Justine and I] talked on a daily basis . . . I'll call her up. Or I'll FaceTime. Or I'll send her an email. Or I'll send her a long text." Sheila trusts that if Justine needs to communicate something, "She'll text . . . she'll email . . . call . . . She'll send pictures and updates and that sort of thing via a text or FaceTime."

All the birth mothers text with the adoptive parents, and several birth mothers highlighted the convenience of texting. Texting has been a staple for Sam and Stella: "It was just texting back and forth, seeing what was goin' on . . . We text all the time." Sam explained why she likes texting:

> [Because] we've gotten very emoji proficient if you will. So there's not a whole lot of . . . So it's the difference between getting yelled at and somebody being excited. It really is. So it's nice [because] there's a lot less misconception between the two of us through texting. And it's just so much more convenient. And we can be goofy. And it doesn't have to be serious . . . Texting is ultimately probably my favorite, just because . . . I'm just saying as far as consistent communication, texting. And it's cool [because] I get pictures and videos a lot from them. So to be able to see him growin' up and see him all goofy with smiles and everything.

Abigail said, "I prefer texting." She explained,

> I love that I have the opportunity to text [Chrissy] . . . [because] then I can, like even as simple as, Penny's birthday was a couple days ago. And so this time I want to bring her birthday present. So simple as like a quick text: "Hey Chrissy, what size is Penny wearing right now?" It just works. And it's not even so much of she's there when I need her. It's just like, it's normal. It's not an abnormal flow of communication. And I think that helps keep us normal.

Tessa and Michelle also text each other quick questions:

> [Michelle] texted me and was like, "Hey" . . . and said that she was making a book for Lexi and asked, she's like, "This maybe a weird question, but do you have any pictures of [the birth father]? I'm making a book for Lexi and I feel like I need to include him.

Judy texts Jackie whenever she is struggling or missing Simon, and "almost automatically, [Judy gets] a text message back with a picture of him." Jackie is diligent about communicating through texting. Judy stated, "She communicates to me. She's like, 'He went fishing today.' And she'll send me a video of him reeling in the fish. And so we're in constant communication." Fran likes texting because it is the simplest way for Michael to reach her: "Probably most frequently, [Michael] uses text just because it's simple. And that's an easy way for him to reach out directly." Fran also texts often with both Peter and Anna:

As far as frequency, we almost never email anymore. We talk on the phone probably a couple of times a month. But we text probably half of the days, like at least once or twice back and forth over something, between one of his parents and I.

Technology has helped Fran build individual relationships with Peter, Anna, and Michael.

Alongside texting, Fran also plays a mobile game Peter and Michael:

Peter and I have a lot of things in common. And so like, we were texting this morning about the political stuff that's going on right now. And when elections come up, we end up talking about them a lot. And Michael's really into Pokemon Go. And I play that with him. And his dad and him play all the time. And so when they catch stuff sometimes they'll text me or ask me about stuff with that. Anna and I talk about other stuff. So I have independent relationships with both of his parents as well as the whole family relationship.

Texting and the mobile game have helped Fran feel more connected with the adoptive family:

The last couple of years with things like Pokemon Go . . . there was a lot more communication coming from them. And that was really helpful. Even if it's just, you know, an occasional text that's from them or whatever, I don't feel as weird about calling. And then, Michael's at the point now where he can spell stuff out on a cell phone. So he'll steal Mom or Dad's phone and send me a text. And he'll send me like eight kissing emojis, and then say, "This is Michael." I'm like, "Yeah, I didn't really think your dad was sending me kiss emojis."

Emily admitted feeling some ambivalence about texting:

I think the texting is nice because it's nice that you have each other's numbers, and you're at that level where it's just like anybody else that you can just text. But I think sometimes with the texting it's a deterrent to like, if there's anything important to talk about, like this is too much for a text, you know? But then again, I guess anything that's difficult to talk about, nobody really wants to kind of talk about any medium. But I think texting sometimes just can lend itself to misinterpretation . . . But I love being able to text in between [visits and Skype calls]. And just, you know, whatever. [Nancy]'ll send me pictures. Like school field trip. Or like I'll just send her a message and say, "This just reminded me of you today," or something. And so I love that technology. And being able to just, you don't have to wait for a letter in the mail. You can just touch base like you do with anyone else. So I do love that, and I love [that] you can send a little picture.

Some birth mothers enjoy having video calls through FaceTime or Skype. Video calls allow for in vivo interactions. Gabby is delighted to watch her two girls bond with Edie through Facetime:

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[My daughters] have a phone, so they're always FaceTiming Julia to talk to Edie. I'll be cooking, and one of them will walk through the kitchen. And I'll hear, "Hi BB!" And I'll look on the phone and they'll have Edie FaceTiming.

Emily likes having video calls through Skype because she is able to interact with Nathan and get a sense of who he is and what he likes, which makes Emily feel more connected with him:

I think the video calls, the Skype, are my, are my favorite now . . . Skyping is my favorite now because it's the most like, because it's live, you know? And, and Nathan always wants to show me like the latest thing that he built with his Legos. And I feel like because that's interaction. It's not just an update. It's an interaction. And then that helps me to feel a little bit like, "Okay, this is his personality. This is what he loves." And I can update him.

Emily laughed as she shared a story of why she enjoys Skype:

I'll be like staring at the ceiling fan for a while because he puts me down while he goes to get this or that or whatever. I'm like, "Okay!" So yeah. So he's using hair gel now. I know! I'm like, "My baby!" But stuff like that. You can't just get from a picture, you know what I mean? Yeah. I think so in between visits, I think Skype calls are really, video calls are really good.

Emily is hopeful that technology will allow her relationship with Nathan to remain strong:

I mean with the top technology that we have now, [the relationship with Nathan] probably would be pretty much the same. Maybe a little more as he gets older and has his own device. I guess it really kind of is a little bit of an experiment to see what changes. Hopefully no lapse. Hopefully at least what we have now.

Sam does not prefer video calls mainly because of poor service: "I love talkin' to them on the phone and video chat, but usually the video chat is really glitchy, so that's kind of more of a headache to deal with."

Birth mothers appreciate the convenience and easy access to photos and videos on Facebook. Facebook is a way that birth mothers can see photos, videos, and updates at their leisure without needing to ask. Sheila loved watching Grace hit a developmental milestone through videos on Facebook: "We had a Facebook page. And [my family] got videos of her walking, her talking." Sam is also grateful that her family gets to participate in open adoption

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through Facebook: "I have [Stella's] Facebook . . . And so both my sisters and my mom are on her Facebook too, which is kinda cool." When Gabby feels an ache in her heart, she finds joy in seeing Edie on Facebook: "All I have to do is call and talk to her or get on Facebook and watch a video of her and I'm okay." When she sees videos of Edie, Gabby is reminded this was the right choice for everyone:

> The best part is being able to see Edie's having a perfect little life. To watch her grow, to be able to watch her grow. Sometimes we'll watch videos of her that Julia'll post on Facebook, Danny and I. And I'm like, "Can you believe that we created her?" And just to be able to watch her grow up, and be able to have a close relationship with her and her parents.

For Abigail, being Facebook friends marked a deeper level of trust Chrissy had with her:

> From texting, it progressed into, a couple years ago, [Chrissy] just got a Facebook. And she sent me a friend request one day. And sent one to all my family too, like my sister and my mom and dad. And so then we were at the most open we've ever been. To where now, I see what they do all the time . . . I really liked that I can just keep up with them on Facebook because then I don't have to impose on [Chrissy] and bug her. [Because] I don't know what's going on in her life at that specific moment when . . . I'm wondering about them. I just want to see things. I love that I can just open up Facebook and see pictures of what they've been doing. And I'm like, "Oh that's awesome." And I'll show my parents. And then I'm like, "Okay, that's great." So I love that [this is] a part of our dynamic.

Emily wistfully remarked that she would like to have Facebook access:

> I kind of wish that we were friends on Facebook. In the beginning, we didn't set it up that way because they didn't have one . . . But now they *do* because when we got together last time, they were saying something about their family's Facebook. I was tempted to ask, "Oh! Do you guys want to keep in touch that way at all?" But I didn't because I thought if they wanted to, they would've said something to me. But I have to admit, some of the other girls are Facebook friends with their adoptive parents. And I'm a little jealous. Because that's just so *current*, you know what I mean? And it's right there. But that's okay . . . But then I think like from their standpoint . . . That would expose their family and Jack to a lot of people that they don't know. So I just actually just thought of that. So that's understandable. But just for the convenience, the communication, and the pictures and things . . . I guess I already know what they look like, so I don't need Facebook. But I feel like families share Facebooks, you know what I mean? And we're a family. So that would be cool if we could do that. And just the back and forth that happens with that on a more regular basis, I feel like, than texting or scheduling a video call every two weeks or whatever. It's kind of more ongoing. So I don't know. Maybe I'll drop a hit next time and

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see how it goes. If not, that's okay. Yeah, I mean I've lived without it so far. It might be more, [because] in the same way that I'm expressing how that the convenience and the frequency would be a great thing, that they might be thinking of that is like too much, you know what I mean?

In summary of Theme 8, birth mothers expressed how technology has enhanced their open adoption relationships, expanding opportunities for connection through texting, video calls, and social media. Birth mothers appreciated the option for constant access or constant contact. The ease of communication allowed the open adoption relationships to feel natural.

Summary

This chapter introduced the eight participating birth mothers through the participant profiles. Following the participant profiles was the data analysis, which analyzed participants' significant statements regarding each participant's lived experience of open adoption. Eight themes emerged from the data analysis: birth mother chose open adoption for the child's best interests, open adoption is an emotional process, interactions with the adoptive parents and the child are affirming for birth mother, birth mother as a role in the child's life, birth mother values the relationship with the adoptive parents, open adoption has a ripple effect on other areas of the birth mother's life, birth mother is maturing through open adoption, and technology enhances open adoption. The themes help illustrate birth mothers' experiences of open adoption. The next chapter interprets the results and discusses the significance of the research findings.

CHAPTER IV

DISCUSSION

There has been a shift towards more openness between birth mothers and adoptive

families in recent years; despite this movement, there is a scarcity of information regarding how

open adoption affects birth mothers. Openness operates on a continuum (McRoy & Grotevant,

1988). The current study examined what Grotevant et al. (1994) and Henney et al. (2007)

designated as fully disclosed open adoption, which is characterized by reciprocal, ongoing, and

direct communication between birth and adoptive families. Because previous studies on birth

mothers have been pathology-oriented (Zamostny et al., 2003), this phenomenological study took

a strengths-based approach, interviewing eight birth mothers who exhibit resilience and positive

adjustment to their experiences with open adoption. All participants placed their infant between 5

and 10 years ago, and all participants have at least one visit with their child per year.

The primary research question was, What are the lived experiences of birth mothers who

choose open adoption? Secondary questions included the following: How has open adoption

shaped birth mothers' lives after placement? With the open adoption experience, how do birth

mothers' feelings about their lives, their child's life, and placement evolve over time? The open-

ended, semistructured interview questions were designed to explore birth mothers' journeys

through open adoption and develop a greater understanding of birth mothers who have open

adoption relationships with their child. This chapter discusses how the current research findings

compare with previous research, addresses limitations of the study, examines the implications of

the study, and provides recommendations for future research regarding birth mothers and open adoption.

Choosing Open Adoption for the Child's Best Interests

The topic of choosing open adoption for the child's best interests addresses two questions: What are the child's best interests? Who believes that open adoption is in the child's best interests? Historically, secrecy and confidentiality in adoption were heralded as best practice because it was purported to protect the adoptee (Kuhns, 1994). Beginning in the mid- to late-20th century, research revealed that secrecy actually caused psychological problems and difficulties in adjustment for adoptees, including problems with identity formation and self-esteem (Baran & Pannor, 1993; Kahan, 2006). Research on adult adoptees showed that adult adoptees have a desire to know about their biological background and have a curiosity about their birth family (Sokoloff, 1993; Wrobel et al., 1996). Having the knowledge of personal history and connection with birth family can lead to increased self-esteem and decreased feelings of rejection and abandonment (Baran, Pannor, et al., 1976; Wrobel et al., 1996).

Participants chose open adoption based on the premise that it is good for the child. Defying the societal discourse about birth mothers' selfishness and heartlessness (Norwood & Baxter, 2011), participants voiced their automatic and instinctive desire to put their child's needs before their own. "It's not about me anymore" was a common sentiment among participants. Considering the driving party behind the choice of open adoption further emphasizes the concept of participants choosing open adoption for the child's best interests. While some people presume that open adoption is coming into prominence because birth mothers are requesting it, participants in this study indicated otherwise. Diverging from previous research suggesting that open adoption is birth mother-driven (Belbas, 1987; Berry, 1993; Henney et al., 2003), several

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participants in this study highlighted their initial resistance to open adoption and specifically stated that the adoptive parents and adoption professionals encouraged them to try open adoption.

The Grief Journey

The majority of previous research pertaining to birth mothers and open adoption has been concentrated on grief. Although the participants did not focus on the term *grief* (across eight 1- to 2-hour interviews, the word *grief* or a form of it was mentioned by four participants a collective total of eight times), their stories incorporated lingering evidence of grief. Opponents of open adoption have argued that maintaining contact inhibits birth mothers' ability to accept the situation, let go of the child, and move forward in life, mentally and physically (Kraft et al., 1985). Indeed, Henney et al. (2007) and Condon (1986) found that birth mothers with open adoptions still experience feelings of grief and loss up to 30 years after relinquishment. However, examining grief from the perspective of a journey rather than a stop-off yields a more comprehensive understanding of grief and the birth mother's experience. Using the Kubler-Ross (1969, as cited in Aloi, 2009) model of the five stages of grief—denial, anger, bargaining, depression, and acceptance—can help explain how birth mothers' emotional journeys interact with their open adoption experience. It is important to bear in mind that stages are not linear and that everyone grieves differently; thus, some stages may not be experienced.

Denial. Some of the difficulty of the initial visits can be attributed to denial. The suppression and concealment of emotions is a form of denial, but it is also a way for participants to pace and manage their feelings so that they are not constantly overwhelmed. Participants described how they numbed themselves or maintained composure throughout the visit and then

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retreated to isolation to become emotional after the visit. These emotions are addressed within the other stages of grief.

Participants shared how saying goodbye at the end of each visit is difficult. Ending visits may be hard because it shatters the suspension of reality that visits may provide. During visits, boundary ambiguity, the incongruence between the child's physical and psychological presence for the birth mother (Fravel et al., 2000), no longer exists. During the visit, the child transcends psychological presence in the birth mother's mind and enters into physical presence. Saying goodbye means the resumption of a life of boundary ambiguity for the birth mother, a life of struggle due to the child's physical absence but psychological presence.

Anger. Many researchers have listed anger as a symptom of grief (Blanton & Deschner, 1990; Henney et al., 2007; Logan, 1996; Wiley & Baden, 2005). Roles (1997) suggested that anger might be directed towards the birth mother herself, the birth father, family and friends, or adoptive parents. While some participants shared about a couple of incidents of anger, according to their self-report, anger was not an emotion that the participants often felt or exhibited. There are several possibilities for the lack of anger: Participants do not exhibit anger because they fear it will drive away the adoptive parents; participants felt anger at some point in their journey, but it is no longer a prominent emotion; participants do not exhibit anger because they find it unproductive; participants are cognizant to the concept of anger as a secondary emotion that masks the underlying issue and shared about their underlying feeling in the interview; and participants felt uncomfortable and inappropriate sharing about their feelings of anger in the interview.

Bargaining. Bargaining was not prevalent among participants' stories in this study, but feelings of guilt were common; thus, as bargaining and guilt are often complementary (Logan,

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1996), bargaining can be reconceptualized as guilt. The subject of guilt was seen across themes and categories, which aligns with Logan's (1996) study indicating that guilt is a central feeling transpired from grief.

Participants harbored deep-seated feelings of guilt throughout their open adoption process. In the beginning, Emily felt guilty for disappointing the birth father, who expressed his desire to want to raise the child together. Emily also felt guilty of stripping her mother of her first grandchild. Feeling guilt for not being able to take care of her child, Sheila initially felt the need to know and be involved in every detail of Grace's life. She felt stuck because it felt wrong to try to move forward with her life. Judy also felt guilt for not being able to take care of her child, which manifested in her fear of rejection. Winkler and Van Keppel (1984) identified the above situations (i.e., disappointing family and not being able to care for the child) as reasons birth mothers feel guilt.

Logan (1996) noted that birth mothers feel guilty because the adoption affects other relationships in their lives. Sheila felt guilty because the adoption interrupted her family relationships. Fran reported feeling burdened because she knows her infertility struggle with her husband is compounded by the fact that she had placed a child for adoption. Roles (1997) noted that future pregnancy plans serve as a reminder of the birth mother's loss. Gabby shared about feeling guilty because her oldest daughter struggles with the concept of why Edie was placed for adoption. The aspect of relational guilt relates to Deykin et al.'s (1984) research on how adoption has interpersonal consequences.

Depression. Depression is the stage that is most closely associated with the term *grief*, and many researchers have studied depression as a manifestation of grief (Blanton & Deschner, 1990; Condon, 1986; Henney et al., 2007; Logan, 1996; Wiley & Baden, 2005). Roles (1997)

suggested the underlying feelings of depression may be sadness, emptiness, fear, helplessness, and hopelessness, all of which participants encountered. Participants shared about these feelings with the understanding that they are natural and expected, given the value and magnitude of their loss. Some of the themes and categories correspond directly with the feelings of depression.

    Sadness. Sadness is felt throughout the categories of *visits are difficult in the beginning* and *grief still exists*. Participants shared about feelings of sadness in the initial stages of forming their open adoption relationships and waves of sadness throughout the process. They spoke about physical symptoms such as crying and wanting to be alone. For example, Fran, Tessa, Judy, Sam, and Abigail talked about their tears: "I remember pulling into a gas station and just crying"; "Cried myself to sleep"; "I would ball myself to sleep"; "I just knew the rest of that day, I was just gonna be in tears"; "hole up in a dark room and . . . cry"; and "there would be nights when I would just cry."

    Henney et al. (2007) found that significant events, special occasions, and visits can be particularly difficult for birth mothers and cause renewed feelings of sadness and depression. Seven of the participants visit with their child on or around birthdays, and none of them mentioned exceptional sadness for birthdays. However, several birth mothers noted that they have lingering feelings of sadness after visits. They recognize this sadness as rational and normal because they experienced a great loss. Henney et al. also suggested that receiving information about the child causes the birth mother to fantasize of life with the child. None of the participants spoke about fantasizing about parenting the child; in fact, they expressed feelings of confirmation that their child was in the right place. This feeling of peace is discussed in the acceptance stage.

Emptiness. Although participants expressed feeling confident about their open adoption situation, they still had feelings of emptiness. Aligning with previous research in which women compared relinquishment to losing a part of themselves or amputating a part of their bodies (Baran, Pannor, et al., 1976; Winkler & Van Keppel, 1984), several participants described how missing their child feels like they are physically missing a part of themselves. Gabby stated, "I will always, always have that emptiness in my heart. Not a bitter emptiness, but . . . I will always have that hole in my heart." Emily explained that she feels "like something's missing no matter [what]," but that it is a "very natural" feeling. Both women attributed the feeling to the fact that they are mothers: "I'm a woman and I'm a mom" and "I think maybe part of me is that maternal instinct."

Fear. Roles (1997) suggested that fear is an underlying feeling of anger and depression. Fear, at varying levels, was a predominant emotion among participants in this study. The reasons for fear also differed. Custer (1993) found that expectant women considering adoption fear excruciating psychological distress for themselves after placing, but the stated fears for participants in this study, women who placed 5 to 10 years ago, were child-centered and relationship-centered. Participants noted some initial concern about the child's well-being, but that matter was quickly resolved due to witnessing interactions between the adoptive parents and the child. This is congruent with Baran, Pannor, et al.'s (1976) research who suggested having information about the child's well-being may help birth mothers cope with grief.

Participants expressed more perpetual fears, even though some participants mentioned the irrationality of these fears: Fear of rejection by their child, which included fear of not being known by their child and fear of the child not knowing of her love. Participants also feared fracturing or breaking their relationship with the adoptive parents. Baran, Pannor, et al. (1976)

suggested that solidifying an open and honest relationship between birth mother and adoptive family may relieve birth mothers' fears. Their research aligns with the findings of the current study, as continual, positive interactions between participants and child and participants and adoptive parents (highlighted in the categories of *birth mother is comforted as the birth mother–adoptive parent relationship normalizes*, *the adoptive parents demonstrate trustworthiness/commitment to open adoption*, *birth mother has feelings of reassurance due to the child knowing and expressing love for birth mother*, *birth mother has feelings of reassurance due to being able to see the child with the adoptive parents*, *the adoptive parents are like family*, *the adoptive parents are like friends*, *the adoptive parents care for birth mother*, *birth mother cares for the adoptive parents*, *mutual commitment to open adoption through disagreements,* and *open/honest communication is essential*) had an ameliorative effect on participants' fears. Cushman et al. (1997) specified that birth mothers who have visits with their child had lower levels of grief and worry, as well as a sense of relief and peace.

 Helplessness. Once birth mothers sign relinquishment and their parental rights are terminated, there is a sense of helplessness because their relationships with their child are out of their control. Lack of knowledge about the child's well-being contributes to birth mothers' feeling of loss and powerlessness (Winkler & Van Keppel, 1984). Feelings of helplessness and powerlessness are expected because open adoption communication is not legally binding, and adoptive parents seem to hold the reigns regarding the maintenance of the relationship. As seen in the category of *birth mother fears rejection by the adoptive parents* and even *birth mother sets tacit boundaries out of respect for the adoptive parents,* the feeling of helplessness is the driving force behind participants fearing rejection by the adoptive parents; no relationship with the

adoptive parents would mean on relationship with their child. Thus, participants created rules for themselves to maintain a positive relational environment for the adoptive parents.

Interestingly, participants did not project feelings of helplessness regarding their future relationship with their child (*birth mother's role may change as the child grows older and gets a voice in open adoption*), even though this is also an area that is out of the participants' control. Instead, participants expressed a feeling of confidence, stating that they wanted to give their child the right to choose to have a relationship or not and stating that they believed that their relationships with the adoptive parents would continue regardless of the child's decision. This confident outlook may exist because participants have had time to develop a secure relationship with the adoptive parents and the child.

Hopelessness. Feelings of depression can lead to negative self-talk as birth mothers grieve the loss of the dream of raising their child (Lancette & McClure, 1992). Participants expressed wanting to be a mother and having doubts about if that opportunity would happen for them. They felt like they would be stuck in misery forever. They questioned their self-worth. Sheila concisely summed up feelings of hopelessness: "I felt like I wasn't worth anything. And I felt if I had done this, what's the point of moving on? What's the point of, if I can't be a parent, what's the point of having any more kids?" Feelings of hopelessness dissipated as participants grew, matured, and moved forward, as seen in the theme *birth mother is maturing through open adoption*.

Acceptance. Acceptance is when birth mothers accept a new reality; realize that they will survive; embrace change, growth, adaptation, and evolution; and allow the loss to integrate into their new identity. As Roles (1997) indicated, acceptance is a process because it requires continual reevaluation and rebuilding of the self. There is previous research on indicators of

acceptance, namely adjustment. Ge et al. (2008) found that open adoption is positively correlated

with the birth mother's adjustment, measured by the quality of her relationships; financial well-

being; physical, mental, and emotional health; satisfaction with life and herself; sense of control;

and ability to plan for the future. Compared with birth mothers who have confidential adoptions,

birth mothers with ongoing contact have better grief adjustment and increased emotional well-

being (Christian et al., 1997). Evidence of acceptance and adjustment was apparent in the theme

birth mother is maturing through open adoption.

   Birth mother is developing coping skills. Wiley and Baden (2005) found that birth

mother adjustment is dependent on her coping skills. Participants shared about their strategies of

coping. Those that are included in Lenhardt's (1997) suggestion for coping with grief include

writing letters and poems, creating memories, and establishing a support system. According to

Wiley and Baden (2005), having continued support from people who demonstrate empathy and

encourage open expression of feelings facilitates the grieving process for birth mothers. Without

support, grief is inhibited and suppressed; the isolation and lack of opportunities to express

feelings may lead to pathological grief, feelings of disenfranchisement, low self-esteem, and

poor health (Aloi, 2009; Condon, 1986; Logan, 1996). Participants reported having positive and

continued support from family, friends, and other birth mothers, which, according to Logan

(1996), is often an unmet need. Whether or not there is a correlation, participants also largely

reported overall good physical and mental health.

   Wiley and Baden (2005) mentioned that losing faith and spirituality is a possible reaction

to grief; however, participants in this study found faith and prayer to be a coping strength (*birth*

mother has a sense of peace because of her belief that there is a Higher Power and a greater

purpose). It is important to note that in this study, all participants are from the southern region of

the United States, an area that is known to be predominantly Christian, and all participants identified as Christian.

Birth mother is focusing on her own life. Feelings of guilt often impede birth mothers from moving forward with their lives (Logan, 1996). For some participants, this feeling resulted in being all-consumed with the child's life. As Sheila recalled, "I was so focused on being every aspect of her life that I quit focusing on myself." Even after overcoming the hurdle of guilt, birth mothers face another obstacle: Ostensibly, focusing on her own life gives the appearance of a selfish individual and perpetuates society's stereotypes of birth mothers (Garber & Grotevant, 2015; Wegar, 2000). Having the ability to focus on oneself can be interpreted as the lack of grieving. As Gabby shared, it is challenging to not seem bereaved because other people judge: "It's so hard to explain without making me look like, 'Oh, you're just a heartless person.'"

Through their journeys, participants have each found their own path to the ability to focus on oneself. Part of what contributed to participants' ability to focus on their own lives is the desire to make their child proud of them. In the category *open adoption affects birth mother's direction in life*, participants shared about reaching their fullest potential for their child and setting an example for their child. Participants realized that it was healthy for themselves and healthy for their child for the birth mother to focus on her own life. Contact with the child gives birth mothers a sense of purpose (Baran & Pannor, 1993; Lancette & McClure, 1992). Emily stated, "You don't just identify as a birth mother . . . you're rebuilding. You're pursuing dreams." Participants shared about pursuing careers, birth mother advocacy opportunities, friendships, and healthier lives. As De Simone (1996) found, personal achievements are associated with lower levels of grief. Baran, Pannor, et al., (1976) suggested that having

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information about the child's well-being can help birth mothers cope with feelings of grief and lead to the birth mother pursuing a more satisfying, productive life.

Birth mother is developing self-confidence. It seemed like when participants relied on their open adoption communication to dictate how they felt about themselves, their self-confidence was low; however, when participants separated the two and allowed for inner growth, their self-confidence grew, as did their confidence in the security of their open adoption relationships.

Although participants reported and demonstrated overall acceptance, grief is complex, chronic, and ever-changing. Participants reported the existence of ongoing grief but also emphasized how open adoption facilitates the grief process. Abigail described open adoption as "a really healthy way for [birth moms] to naturally deal with what we go through." She termed open adoption as "a real game changer." In the same vein, Emily described the "healing and healthiness" of open adoption due to "the peace of knowing [the child's well-being]." Participants' thoughts on the remedying effects of open adoption aligned with Henney et al.'s (2007) research; they found open adoption to be a positive way for birth mothers to process grief. Fravel et al. (2000) found that the psychological presence of the child serves as motivation and accountability for birth mothers, pushing them to pursue their goals and reach their fullest potential. Open adoption provided birth mothers a sense of peace, assurance, and fulfillment, and it was a way that birth mothers could regain the missing part of themselves.

Birth Mother's Relationship With the Adoptive Parents

A somewhat unexpected finding was that participants spent the bulk of their interviews sharing about their relationship with the adoptive parents. It was a relationship that still caused participants some anxiety, but moreover, it was a relationship that participants grew to highly value. Participants' reported feelings towards adoptive parents include love, gratitude, and appreciation. Participants' stories showed that their relationship with the adoptive parents has shaped the majority of their open adoption experience thus far. Given the ages of the birth mothers' children (between 5 and 10 years of age), this unanticipated finding makes sense because the children are at a developmental stage where they have a limited understanding of adoption, and the adoptive parents control the means of maintaining open adoption communication.

Previous literature on open adoption has focused on the birth mother's desire to know about the child's well-being. Baran, Pannor, et al. (1976) suggested that birth mothers want the assurance that their child is thriving in a loving home. Winkler and Van Keppel (1984) found information about the outcome of placement and the child's well-being can alleviate birth mothers' grief. Lancette and McClure (1992) indicated that birth mothers feel confirmation and relief after having information about the child's well-being. Concern about the child's well-being was not a central focus for the participants in this study not because it is not important, but because it is not necessary given their open adoption. Through regular updates and visits, the participants had information about their child's well-being early in their adoption placement and often. Due to the adoptive parents' commitment to maintaining communication, participants did not need to worry about their child's well-being. Participants expressed confidence that their child was in the right place.

For the participants, open adoption is primarily about relationship development and maintenance. As with any relationship, it is crucial to establish mutual respect from the beginning. Grotevant et al. (1994) and Siegel (2003) suggested a collaborative approach to cocreating a postadoption agreement because mutual negotiation facilitates mutual satisfaction with the arrangement. Siegel (2003) particularly emphasized the importance of allowing for renegotiation over time as people and circumstances change. This was the approach taken for participants in this study. They had discussions about hopes and expectations at the beginning, and throughout their 5 to 10 years of relationship, they established open and honest communication regarding their new thoughts, feelings, desires, and needs.

Participants shared that there were mutual feelings of care and concern between birth mother and adoptive parents. This aligns with previous research suggesting adoptive parents with more openness and contact have continued contact and higher levels of empathy for birth mothers (Belbas, 1987; Grotevant et al., 1994). Birth mothers and adoptive parents developed a genuine love for one another. Tessa described the birth mother–adoptive parents relationship as "like being married, almost" because it is a commitment through the easy days and the difficult ones. They need to actively and intentionally "choose to love" each other.

Siegel (2003) also compared the birth mother–adoptive parents relationship to a marital one because it is a relationship that requires work and perseverance—it is not one of convenience. Siegel maintained that it is helpful to consider openness as an act of love for the child. Indeed, participants expressed that they continually chose to be in relationship with the adoptive parents because they believed it was in the child's best interests. As Fran said, "If [the adoptive parents and I] weren't approaching it because we really believe it was the right thing for the kid, it wouldn't work. Period. It's way too hard."

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Birth Mother's Relationship With the Child

Though the child is the focal point of the entire purpose of open adoption, at 5 to 10 years postplacement, the birth mother–child relationship is just emerging due to the child's developmental age. Because the child has a limited understanding of adoption, or a limited ability to express the understanding of adoption, participants shared about their perception of the birth mother–child relationship and their perception of their child's perception of the birth mother–child relationship.

Figuring out who she is to the child is a major internal process each participant encountered. Previous research has warned that some regard the term *birth mother* with offense because they find it to be reductive and denigrating (Andrews, 2011); however, participants in this study expressed no problems with the identification as birth mother. In fact, some participants even claimed the name as part of their identity with pride. The birth mother identity is complex. Opponents of open adoption claim that the ambiguous and confusing complexity of the birth mother's role prevents her from being able to grieve and relinquish the child emotionally (Kraft et al., 1985).

However, participants in the current study shared how they are able to see the child as both their child and the adoptive parents' child (*the child is theirs, but also mine*). Participants view themselves as "almost aunt in a way," but they clarified that they are more than an aunt (*the birth mother–child relationship is aunt-like*). Furthermore, participants emphasized that even though they see the child as their son or daughter, they firmly see the adoptive mother as "mom" (*birth mother cares for the adoptive parents*). As Judy said, "He has a mother, a mom . . . If he ever called me 'mom,' I would direct him right back into [Jackie's] attention, into her area. Or say, 'No, this is mom. I'm your Judy.'" Participants demonstrated that they are able to embrace

the multidimensionality of their identity, their child's identity, and the adoptive parents'

identities.

Beyond a name and a title, participants navigated through the question of what their roles

are at a pragmatical level. As Fravel et al. (2000) asked, do birth mothers have no role, a nominal

role that is unrecognized by society, or an ambiguous role of "a parent but not the parent" (p.

431)? In open adoption, this question is particularly conspicuous because of the continual need to

address this issue as the child grows and the relationship changes. Most participants described an

experience where they had a nominal role that is unrecognized or questioned by society (*the*

adoptive parents care for birth mother). Most participants also shared that to some effect, they

are a parent but not the parent (*birth mother cares for the adoptive parents*). However,

participants described how they have a great, more significant role than those aforementioned.

Participants believe that they have a crucial role in their child's development, which they can

fulfill by being present and available to answer questions and show love so that their child feels

secure, adequate, known, and loved (*birth mother wants to be present and available for the*

child).

For the participants in this study, the child's understanding of adoption and the birth

mother is still forming. Opponents of open adoption fear that young children are not able to

cognitively process the concept of adoption; thus, the confusion of open adoption would produce

fears about adoptive permanence and inhibit their ability to develop secure attachments with the

adoptive parents (Kraft et al., 1985). From what participants witnessed and reported, this is not

an issue of concern. Participants supported and reinforced the concept that the adoptive parents

are the child's parents. Furthermore, participants expressed their willingness to be flexible and

let the child settle into his or her own understanding. For example, when Nathan discovered that

he did not come from his (adoptive) mother's tummy, he cried. In response, Emily decided she would not refer to herself as "Tummy Mommy" because that seemed to confuse him. She resolved, "Okay, I just will let him say his own title for me . . . I think it's not something that you can make up for them to call you. You have to just wait and see what they want to."

Participants also expressed their willingness to be flexible about how the relationship progresses (*birth mother's role may change as the child grows older and gets a voice in open adoption*). As Henney et al. (2007) and Siegel (2003) noted, it is important to prepare for the fact that relationships change over time. Participants recognized that the right amount of openness will change over time and according to each party's life stage and situation. Participants seemed to embrace the mutability of open adoption and look to the future with eagerness and optimism.

Previous literature on open adoption has examined topics such as making a case for open or closed adoptions, the grief and feelings of loss associated with open and closed adoptions, coping strategies for grief, and advantages and disadvantages of open adoption for each member of the adoption triad. Notable absences in the literature are birth mother accounts on interactions with the child and the adoptive parents, the genuine love care developed between birth mothers and adoptive parents, the navigation and mutual commitment through disagreements and difficult situations with the adoptive parents, the growth that birth mothers experience through open adoption, and information on technology and its effect on open adoption relationships. This study provided a preliminary glimpse at some of the gaps in literature.

Limitations of the Study

As with any research method, there are strengths and limitations within the protocol of the phenomenological methodology. While phenomenology can illuminate the meaning and essence of a lived experience, contributing to a deeper understanding of the phenomenon, there

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are also inherent limitations to phenomenology, as well as limitations due to the sensitive nature of the topic. Participant recruitment was challenging because it was difficult to access participants. Adoption agencies do not necessarily track birth mothers and adoptive parents with open adoptions because the parties maintain contact on their own without the need for the agency to mediate. Some advocacy and support groups are fiercely protective of their birth mothers and do not want to give an *outsider* access. Some were wary of the PI's motives. The PI had to gain the trust of an *insider* in order to reach potential participants.

Snowball sampling was utilized to recruit participants who are information-rich. While some researchers have argued that there can be as few as one participant for phenomenological research, most researchers recommend up to 10 participants (Hays & Singh, 2012). The PI's goal was to include 10 participants; however, the final number of participants was eight. The small sample size is a strength of qualitative research because it allows for in-depth examination of a phenomenon. The data are not generalizable, but the intent of qualitative research is not to generalize. Rather, the intent is to provide rich information about those who have experienced the particular phenomenon (Creswell, 2013).

Data collection via interviews has limitations due to the subjective nature of self-report and the dependency upon participant clarity and willingness to be vulnerable, issues that bring validity and reliability into question. Collecting data through qualitative interviewing requires participants to articulate their thoughts and feelings. Some complexities of their experiences may be difficult to put into words. Furthermore, given the depth of emotion and sensitivity of the topic, participants may be hesitant to reveal their thoughts and feelings for some concepts. Additionally, the researcher as the interview instrument also serves to influence data collection

because it presents the possibility of cross-cultural interference and modification of responses due to the researcher being perceived as an authority figure.

The PI took measures to strengthen methodological rigor, but there were limitations to verification methods. Despite bracketing her experiences through reflective journaling, maintaining field notes, and debriefing with her committee chair, it is impossible to completely isolate the data from the researcher's background, experience, and beliefs. The researcher strove to continually integrate her biases and expectations while honoring the participants' stories. There is always the tension and balance between upholding the integrity of participant voice versus the emergence of the researcher's voice because qualitative interviews can be seen as a collaborative process of coconstructing meaning.

Lastly, the PI conducted member checking during data collection. Afterwards, she sent interview transcripts to each participant asking for confirmation of authentic representation; however, only about half of the participants responded. Other verification methods, such as follow-up interviews and triangulation, were not possible due to time, availability, and location constraints and due to the sensitive nature of the subject of study.

Implications of the Study

Adoption is often overlooked in counseling and counselor education programs. As open adoption grows in prevalence, it will become increasingly common for people to need counseling support for adoption-related issues. Participants in this study all shared about struggles they had throughout their open adoption journey, yet counseling was not a popular option for them. One participant shared about the negative experiences she had with a supposedly adoption-competent counselor. The participant left counseling feeling discouraged, minimized, and misunderstood. Though participants in this study has exhibited resilience through their struggles, there are many

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birth mothers who are experiencing chronic and pathological symptoms due to their grief and loss. Those in the helping professions, including counselors, counselor educators, and social workers, must have a better understanding of the issues within adoption and open adoption in order to provide necessary services to those who are struggling. This study serves as an introductory look at the birth mother experience of open adoption and includes information about what has been successful for birth mothers, adoptive parents, and adoptees, even in the face of challenges.

In addition to educating counselors, counselor educators, and social worker, it is important to provide more information about adoption and open adoption to society as a whole in order to mitigate and hopefully eradicate incorrect myths and hurtful stereotypes about birth mothers, adoptees, and adoptive parents. Educating the public would be a preventative measure with the goal of collective acceptance and understanding of the adoption culture. A supportive society would reduce feelings of disenfranchisement among people within adoption.

Lastly, information from this study can assist policy-makers (e.g., social workers, adoption professionals, and legal professionals) as they make decisions on best policy in adoption and they determine what is a child's best interests. Open adoption is not yet a standard of practice, and there are no laws to enforce an open adoption agreement; however, perhaps it is time to examine current adoption practices to evaluate its long-term effects upon the members of the adoption triad. The encouraging results from the few studies on open adoption provide an opportunity to create new adoption policies that truly uphold the intention of adoption to serve the child's best interests.

Suggestions for Future Research

Given the fact that open adoption is a relatively new area of study, there are many directions for future research. Open adoption is a dynamic process, and participants voiced their anticipation of future changes in their relationships; thus, it would be beneficial to have a longitudinal study with this cohort and compare their current experiences with their experiences 5 or 10 years later. A follow-up study would reveal how birth mothers process grief over time, how birth mothers navigate relationships with their teenage and young adult children, how birth mothers' relationships with adoptive parents are affected, and how birth mothers are doing in other areas of life such as family relationships and career goals.

Several suggestions for future research arose during participant recruitment, as there were many eager potential participants who did not meet the parameters required of this study, namely time of placement. Thus, a similar study can be conducted to explore the lived experiences of birth mothers with open adoptions who placed under 5 years ago, between 11 and 15 years ago, between 16 and 20 years ago, etc. Each time period would provide a diverse set of experiences due to the birth mother having different amounts of time to grieve and build relationships with the adoptive family. Furthermore, the adoptee's developmental stage will affect the birth mother's experiences. As participants in this study shared, during the early years, most of the open adoption experience is based on the relationship between birth mother and adoptive parents. As adoptees grow older, they will begin to have a better grasp of what adoption is and potentially develop more independent relationships with the birth mother, which will impact the birth mother's experience of open adoption.

Another proposal from potential participants was conducting a study utilizing video call interviews. There were several birth mothers interested in this study but were unable to

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participate due to time, location, and financial constraints; however, they offered to meet over video call. This would be a particularly interesting study because as technology advances, birth mothers are increasingly maintaining their open adoption relationships and communicating with the adoptive family through sources like video calls. A study involving interviews over video calls would require more information regarding barriers of distance interviews, such as building rapport, reading nonverbal cues with a limited line of vision, overcoming technical difficulties, and ensuring confidentiality.

An additional modification of this study is to examine the lived experiences of open adoption from the perspective of the adoptee, adoptive parents, or the birth father, on whom there is even less research than birth mothers. Gaining various perspectives of open adoption would provide a more holistic understanding of the greater impact of open adoption.

While two participants have parented or are parenting children prior to placing and one participant placed a previous child, none of the participants in this study have parented children after placing. Future research can explore how parenting after placing in open adoption affects the birth mother's grief process, attachment issues with romantic partners and her subsequent child, the relationships the birth mother has with the child she placed and the child she is parenting, and the birth sibling relationship.

Though some of the participants' children had mixed-race backgrounds, the participants and adoptive parents in this study identified as White. In this increasingly multicultural society, future research requires more in-depth consideration of open adoption within the context of same-race adoption with non-White participants as well as transracial adoption. Research with a more diverse group of participants would add insight to the open adoption experience with the added element of cross-cultural implications. This research would raise awareness on how

cultural expectations and cultural differences interact with the birth mother experience of open adoption.

Lastly, this study took a distinctly strengths-based approach to understanding open adoption, seeking participants who professed feeling very satisfied, satisfied, or neutral towards their open adoption experience. Participants in this study shared that they know many birth mothers who are dissatisfied with their open adoption experiences. It would be important to conduct future research with birth mothers who express dissatisfaction with their open adoption in order to compare personal and interpersonal experiences; open channels of dialogue for birth mothers, adoptive parents, adoptees, social workers, and counselors; and provide a framework for future training, preparation, and education for adoption professionals and those considering adoption.

Conclusions

Open adoption is a dynamic, fluid process that is influenced by each member of the adoption triad (birth mother, adoptive parents, and child) and individual circumstances over time. At the heart of open adoption are the relationships that form between birth mother and adoptive family. The relationships shape individuals as they discover and integrate new elements of themselves into their identity. Open adoption provides the opportunity to maintain honest communication among all parties, eliminating the need for worrying and wondering about each other. While open adoption is intended for the child's best interests, it is possible that it is in the best interests of everyone involved.

This study brought to light the birth mother's perspective and experiences of open adoption. Some of the data that emerged align with previous literature, while other data diverge. Significantly, the findings revealed new information about open adoption and birth mother

perspectives, providing insight on birth mother resilience, challenges and emotions, relationship and role development, the impact of open adoption on birth mothers' lives, growth and maturity, and technology usage. Their rich stories demonstrated strength and perseverance can be a source of information for adoption professionals, support group leaders, social workers, counselors, and counselor educators to help the counseling profession be better equipped to meet the needs of those touched by open adoption.

References

Aloi, J. A. (2009). Nursing the disenfranchised: Women who have relinquished an infant for adoption. *Journal of Psychiatric and Mental Health Nursing, 16*(1), 27-31. https://doi.org/10.1111/j.1365-2850.2008.01324.x

American College of Obstetricians and Gynecologists. (2006). Clinical management guidelines for obstetrician-gynecologists: Medical management of abortion. In *Compendium of selected publications* (pp. 694-704). Washington, DC: Author.

American Counseling Association. (2014). *ACA code of ethics.* Alexandria, VA: Author.

Andrews, V. (2011). *The language of adoption.* Retrieved from http://babyscoopera.com/adoption-language/language-of-adoption/

Askren, H., & Bloom, K. (1999). Post-adoptive reactions of the relinquishing mother: A review. *Journal of Obstetric, Gynecological and Neonatal Nursing, 28*(4), 395-400. https://doi.org/10.1111/j.1552-6909.1999.tb02008.x

Baden, A. L. (2014). "Do you know your *real* parents?" and other adoption microaggressions. *Adoption Quarterly, 19*(1), 1-25. https://doi.org/2048/10.1080/10926755.2015.1026012

Baran, A., & Pannor, R. (1993). Perspective on open adoption. *The Future of Children, 3*(1), 119-124. Retrieved from https://www.princeton.edu/futureofchildren/publications/docs/03_01_08.PDF

Baran, A., Pannor, R., & Sorosky, A. D. (1976). Open adoption. *Social Work, 21*(2), 97-100. https://doi.org/10.1093/sw/21.2.97

Belbas, N. F. (1987). Staying in touch: Empathy in open adoptions. *Smith College Studies in Social Work, 57*(3), 184-198. https://doi.org/10.1080/00377318709516629

Bell, E. R., Glover, L., & Alexander, T. (2013). An exploration of pregnant teenagers' views of the future and their decisions to continue or terminate their pregnancy: Implications for nursing care. *Journal of Clinical Nursing, 23*(1), 2503-2514. https://doi.org/10.1111/jocn.12431

Berry, M. (1993). Adoptive parents' perceptions of, and comfort with, open adoption. *Child Welfare: Journal of Policy, Practice, and Program 72*(3), 231-253. Retrieved from https://www.researchgate.net/profile/Marianne_Berry/publication/14708398_Adoptive_parents%27_perceptions_of_and_comfort_with_open_adoption/links/56f355e608ae38d7109a5878/Adoptive-parents-perceptions-of-and-comfort-with-open-adoption.pdf

Blanton, T. L., & Deschner, J. (1990). Biological mothers' grief: The postadoptive experience in open versus confidential adoption. *Child Welfare, 69*(6), 525-535. Retrieved from http://www.adoptionbirthmothers.com/biological-mothers-grief-the-post-adoptive-experience-in-open-verses-confidential-adoption/

Bracken, M. B., Klerman, L. V., & Bracken, M. (1978). Coping with pregnancy resolution among never-married women. *The American Journal of Orthopsychiatry, 48*(2), 320-334. https://doi.org/10.1111/j.1939-0025.1978.tb01320.x

Brazzell, J. F., & Acock, A. C. (1988). Influence of attitudes, significant others, and aspirations on how adolescents intend to resolve a premarital pregnancy. *Journal of Marriage and Family, 50*(2), 413-425. Retrieved from http://www.jstor.org/stable/352007

Brodzinsky, D., & Smith, S. L. (2014). Post-placement adjustment and the needs of birthmothers who place an infant for adoption. *Adoption Quarterly, 17*(3), 165-184. https://doi.org/2048/10.1080/10926755.2014.891551

Buchanan, M., & Robbins, C. (1990). Early adult psychological consequences for males of adolescent pregnancy and its resolution. *Journal of Youth and Adolescence, 19*(4), 413-424. https://doi.org/10.1007/BF01537080

Bussiere, A. (1998). The development of adoption law. *Adoption Quarterly, 1*(3), 3-25. https://doi.org/10.1300/J145v01n03_02

Campbell, L. H., Silverman, P. R., & Patti, P. B. (1991). Reunions between adoptees and birth parents: The adoptees' experience. *Social Work, 36*(4), 329-335. https://doi.org/10.1093/sw/36.4.329

Carp, E. W. (2007). Does opening adoption records have an adverse social impact? Some lessons from the U.S., Great Britain, and Australia, 1953-2007. *Adoption Quarterly, 10*(3-4), 29-52. https://doi.org/10.1080/10926750802163188

Centers for Disease Control and Prevention. (2016). *Unintended pregnancy prevention*. Retrieved from https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm

Child Welfare Information Gateway. (n.d.a). *Glossary*. Retrieved from https://www.childwelfare.gov/glossary/glossarya/

Child Welfare Information Gateway. (n.d.b). *Open adoption: Could open adoption be the best choice for you and your baby?* Retrieved from https://www.childwelfare.gov/pubPDFs/openadoption.pdf

Child Welfare League of America. (1998). *CWLA standards of excellence for services for adolescent pregnancy prevention, pregnant adolescents and young parents*. Washington, DC: Author.

Christian, C. L., McRoy, R. G., Grotevant, H. D., & Bryant, C. M. (1997). Grief resolution of birthmothers in confidential, time-limited mediated, ongoing mediated, and fully disclosed adoptions. *Adoption Quarterly, 1*(2), 35-58. https://doi.org/2048/10.1300/J145v01n02_03

Clutter, L. B. (2014). Adult birth mothers who made open infant adoption placements after adolescent unplanned pregnancy. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 43*(2), 190-199. https://doi.org/10.1111/1552-6909.12280

Coleman, P. K. (2006). Resolution of unwanted pregnancy during adolescence through abortion versus childbirth: Individual and family predictors and psychological consequences. *Journal of Youth and Adolescence, 35*(6), 903-911. Retrieved from https://link.springer.com/journal/10964

Condon, J. T. (1986). Psychological disability in women who relinquish a baby for adoption. *Medical Journal of Australia, 144*(3), 117-119. Retrieved from https://www.mja.com.au/

Considering Adoption. (n.d.). *Who are birth mothers?* Retrieved from https://consideringadoption.com/adopting/finding-birth-parents/who-are-birth-mothers

Corkindale, C. J., Condon, J. T., Russell, A., & Quinlivan, J. A. (2009). Factors that adolescent males take into account in decisions about an unplanned pregnancy. *Journal of Adolescence, 32*(1), 995-1008. https://doi.org/10.1016/j.adolescence.2008.08.008

Council on Accreditation for Children and Family Services. (2011). *S13. Pregnancy counseling and supportive services* (7th ed.). New York, NY: Council on Accreditation for Children and Family Services.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Los Angeles, CA: Sage.

Cushman, L. F., Kalmuss, D., & Namerow, P. B. (1993). Placing an infant for adoption: The experiences of young birthmothers. *Social Work, 38*93), 264-272. https://doi.org/10.1093/sw/38.3.264

Cushman, L. F., Kalmuss, D., & Namerow, P. B. (1997). Openness in adoption: Experiences and social psychological outcomes among birth mothers. *Marriage and Family Review, 25*(1-2), 7-18. https://doi.org/2048/10.1300/J002v25n01_02

Custer, M. (1993). Adoption as an option for unmarried pregnant teens. *Adolescence, 28*(112), 891-902. Retrieved from http://www.worldcat.org/title/adolescence/oclc/1788916

Daly, K. J. (1994). Adolescent perceptions of adoption: Implications for resolving an unplanned pregnancy. *Youth & Society, 25*(3), 330-350. https://doi.org/10.1177/0044118X94025003002

De Simone, M. (1996). Birth mother loss: Contributing factors to unresolved grief. *Clinical Social Work Journal, 24*(1), 65-76. https://doi.org/10.1007/BF02189942

Deykin, E. Y., Campbell, L., & Patti, P. (1984). The postadoption experience of surrendering parents. *American Journal of Orthopsychiatry, 54*(2), 271-280. https://doi.org/10.1111/j.1939-0025.1984.tb01494.x

DuBose, T. (1997). The phenomenology of bereavement, grief, and mourning. *Journal of Religion and Health, 36*(4), 367-374. https://doi.org/10.1023/A:1027489327202

Eisen, M., & Zellman, G. L. (2012). Factors predicting pregnancy resolution decision satisfaction of unmarried adolescents. *The Journal of Genetic Psychology, 145*(2), 231-239. https://doi.org/10.1080/00221325.1984.10532270

Farber, N. B. (1991). The process of pregnancy resolution among adolescent mothers. *Adolescence, 26*(103), 697-716. Retrieved from http://www.worldcat.org/title/adolescence/oclc/1788916

Fisher, A. P. (2003). Still "not quite as good as having your own"? Toward a sociology of adoption. *Annual Review of Sociology, 29*(1), 335-361. https://doi.org/10.1146/annurev.soc.29.010202.100209

Fravel, D. L., McRoy, R. G., & Grotevant, H. D. (2000). Birthmother perceptions of the psychologically present adopted child: Adoption openness and boundary ambiguity. *Family Relations, 49*(4), 425-433. https://doi.org/10.1111/j.1741-3729.2000.00425.x

Garber, K. J., & Grotevant, H. D. (2015). "*YOU* were adopted?!" Microaggressions toward adolescent adopted individuals in same-race families. *The Counseling Psychologist, 43*(3), 435-462. https://doi.org/10.1177/0011000014566471

Ge, X., Natsuaki, M. N., Martin, D., Leve, L., Neiderhiser, J., Shaw, D. S., . . . Reiss, D. (2008). Bridging the divide: Openness in adoption and post-adoption psychosocial adjustment among birth and adoptive parents. *Journal of Family Psychology, 22*(4), 529-540. https://doi.org/10.1037/a0012817

Gomez-Scott, J., & Cooney, T. M. (2014). Young women's education and behavioural risk trajectories: Clarifying their association with unintended-pregnancy resolution. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care, 16*(6), 648-665. https://doi.org/2048/10.1080/13691058.2014.898794

Grotevant, H. D., McRoy, R. G., Elde, C. L., & Fravel, D. L. (1994). Adoptive family system dynamics: Variations by level of openness in the adoption. *Family Process, 33*(2), 125-146. https://doi.org/10.1111/j.1545-5300.1994.00125.x

Guttmacher Institute. (2016). *Unintended pregnancy in the United States.* Retrieved from https://www.guttmacher.org/sites/default/files/factsheet/fb-unintended-pregnancy-us_0.pdf

Guttman, J. (1999). *The gift wrapped in sorrow.* Palm Springs, CA: JMJ.

Halstead, P. (2009). *Unlocking human rights.* London, England: Routledge.

Harris, H. W., & Harris, B. (2011). Faith and adoption: Applying the principles of Alan Keith-Lucas. *Social Work & Christianity, 38*(1), 51-63. Retrieved from http://www.nacsw.org/publications/journal-swc/

Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings.* New York, NY: Guilford Press.

Henderson, D. B. (2002). Challenging the silence of the mental health community on adoption issues. *Journal of Social Distress and the Homeless, 11*(2), 131-141. https://doi.org/10.1023/A:1014311817729

Henney, S. M., Ayers-Lopez, S., McRoy, R. G., & Grotevant, H. D. (2007). Evolution and resolution: Birthmothers' experience of grief and loss at different levels of adoption openness. *Journal of Social and Personal Relationships, 24*(6), 875-889. https://doi.org/10.1177/0265407507084188

Henney, S. M., McRoy, R. G., Ayers-Lopez, S., & Grotevant, H. D. (2003). The impact of openness on adoption agency practices: A longitudinal perspective. *Adoption Quarterly, 6*(3), 31-51. https://doi.org/2048/10.1300/J145v06n03_03

Johnston, P. I. (2004). *Speaking positively: Using respectful adoption language*. Retrieved from http://abrazo.org/wp-content/uploads/2012/01/Speaking-Positively.pdf

Jones, J., & Placek, P. (2017). *Adoption by the numbers*. Retrieved from https://indd.adobe.com/view/4ae7a823-4140-4f27-961a-cd9f16a5f362

Jones, S. L., & Butman, R. E. (2011). *Modern psychotherapies: A comprehensive Christian appraisal* (2nd ed.). Downers Grove, IL: InterVarsity Press.

Kahan, M. (2006). "Put up" on platforms: A history of twentieth century adoption policy in the United States. *Journal of Sociology & Social Welfare, 33*(3), 51-72. Retrieved from http://scholarworks.wmich.edu/jssw/vol33/iss3/4?utm_source=scholarworks.wmich.edu%2Fjssw%2Fvol33%2Fiss3%2F4&utm_medium=PDF&utm_campaign=PDFCoverPages

Kalmuss, D. (1992). Adoption and black teenagers: The viability of a pregnancy resolution strategy. *Journal of Marriage and Family, 54*(3), 485-495. https://doi.org/10.2307/353235

Kitchener, K. (1984). Intuition, critical evaluation and ethical principles: The foundation for ethical decisions in counseling psychology. *The Counseling Psychologist, 12*(3), 43-55. https://doi.org/10.1177/0011000084123005

Kraft, A. D., Palombo, J., Woods, P. K., Mitchell, D., & Schmidt, A. W. (1985). Some theoretical considerations on confidential adoptions, part I: The birth mother. *Child & Adolescent Social Work Journal, 2*(1), 13-21. https://doi.org/10.1007/BF00757531

Kressierer, D. K., & Bryant, C. D. (1996). Adoption as deviance: Socially constructed parent-child kinship as a stigmatized and legally burdened relationship. *Deviant Behavior, 17*(4), 391-415. https://doi.org/10.1080/01639625.1996.9968037

Kuhns, J. (1994). The sealed adoption records controversy: Breaking down the walls of secrecy. *Golden Gate University Law Review, 24*(1), 259-297. Retrieved from https://digitalcommons.law.ggu.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1616&context=ggulrev

Lake, B. (2003). *Using language that respects people who have lost family to adoption or, "a short course in honest adoption language."* Retrieved from https://www.adoptionhealing.com/honest_adoption_language.html

Lancette, J., & McClure, B. A. (1992). Birthmothers: Grieving the loss of a dream. *Journal of Mental Health Counseling 14*(1), 84-96. Retrieved from http://amhcajournal.org/?code=amhc-site

Lenhardt, A. M. C. (1997). Grieving disenfranchised losses: Background and strategies for counselors. *The Journal f Humanistic Counseling, 35*(4), 208-216. https://doi.org/10.1002/j.2164-4683.1997.tb00371.x

Logan, J. (1996). Birth mothers and their mental health: Uncharted territory. *The British Journal of Social Work, 26*(5), 609-625. https://doi.org/10.1093/oxfordjournals.bjsw.a011137

Lohan, M., Olivari, M. G., Corkindale, C., Milani, L., Confalonieri, E., Cruise, S., . . . Hyde, A. (2013). Adolescent men's pregnancy resolution choices in relation to an unintended pregnancy: A comparative analysis of adolescent men in three countries. *Journal of Family Issues, 34*(8), 1037-1058. https://doi.org/10.1177/0192513X13484281

Lupi, C. S., Runyan, A., Schreiber, N., Steinauer, J., & Turk, J. K. (2012). An educational workshop and student competency in pregnancy options counseling: A randomized controlled trial. *American Journal of Obstetrics & Gynecology, 207*(5), 411-417. https://doi.org/10.1016/j.ajog.2012.09.026

Madkour, A. S., Xie, Y., & Harville, E. W. (2013). The association between prepregnancy parental support and control and adolescent girls' pregnancy resolution decision. *Journal of Adolescent Health, 53*(3), 413-419. https://doi.org/10.1016/j.jadohealth.2013.04.016

March, K. (2014). Birth mother grief and the challenge of adoption reunion contact. *American Journal of Orthopsychiatry, 84*(4), 409-419. https://doi.org/10.1037/ort0000013

Marsiglio, W. (1989). Adolescent males' pregnancy resolution preferences and family formation intentions: Does family background make a difference for black and whites? *Journal of Adolescent Research, 4*(2), 214-237. https://doi.org/10.1177/074355488942009

McCauliff, C. M. A. (1986). The first English adoption law and its American precursors. *Seton Hall Law Review, 16*(3-4), 656-677. Retrieved from http://heinonline.org/HOL/LandingPage?handle=hein.journals/shlr16&div=40&id=&page=

McRoy, R. G., & Grotevant, H. D. (1988). Open adoptions: Practice and policy issues. *Journal of Social Work and Human Sexuality, 6*(1), 119-132. https://doi.org/10.1300/J291v06n01_10

Miall, C. E., & March, K. (2005). Open adoption as a family form: Community assessments and social support. *Journal of Family Issues, 26*(3), 380-410. https://doi.org/10.1177/0192513X04270210

Miller, B. C., & Coyl, D. D. (2008). Adolescent pregnancy and childbearing in relationship to infant adoption in the United States. *Adoption Quarterly, 4*(1), 3-25. https://doi.org/2048/10.1300/J145v04n01_02

Moody, C. (2008). Adoption law in New Zealand: The rights and well-being of the child. *New Zealand Law Students Journal, 7*(1), 487-512. Retrieved from https://nzlawstudentsjournal.files.wordpress.com/2016/07/5-catherine-moody-2008-1-nzlsj-487.pdf

Moustakas, C. E. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Muller, U., Gibbs, P., & Ariely, S. G. (2003). Adults who were adopted contacting their birthmothers: What are the outcomes, and what factors influence these outcomes? *Adoption Quarterly, 7*(1), 7-25. https://doi.org/2048/10.1300/J145v07n01_02

National Adoption Center. (n.d.). *Glossary.* Retrieved from http://www.adopt.org/glossary

Neil, E. (2006). Coming to terms with the loss of a child: The feelings of birth parents and grandparents about adoption and post-adoption contact. *Adoption Quarterly, 10*(1), 1-23. https://doi.org/2048/10.1300/J145v10n01_01

Norwood, K. M., & Baxter, L. A. (2011). "Dear birth mother": Addressivity and meaning-making in online adoption-seeking letters. *Journal of Family Communication, 11*(3), 198-217. https://doi.org/10.1080/15267431.2011.554751

Office of Population Affairs. (2014). *Program requirements for Title X funded family planning projects*. Retrieved from https://www.hhs.gov/opa/sites/default/files/ogc-cleared-final-april.pdf

Olivari, M. G., Ionio, C., Bonanomi, A., & Confalonieri, E. (2015). Female adolescent attitudes and decision-making towards a hypothetical unplanned pregnancy: An exploratory research. *Journal of Child and Family Studies, 24*(10), 2934-2943. https://doi.org/10.1007/s10826-014-0097-z

Origins Canada. (2011). *The development of "birth terms" to refer to the natural mothers of adoptees (1955-1979).* Retrieved from https://www.originscanada.org/documents/adoption-language.pdf

Paikoff, R. L. (1990). Attitudes toward consequences of pregnancy in young women attending a family planning clinic. *Journal of Adolescent Research, 5*(4), 467-484. https://doi.org/10.1177/074355489054006

Plotnick, R. D. (1992). The effects of attitudes on teenage premarital pregnancy and its resolution. *American Sociological Review, 57*(6), 800-811. Retrieved from http://www.jstor.org/stable/2096124

Potter, J. E. (2013). Adoption commodities: A Burkean cluster analysis of adoption rhetoric. *Adoption Quarterly, 16*(2), 108-127. https://doi.org/2048/10.1080/10926755.2013.787573

Presser, S. B. (1972). The historical background of the American law of adoption. *Journal of Family Law, 11*(1), 443-516. Retrieved from http://heinonline.org/HOL/LandingPage?handle=hein.journals/branlaj11&div=33&id=&page=

Rice, W. S., Turan, B., Stringer, K. L., Helova, A., White, K., Cockrill, K., & Turan, J. M. (2017). Norms and stigma regarding pregnancy decisions during an unintended pregnancy: Development and predictors of scales among young women in the U.S. south. *PLoS One, 12*(3), 1-18. https://doi.org/10.1371/journal.pone.0174210

Roles, P. E. (1997). *Birth parent loss and grief.* Retrieved from https://www.pactadopt.org/app/servlet/documentapp.DisplayDocument?DocID=316

Seidman, I. (2013). *Interviewing as qualitative research: A guide for researchers in education and the social sciences.* (4th ed.). New York, NY: Teachers College Press.

Shaddeau, A., Nimz, A., Sheeder, J., & Tocce, K. (2015). Effect of novel patient interaction on students' performance of pregnancy options counseling. *Medical Education Online, 20*(1), 1-6. https://doi.org/10.3402/meo.v20.29401

Siegel, D. H. (2003). Open adoption of infants: Adoptive parents' feelings seven years later. *Social Work, 48*(3), 409-419. https://doi.org/10.1093/sw/48.3.409

Silverman, B. S. (2001). The winds of change in adoption laws: Should adoptees have access to adoption records? *Family Court Review, 39*(1), 85-103. https://doi.org/10.1111/j.174-1617.2001.tb00596.x

Silverman, P. R., Campbell, L., & Patti, P. (1994). Reunions between adoptees and birth parents: The adoptive parents' view. *Social Work, 39*(5), 542-549. https://doi.org/10.1093/sw/39.5.542

Silverman, P. R., Campbell, L., Patti, P., & Style, C. B. (1988). Reunions between adoptees and birth parents: The birth parents' experience. *Social Work, 33*(6), 523-528. https://doi.org/10.1093/sw/33.6.523

Sisson, G. (2015). "Choosing life": Birth mothers on abortion and reproductive choice. *Women's Health Issues, 25*(4), 349-354. https://doi.org/10.1016/j.whi.2015.05.007

Sisson, G., Ralph, L., Gould, H., & Foster, D. G. (2016). Adoption decision making among women seeking abortion. *Women's Health Issues, 27*(2), 136-144. https://doi.org/10.1016/j.whi.2016.11.007

Sokoloff, B. Z. (1993). Antecedents of American adoption. *The Future of Children, 3*(1), 17-25. https://doi.org/10.2307/1602399

Solinger, R. (2001). *Beggars and choosers: How the politics of choice shapes adoption, abortion, and welfare in the United States.* New York, NY: Hill and Wang.

South, S. J., & Baumer, E. P. (2001). Community effects on the resolution of adolescent premarital pregnancy. *Journal of Family Issues, 22*(8), 1025-1043. https://doi.org/10.1177/019251301022008004

Spencer, M. (1979). The terminology of adoption. *Child Welfare, 58*(7), 451-459. Retrieved from https://www.originscanada.org/documents/adoption-language.pdf

Stiffler, L. H. (1991). Adoption's impact on birthmothers: "Can a mother forget her child?" *Journal of Psychology and Christianity, 10*(3), 249-259. Retrieved from https://caps.net/membership/publications/jpc

Stolley, K. S., & Hall, E. J. (1994). The presentation of abortion and adoption in marriage and family textbooks. *Family Relations, 43*(3), 267-273. https://doi.org/10.2307/585415

Tatum, C., Rueda, M., Bain, J., Clyde, J., & Carino, G. (2012). Decisionmaking regarding unwanted pregnancy among adolescents in Mexico City: A qualitative study. *Studies in Family Planning, 43*(1), 43-56. Retrieved from http://www.popcouncil.org/research/studies-in-family-planning

Wegar, K. (1997). In search of bad mothers: Social constructions of birth and adoptive motherhood. *Women's Studies International Forum, 20*(1), 77-86. https://doi.org/10.1016/S0277-5395(96)00097-0

Wegar, K. (2000). Adoption, family ideology, and social stigma: Bias in community attitudes, adoption research, and practice. *Family Relations, 49*(4), 363-370. https://doi.org/10.1111/j.1741-3729.2000.00363.x

Wells, S. (1993). What do birthmothers want? *Adoption and Fostering, 17*(4), 22-26.

Wiley, M. O., & Baden, A. L. (2005). Birth parents in adoption: Research, practice, and counseling psychology. *The Counseling Psychologist, 33*(1), 13-50. https://doi.org/10.1177/0011000004265961

Winkler, R., & Van Keppel, M. (1984). *Relinquishing mothers in adoption: Their long-term adjustment.* Melbourne, Australia: Institute of Family Studies Monograph No 3. Retrieved from https://aifs.gov.au/sites/default/files/publication-documents/relinquishing-mothers-adoption.pdf

Wrobel, G. M., Ayers-Lopez, S., Grotevant, H. D., McRoy, R. G., & Friedrick, M. (1996). Openness in adoption and the level of child participation. *Society for Research in Child Development, 67*(5), 2358-2374. https://doi.org/10.1111/j.1467-8624.1996.tb01862.x

Zamostny, K. P., O'Brien, K. M., Baden, A. L., & Wiley, M, O. (2003). The practice of adoption: History, trends, and social context. *The Counseling Psychologist, 31*(6), 651-678. https://doi.org/10.1177/0011000003258061

Appendix A

PAL/RAL and HAL Terminology (Lake, 2003)

PAL/RAL	HAL	Comments
birthparents	natural parents first parents real parents	The relationship does not end at birth. This term dehumanizes mothers into being walking incubators whose purpose is solely reproductive.
parents	adoptive parents adopters people who adopt	An adoptee has at least four parents: Two natural parents and two adoptive parents, and often step-parents as well.
placed for adoption relinquished"	surrendered lost to adoption taken for adoption	A mother seldom *chooses* adoption for her child; financial, emotional and/or social coercion often play a role, as well as professionals intentionally withholding information from her so she is unable to make an informed decision.
birthson birthdaughter birthchild	son/daughter natural son/daughter lost son/daughter son/daughter lost to adoption son/daughter taken for adoption	Children are not "products." We may refer to our lost children as our sons and daughters, even though others may have taken them and raised them, our spiritual/emotional/psychological bond with them endures past years and even decades of separation.
son/daughter/child (when in reference to the adoptive family)	adopted son/daughter	The industry wants all mention of "adopted" removed from newspaper articles. This presents a false picture that the adoptee was born to the adopters.
adoption triad adoption triangle	adoption transaction	There are no triads, mosaics, circles, or constellations of adoption. These constructs exist only to dilute voice and to falsely equate the lived experiences of those individuals marginalized in adoption transactions to those of the adoption "status quo." This term renders invisible the power dynamics involved in adoption and seeks to equalize the parties.
was adopted	is adopted	Unless a person who was adopted as a child has terminated his or her adoption, or has been adopted-back by his or her natural parents, he or she is still legally adopted.
parenting a child	raising a child nurturing a child caring for a child	"Parenting" is much more than raising a child; it is also an emotional/psychological/ spiritual bond that comes from pregnancy, birth, and genetics.
meeting making contact	reunion	

Appendix B

Screening Tool

Demographics

Name: _____   Date of Birth: _____

Address: _____

Email: _____   Phone number: _____

Ethnicity: □ White   □ Hispanic   □ Black   □ Asian   □ Native American   □ Other: _____

Marital Status: □ Single (never married)   □ Widowed

　　　　　　　　□ Married   □ Divorced
　　　　　　　　□ Domestic partnership   □ Separated

Number of children in the household: _____

Religion: _____

What is the highest level of school you have completed?

　　　　　　□ Less than high school diploma   □ Associate degree
　　　　　　□ High school degree or equivalent   □ Bachelor's degree
　　　　　　□ Some college   □ Master's degree or higher

What is your employment status?

　　　　　　□ Employed full time (40+ hours per week)   □ Student
　　　　　　□ Employed part time (up to 39 hours per week)   □ Homemaker
　　　　　　□ Unemployed   □ Retired

Place of employment: _____

What is your annual household income?

　　　　　　□ Less than $20,000
　　　　　　□ $20,000 to $34,999
　　　　　　□ $35,000 to $49,999
　　　　　　□ $50,000 to $74,999
　　　　　　□ $75,000 to $99,999
　　　　　　□ Over $100,000

Adoption Questionnaire

The following questions pertain to the child placed for adoption. If you placed more than one child, please include information for all children on the forms in the second email attachment.

Child's Date of Birth: _____   Date of Placement: _____

Child's Ethnicity: _____

Adoptive Parents' Ethnicities: _____

Who facilitated your placement?   □ Agency: _____

                                         □ Attorney

                                         □ Other: _____

Type of openness: □ Closed adoption   □ Semi-open adoption   □ Open adoption

What types of communication do you receive? (Check all the apply)

□ Letters   □ Photographs   □ Emails   □ Phone calls   □ Texts

        How frequent is the communication?

        □ Daily   □ Weekly   □ Monthly   □ Semi-Annually   □ Annually

        □ Other (e.g., every few months, holidays): _____

        Who facilitates the communication?

        □ Self   □ Agency   □ Attorney   □ Other: _____

Do you have visits with your child?   □ Yes   □ No

        If yes, how frequently?   □ Annually   □ Other (e.g., special occasions): _____

        If yes, where do you meet? _____

What is your satisfaction level with your openness?

□ Very dissatisfied   □ Dissatisfied   □ Neutral   □ Satisfied   □ Very satisfied

Explain: _____

Appendix C

Solicitation Email

Hello there,

My name is Ivy Byun and I am a doctoral candidate in counselor education and supervision at Regent University. [NAME] from [ORGANIZATION] shared your email address with me. I am writing to let you know about an opportunity to participate in research about open adoption. This study will explore the experiences of birth mothers who placed their child between five and ten years ago and have annual visits with their child. Participation involves a one- to two-hour in-person interview. Through this study, I hope to develop a better understanding of birth mothers and their journeys through open adoption. Often, birth mothers do not have the opportunity to share their stories. The intention of this study is to honor birth mothers' stories and experiences and provide insight to others about the benefits of open adoption.

If you would like additional information about this study, or if you are interested in participating, please contact me at [my email] or [my phone number]. Agreement to be contacted or a request for more information does not obligate you to participate in the study.

Thank you for considering this research opportunity.

Best Regards,

Ivy Byun

Follow-up Email

Dear [NAME],

Thank you for your interest in participating in this study on birth mothers and open adoption. The attached form will determine your eligibility for this study. Please fill it out and email it back to me at your earliest convenience. If you have placed more than one child for adoption, please fill out information for each child in the additional attachments. If you have any questions, please contact me at [my email] or [my phone number].

Thank you for considering this research opportunity.

Best Regards,

Ivy Byun

Appendix D

Interview Prompts and Questions

Primary Prompt

- I would like to hear about your journey of open adoption. You might want to start with your story of adoption, or you can share about your experience in any way you feel comfortable.

Additional Questions

- Tell me about how open adoption has affected your life over the years.

- What is life like after placement? After each visit?

- What is your relationship like with your child?

- What is difficult in open adoption?

- What is the best thing about open adoption?

Appendix E

Participant Demographics

	Number of Participants
Birth Mother's Ethnicity	
White	7
White/Native American	1
Religion	
Christian	8
Education	
High school diploma or equivalent	2
Some college	2
Associate's degree	2
Bachelor's degree	2
Employment	
Full-time	4
Part-time	2
Stay-at-home mom	1
Student	1
Income	
Under $20K	3
$20K to $34,999	2
$35K to $49,999	2
$50K to $74,999	0
$75K to $99,999	1
Physical Health	
Excellent	0
Good	6
Fair	1
Poor	1
Mental Health	
Excellent	2
Good	5
Fair	1
Poor	0
Satisfaction Level for Open Adoption	
Very satisfied	5
Satisfied	2
Neutral	1
Unsatisfied	0
Very unsatisfied	0
Adoptee's Ethnicity	
White	3
White/Hispanic	3
White/Hispanic/African American	1
White/Native American	1
Adoptive Parents' Ethnicity	
White	16

Appendix F

Abridged Article

A Phenomenological Study of Birth Mothers and Their Experiences With Open Adoption

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Abstract

This phenomenological study explored the experiences of eight birth mothers who placed their infant for adoption 5 to 10 years ago and have open adoption relationships with their child. A semistructured interview was utilized to develop a deeper understanding of the birth mother's open adoption experience, her feelings throughout the process, her relationships with the child and the adoptive parents, and the effects of open adoption upon her life. Their experiences revealed their resilience, the emotions and challenges involved in open adoption, the relationships and roles in open adoption, the impact of open adoption on birth mothers' lives, the growth that ensues, and the usage of technology. The implications, limitations, and suggestions for future research are addressed.

A Phenomenological Study of Birth Mothers and Their Experiences With Open Adoption

Historically, adoptions were shrouded in secrecy. In an effort to protect adopted children from any association with what society deemed as their illegitimately begotten origins, secrecy and sealed records, also known as closed adoption, was the principal practice of adoption (Kuhns, 1994; Sokoloff, 1993). Secrecy was also a way for birth mothers to avoid social stigma (Silverman, 2001). However, in denying the existence of the adoption and its implications, birth mothers struggle with grief (Baran, Pannor, & Sorosky, 1976).

The symptoms of birth mothers' grief are manifested as feelings of depression, anger, regret, isolation, guilt, and shame (Henney, Ayers-Lopez, McRoy, & Grotevant, 2007; Wiley & Baden, 2005). These emotions may result in mental health problems, such as depression, anxiety, substance abuse, and adjustment problems (Aloi, 2009; De Simone, 1996). Grief also negatively affects physical health, interpersonal relationships, and sense of identity (Blanton & Deschner, 1990; Winkler & Van Keppel, 1984). Research has suggested that birth mothers' psychological problems are rooted in the secrecy of closed adoption (Baran & Pannor, 1993). The era of activism sparked adoption reform and a movement towards openness (Kuhns, 1994). This development became known as open adoption. Currently, most adoption arrangements involve some type of contact and information exchange (Fravel, McRoy, & Grotevant, 2000).

Openness exists on a continuum (Grotevant, McRoy, Elde, & Fravel, 1994). Open adoption does not have an exact definition because it includes a spectrum of contact and information-sharing dimensions, including type of contact, frequency of contact, timing, participants, and type of information. Additionally, each dimension is fluid and can change over time as relationships progress and evolve (Siegel, 2003). Most researchers have conceptualized

open adoptions as those that involve ongoing, direct communication between birth and adoptive families (Henney et al., 2007; Wrobel, Ayers-Lopez, Grotevant, McRoy, & Friedrick, 1996).

Given the years of adoption secrecy and stigma, open adoption is a controversial subject. Those against open adoption are concerned about its potential to disrupt family life, cognitive processes, and psychological well-being of all parties (Kraft, Palombo, Woods, Mitchell, & Schmidt, 1985; Miall & March, 2005). Meanwhile, proponents of open adoption have asserted that information-sharing reduces uncertainty about the well-being of all parties, providing psychological and emotional benefits for everyone (Cushman, Kalmuss, & Namerow, 1997; Henney et al., 2007). Previous research has focused on the effects of open adoption on adoptive parents (Norwood & Baxter, 2011; Siegel, 2003) and adoptees (Baran & Pannor, 1993; Wrobel et al., 1996). There is a paucity of research on the experience of birth parents who choose open adoption. As the most neglected party of the adoption triad (Cushman et al., 1997; Logan, 1996), it would be beneficial to examine the previous research on birth mothers and open adoption.

Open adoption has the potential to facilitate birth mothers' grief process. Cushman et al. (1997) found that having visitations with the child and adoptive family was correlated with lower levels of grief, regret, and worry and increased feelings of relief and peace for the birth mother. Christian, McRoy, Grotevant, and Bryant (1997) found birth mothers in open adoptions had significantly better grief resolution compared with those in closed adoptions. Henney et al. (2007) found that birth mothers are able to use open adoption as a way to process their grief. Having an ongoing relationship gave birth mothers a sense of peace, assurance, and fulfillment.

Opponents of open adoption have argued that consistent contact hinders birth mothers from grieving adequately and relinquishing the child emotionally (Kraft et al., 1985). Sadness or depression may follow a visit or the reception of information, which may lead to fantasizing

about what life would be like if they had parented. Each meeting or update can cause feelings of loss to linger (Henney et al., 2007). Opponents also have believed that open adoption confounds the birth mother's role. Fravel et al. (2000) framed the perplexity of roles: Does the birth mother have no role, a nominal role, or an ambiguous role of "*a* parent but not *the* parent" (p. 431)? Birth mothers with ongoing contact with the child must confront this issue continually.

Previous research on birth mothers often has been pathology-oriented (Zamostny, O'Brien, Baden, & Wiley, 2003). There is a lack of research that uses a strengths-based approach to examine birth mothers in open adoption who demonstrate resilience and positive adjustment. Birth mothers are not a homogenous group, and openness is not one-dimensional; each person has a unique story, interwoven with complexities of individual circumstances. Thus, a qualitative study is the best approach to avoid overgeneralizing while honoring the birth mother's journey, illuminating her experiences, and gaining a deeper understanding of the effects of openness.

Method

The researcher used the snowball sampling method to recruit participants. Participants met the following criteria: Participants placed their infant for adoption between 5 and 10 years ago, participants receive ongoing communication and have annual visits with their child, participants and the adoptive parents are of the same race, and participants are satisfied with their open adoption arrangement. Participants included eight birth mothers. Demographic information is available in Appendices A and B. The researcher conducted 1- to 2-hour semistructured face-to-face interviews. The primary research question was, What are the lived experiences of birth mothers who choose open adoption? Interviews were audio-recorded and transcribed. The researcher identified significant statements, grouped the statements into meaning units, and incorporated textual and structural descriptions into a composite description.

<center>**Results**</center>

Eight themes emerged from the data, which were divided into categories.

Theme 1: Birth Mother Chose Open Adoption for the Child's Best Interests

Birth mothers described how they felt a sense of responsibility to put her child's needs before her own, which propelled them to choose open adoption. Sheila said, "This isn't about me anymore. I have to think about her." Emily elaborated, "I want the best for him emotionally. It's not about me and what I get out of it." Fran perseveres in open adoption for the sake of her child:

> If [the adoptive parents and I] weren't approaching it because we really believed it was the right thing for the kid, it wouldn't work. Period. It's way too hard. If it was about me, I would've been gone so long ago.

Theme 2: Open Adoption is an Emotional Process

Open adoption is an emotional journey. Birth mothers' accounts demonstrate that the emotions do not proceed in a linear fashion; rather, each individual's journey is unique.

Category 1: Visits are difficult in the beginning. Initial visits were often fraught with emotions like anxiety and sadness. Fran described the beginning as "so emotional [because] it was all new, and it was so raw." In the beginning, saying "goodbye" is particularly hard because "every time, [it's] a little piece of that initial separation." Judy also struggled with the end of visits: "The worst part is just walking away every time." Fran "cried a lot" and isolated herself:

> I just knew the rest of that day, I was just gonna be in tears. And so I just planned visits for days that I could not do anything the rest of the day. Watched a lot of crappy movies on Hulu. And just would kind of hole up in a dark room and watch bad movies and cry.

Category 2: Visits get easier. Time and experience strengthened birth mothers' ability to emotionally manage visits. Judy reflected, "It gets a little bit easier with every visit. Just being able to talk to him, spend time with him." Sheila shared how her emotional tolerance grew: "Back then it was, I could only stay [for visits] for an hour because it was just too much for me.

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Right now, [Justine] lets me stay as long as I [want]." Fran also experienced increased emotional

capacity: "Eight years in now, [seeing him without notice] would not be a problem. But in those

early days, it just was still really, *really* extra emotional."

Category 3: Grief still exists. Though birth mothers shared that visits were emotionally

easier over the years, they acknowledged that they still have feelings of grief and loss. As Sheila

revealed, "There's a *long* process, a long healing process." For Sheila, the onset of emotions is

unpredictable: "My emotions can come and go. One minute, I'm okay. Next minute, I'm calling

working saying I can't come in. I need a day to myself. I need a moment to breathe." Gabby also

has days when feelings of loss resurface: "I will always, always have that emptiness in my

heart." Though her feelings of grief are not as negative or intense, Fran is aware that she needs

time to process her grief after visits: "[My husband] knows after a visit, he's just gonna have to

leave me alone for a little while. It's not *as* bad, but . . . I need a decompression time afterwards."

Category 4: Birth mother fears rejection by the adoptive parents. While birth

mothers expressed confidence in the strength and endurance of their open adoption relationships,

they are still prudent in their interactions for fear of the adoptive parents withdrawing. Judy

decided that she will not voice her desire for more visits:

> My main fear is I don't want them to back away and stop sending me messages or letting
> me see him at all. That's the scary part . . . I know in my mind, I guess, that they won't do
> that. But I just can't take that risk of not being able to see him.

Emily also refrains from requesting for more contact. She explained,

> As the birth mom, you're always so afraid to ask for anything more because you don't
> want to push them away. It's not just about, oh, well then, I won't get to see my son. It's
> about, they're my family now. So you don't want to damage *that* relationship with them.

Category 5: Birth mother fears rejection by the child. Birth mothers fear that the child

will not know of her love and consequently resent the birth mother. Fran acknowledged that her

child may feel anger: "Of course there's fear that he's gonna get super angry and hate me." Judy explained that she is afraid her son will reject her because he perceives that she rejected him: "My biggest fear is him getting older and rejecting me [because] sometimes, somewhere in the back of my head, I felt like I've done that to him. And I know I haven't. But it's still there."

Category 6: Birth mother is comforted as the birth mother–adoptive parent relationship normalizes. Birth mothers began to find universalizing qualities about their relationship with the adoptive parents. Emily shared, "Now, it's just like calling anybody else or Skyping with anybody else. Whereas early on, you're still kind of getting to know each other." Abigail saw a similar progression in her relationship: "It was kind of awkward like any relationship at the beginning. And it just kept getting better with each year. Since then, it has naturally just progressed into a beautiful friendship."

Category 7: Birth mother has a sense of peace because of her belief that there is a greater purpose. Birth mothers specified how faith has played a role in their open adoption experience. Emily believes that this situation "was God's plan for Nathan." Emily explained,

> As much as we want what's best for Nathan, that *He* wants what's best for Nathan. And that *He* brought us together . . . No one can take away the peace of knowing that God formed this union. And so, we trust Him. And just being aware of the bigger picture . . . So that, no matter what's going on, that peace and that joy is always there.

Birth mothers trusted that there is a reason and purpose for their experience. Gabby expressed her belief in a divine purpose: "I feel like it was just all meant to be . . . I honestly believe that God handpicked me to carry Edie for John and Julia."

Theme 3: Interactions With the Adoptive Family are Affirming for Birth Mother

At the crux of open adoption is the relationship that the birth mother forms and develops with the adoptive parents and the child. Birth mothers expressed feelings of reassurance because they interact with the adoptive family and witness their lives together.

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Category 1: The adoptive parents demonstrate trustworthiness/commitment to open adoption. A key contributor to birth mothers' satisfaction in the open adoption is the adoptive parents' adherence to communication promises. Judy stated her appreciation for the adoptive parents' initiation and promptness every 3 months: "They [initiate visits]. And they're *right* on time." Gabby also found the adoptive parents to be steadfast in their visit agreement: "No matter what, we always see each other twice a year. That's just how it's always been."

Another indication of the adoptive parents' commitment to the open adoption is the adoptive parents' dedication to telling their child positive things about the birth mother. Gabby is reassured that her child knows her: "[Adoption has] been implanted in her since the day, *literally* the day she was born." Fran appreciated that the adoptive parents tell Nathan about her daily:

> Anna would say when she tucked him into bed, it was, "Mommy loves you. And Daddy loves you. And Fran loves you." Always talked about me as his birth mom. Had pictures of me around. Talked about him when he lived in my tummy a lot.

Category 2: Birth mother has feelings of reassurance due to the child knowing and expressing love for birth mother. Birth mothers are delighted when the child expresses affection for them. Fran shared about how Michael is proud to call her mom. Anna told Fran, "He tells everybody he has two moms. He loves it." Michael also shows his fondness by "sending eight kissing emojis." Tessa cherishes moments when Lexi distinctly acknowledges her:

> The best parts about [open adoption] are those times where . . . we'll be playing. And she lays down next to me in her little hammock . . . and looks at me. She's like, "Isn't it just wonderful to be in a hammock with your best family, Tess?"

Category 3: Birth mother has feelings of reassurance due to being able to see the child with the adoptive parents. Birth mothers want their child to have a strong bond with the adoptive parents. Judy feels reassured because she knows her child feels like he belongs: "The

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best part is watching them together. Like the way the three of them communicate with each other. The way that there's such a strong family unit." Sam cherishes the fact that Cooper has inherited parts of his adoptive parents' personalities: "It's cool seeing him grow up and take on the same mannerisms and goofy comments." Emily beamed as she shared,

> It's so wonderful to see them together. And every year it gets more and more wonderful because their family grows. And their family's evolving. And they have their inside jokes. And they have their things that they like to do. And they have their schedules.

Theme 4: Birth Mother has a Role in the Child's Life

Birth mothers identified themselves as birth mothers, mothers, and semi-aunts. Birth mothers expressed their desire to be a constant in their child's life; however, they recognize that as the child grows older, their relationships may change.

Category 1: The child is theirs, but also mine. Birth mothers are able to accept the duality of the child being both theirs and the adoptive parents'. Fran distinctly sees herself as Michael's mother: "I am a mother . . . He's still my son. That isn't ever going to change." Fran explained, "I'm not less his mother because Anna is his mom. And she's not less his mother because I'm there. We both are." Judy shared her perspective: "He *is* their child. He is their son. But that doesn't change the fact that I did give birth to him. And he is a part of me as well."

Category 2: The birth mother–child relationship is aunt-like. Birth mothers described their relationship as somewhat analogous to that of an aunt to a niece or nephew. Sam stated, "I see myself as . . . [Cooper's] almost aunt." Judy is hesitant to say that she is equivalent to an aunt: "I wanna say it's like an aunt, but it's not . . . [it] is a completely different relationship." Reducing their relationship with the label of "aunt/nephew" would devalue their relationship:

> I have to believe . . . even though he's so young, he still understands and knows that I gave birth to him. But that *that's* his mom. I don't want to take her place, but I know it's more of a relationship than just an aunt-type of thing.

Category 3: Birth mother wants to be present and available for the child. Birth

mothers voiced the imperative of being present and available for the child so that the child feels

loved and wanted. Tessa believes her presence will give her a child a security: "I know that my

constant contact and my constant presence will one day be cherished. And will be felt. So that

she doesn't feel forgotten. Or given up." Similarly, Fran shared,

> I kind of joke that I hope he takes me for granted. Like I hope that I'm consistent enough in his life that he doesn't have to feel like he needs to be right or be better or be whatever. That he just trusts that I'm always there.

Category 4: Birth mother's role may change as the child grows older and gets a

voice in open adoption. Birth mothers want the child to make decisions regarding the open

adoption as the child matures and develops a better understanding of adoption. Judy stated,

> As he gets older, [Steve and Jackie are] . . . going to leave the frequency of visits up to him . . . And I agree with that 100%. I *do* want him to know where he comes from, but it will be his choice whether or not.

Fran and the adoptive parents agreed to increase the frequency of visits upon Michael's request:

> He was like, "You know, we need to hang out more . . . [because] I only see you like eight times a year. And that's just not enough." And so we did . . . It's been a little more since then because he expressed that he needs to see me more often.

Theme 5: Birth Mother Values the Relationship With the Adoptive Parents

Birth mothers grew to value, love, and respect the adoptive parents and the relationship

they built together.

Category 1: The adoptive parents are like family. All of the birth mothers considered

the adoptive parents as family. For Gabby, visits are comfortable, fun family gatherings:

> We get together and it's just like a family get-together . . . We enjoy being with 'em. It's great . . . We just all hang out. And act crazy and play games. And be crazy and funny . . . We kick off our shoes and sit around . . . We're all comfortable and just a happy family.

Steven and Jackie explicitly tell others that Judy is family: "They refer to me as family. Like even when they introduce me." Peter and Anna invite Fran in their family functions. Fran said, "We're family . . . and that's always been the thing."

Category 2: The adoptive parents are like friends. Birth mothers developed strong friendships with the adoptive parents. Fran stated, "We're really good friends." Sheila said, "Justine tells people I'm like her best friend." Gabby explained her friendship through an example of their interactions:

> Me and Julia have a really close relationship . . . She'll Facetime me and say, "Does this look cute?" Or, "Does this go together?" And I'll do the same. It's not just she's Edie's mother . . . We're more than just sharing this daughter. She's really a true friend of mine.

Category 3: The adoptive parents care for birth mother. Adoptive parents see birth mothers as valued individuals, not just as their child's birth mother. Tessa articulated a relationship that exhibits unconditional support: "[Michelle] became like one of my biggest cheerleaders. And I felt fought for by her . . . I felt known in a different way by her than I had been ever before." Anna intervened when someone challenged Sheila's role in Grace's life:

> [At Grace's party, someone] asked me, "Why are you here? You gave up your right to be her parent." . . . [Anna] came over and said . . . "You don't know her story . . . You're an outsider to this. If you sat down and talked to her, maybe [you'd] better understand."

Category 4: Birth mother cares for the adoptive parents. Birth mothers are sensitive towards the adoptive parents' feelings. Fran considers how Michael's behaviors affect Anna:

> Michael called me mommy . . . He was like, "I called you mommy, [because] you're my real mommy." And I was like, "I'm your birth mommy." . . . And so I reached out to Anna the next day . . . and I was like, "Was that okay? Are you okay?"

Judy asserted that she wants Jackie to be "mom": "He has a mother, a mom . . .If he ever called me 'mom,' I would direct him right back to Jackie. Or say, 'No, this is mom. I'm your Judy.'"

Category 5: Birth mother sets tacit boundaries out of respect for the adoptive

parents. Birth mothers treat their relationship as a privilege; they respect the adoptive parents as

the child's parents. Judy established a set of rules for herself:

> I make sure that if I'm at their home, that I do cut the visit often time when it's supposed
> to be. I make sure that I do keep my distance . . . I don't ever give them any unsolicited
> advice. I never do that . . . I *don't* go to their house unannounced.

Fran keeps herself accountable by using the following litmus test:

> I always kind of approach it like if I would say something to a good friend of mine or to
> my cousin . . . then I would say something to them. If I wouldn't say something to my
> friend or my cousin, then it's not something I'm gonna address with them.

Category 6: Mutual commitment to open adoption through disagreements. Through

challenges, birth mothers and adoptive parents remained committed to each other because they

prioritized their relationship, recognizing it as a lifelong bond. During difficult periods, Fran and

the adoptive parents were consistently "loving towards and respectful of each other":

> We all just approached it as this is, "We're going to be in a relationship for the rest of our
> lives because we all believe that that's the right thing to do for this child." And so you
> figure out a way to make it work.

Emily imparted what she learned about conflict resolution:

> It really does have to go both ways. You have to watch out for each other. And I think
> that the awesome thing is that at the base of that, everybody's always thinking, "How is
> this going to affect Nathan?" Like, "Let's all do what's best for Nathan."

Category 7: Open/honest communication is essential. Through the growth of their

relationship with the adoptive parents, birth mothers articulated that honesty is the best policy.

Judy suggested, "Keep it 100% real with the [adoptive] parents." Sheila and Justine are able to

evaluate themselves to see how they can contribute to the solution:

> Now that Justine and I have like this communication where if she feels threatened by me
> asking for so many visits, she'll be like, "Hey, you know, I'm just letting you know this
> is how I'm feeling." And I'll take it, and I'll go, "Okay, let's take a step back. What am I
> doing? What am I doing wrong? What am I, what can I fix myself?"

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Theme 6: Open Adoption has a Ripple Effect on Other Areas of Birth Mother's Life

Open adoption is not an isolated portion of birth mothers' lives; rather, open adoption comprehensively affects other aspects of birth mothers' lives.

Category 1: Birth mother is cautious about romantic relationships. Birth mothers want to choose a partner who would embrace open adoption. Fran was judicious about dating:

I really didn't date a whole lot . . . I was looking for a different kind of person after [Michael]. If I was gonna be with somebody, they were gonna be in Michael's life. So I wanted it to be somebody that I would be comfortable having Michael around.

Abigail eliminates prospects who are disrespectful of her open adoption experience:

In the dating world, as a birth mom, it's hard because . . . of course I'm gonna want to be honest with someone that I might potentially marry . . . If someone comes to me with opinions that are hateful and ignorant, then I don't need them around me.

Category 2: Open adoption affects birth mother's direction in life. Open adoption inspires birth mothers to lead a life that reflects their concept of themselves and how they want their child to see them. Open adoption has given Tessa direction for her professional aspirations:

I [want] to study social work. I [want] to go into more advocacy for birth parents and birth moms. And maybe counseling in the future . . . Having [Lexi] totally affected what I wanted to do because now I want to go into adoption.

Emily wants Nathan to witness her living a life of growth and purpose:

I want him to see that what I chose for him, that that changed me too. That when I wanted to give up, I thought of him and that helped me to keep going. And to be who God made *me* to be. So that he would have the opportunity to be who God created him to be.

Category 3: Open adoption affects birth mother's family. Birth mothers' families are also physically and emotionally affected by open adoption. For some birth mothers, the open adoption experience brought them closer with their families. Tessa enthusiastically shared,

Lexi knows my parents as her grandparents, which is really cool. And that was an aspect of it that I wasn't expecting when we first talked about [open adoption]. I thought it was just kind of be like me and her life, and just that being it.

For some birth mothers, the open adoption experience added a level of complexity to their family relationships. Judy's older son is hesitant about the open adoption situation: "[My son's] still a little bit stand-offish . . . He said . . . 'I don't want him to wonder why you kept us, and why you gave him away.'" Gabby's daughter also struggles with the open adoption:

> [My daughter] asked us why a lot . . . She's still like. "So, but why didn't you do that with me and [sissy] and Bubba?" . . . It kills me to know that in the back of her mind, she's still like, "Well, why this?" Or "Why that?"

Theme 7: Birth Mother is Maturing Through Open Adoption

Open adoption has compelled growth and maturity for birth mothers, as evidenced through their coping skills, personal development, and decisions in life.

Category 1: Birth mother is developing coping skills. Birth mothers found healthy coping mechanisms through prayer, writing, and other activities. Birth mothers share their story as a way to cope but also as a way to inspire and encourage others. Abigail stated,

> It really helps to share my story. I believe that . . . my story has worth. No matter how vague or how in-depth I tell my story, I believe that it's impactful and it's going to help someone . . . I'm making something better because of the things that I've gone through.

Birth mothers established strong support systems. Gabby actively sought community: "I'm in a lot of support groups, like on Facebook." Sheila is thankful for the friendship of other birth mothers: "To have the amazing support of, I call them my sisters, my birth mom sisters."

Category 2: Birth mother is focusing on her own life. As birth mothers felt more grounded and secure in the open adoption, they realized the importance of focusing on their own lives. Emily explained that being a birth mother is not her sole identity: "You don't just identify as a birth mother . . . You're rebuilding. You're pursuing your dreams." After building a strong open adoption, Sheila admitted that it was time for her to move forward:

I need to live *my* life. I made this decision to give her a better life. So now I need to make sure *my* life is better. She's okay. She where she need to be. I'm at a point in my life where I'm doing my own things. I made new friends.

Category 3: Birth mother is developing self-confidence. The open adoption experience is a refining process, and birth mothers illustrated how they have emerged stronger and more confident than they were in the beginning. Sheila stated, "I'm stronger now." Abigail has grown to be comfortable in her identity: "I have a lot of confidence in who I am as a birth mom. I'm proud of who I am." Sam is proud of her growth journey: "The best part [of open adoption] ultimately is it's forced me to watch myself grow. It's helped me . . . How far I've come."

Category 4: Birth mother sets boundaries for her own emotional well-being. Birth mothers developed self-awareness about their personal limits; thus, they began to set boundaries for their emotional well-being. Sam prudently decided to limit her social media access:

> I knew for me, emotionally . . . it's the constant communication is a little rough for me . . . We're still friends on Facebook, but I've unfollowed her. So she doesn't pop up on my news feed all the time. I can choose when I wanna go into that section of my head.

Judy is aware of her triggers and sets boundaries to protect her emotional well-being:

> Sometimes [the adoptive parents] want to do a little bit more, not necessarily with visits but like coming to my home or like family dinners and stuff like that. And I try to just protect myself a little bit to avoid any downfall or breakdowns.

Theme 8: Technology Enhances Open Adoption

Technology has allowed more channels of communication, thereby giving birth mothers and adoptive parents more opportunities to maintain contact. Birth mothers and adoptive parents have taken advantage of technology, which has served to enhance their relationships.

All the birth mothers text with the adoptive parents. Abigail said, "I prefer texting." She explained, "It just works . . . And I think that helps keep us normal." Birth mothers enjoy having video calls because they allow for in vivo interactions. Emily explained: "Skyping is my favorite

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now because it's live . . . that's interaction." Facebook is a way that birth mothers can see photos

and videos without needing to ask. Abigail enjoys the unobtrusive access to updates:

> A couple years ago, [Chrissy] got a Facebook. And she sent me a friend request one day.
> And sent one to all my family too . . . I really liked that I can just keep up with them on
> Facebook because then I don't have to impose on [Chrissy] and bug her . . .

Discussion

This phenomenological study examined the experiences of eight birth mothers who

exhibit resilience and positive adjustment through their open adoption journey.

The Grief Journey

Kubler-Ross's (1969, as cited in Aloi, 2009) model of the five stages of grief can help

explain how birth mothers' emotional journeys interact with their open adoption experience.

Denial. Some of the difficulty of the initial visits can be attributed to denial. Participants

shared how saying goodbye at the end of each visit is difficult. Ending visits may be hard

because it shatters the suspension of reality that visits may provide. During visits, boundary

ambiguity, the incongruence between the child's physical and psychological presence for the

birth mother (Fravel et al., 2000), no longer exists. Saying goodbye means the resumption of a

life of boundary ambiguity for the birth mother.

Anger. Researchers have listed anger as a symptom of grief (Blanton & Deschner, 1990;

Henney et al., 2007; Logan, 1996; Wiley & Baden, 2005). Anger was not an emotion that the

participants disclosed. There are several possibilities for the lack of anger: Participants fear anger

will drive away the adoptive parents; participants felt anger at some point, but it is no longer a

prominent emotion; participants are aware that anger masks an underlying issue; participants felt

uncomfortable sharing about anger; and participants are genuinely satisfied with their open

adoption.

Bargaining. Bargaining can be reconceptualized as guilt (Logan, 1996). Participants felt guilty for disappointing themselves, their families, and their child, which aligns with Winkler and Van Keppel's (1984) findings. They also felt guilty because open adoption has interpersonal consequences, as noted by Deykin, Campbell, & Patti (1984) and Logan (1996).

Depression. Depression is the stage that is most closely associated with the term *grief*, and many researchers have studied depression as a manifestation of grief (Henney et al., 2007; Logan, 1996; Wiley & Baden, 2005). Roles (1997) suggested some of the underlying feelings of depression may be sadness and fear—feelings that participants encountered.

Henney et al. (2007) found that significant events can be particularly difficult for birth mothers and cause renewed feelings of sadness. Seven of the participants visit with their child on or around birthdays; none of them mentioned exceptional sadness for birthdays. However, several birth mothers noted that they have lingering feelings of sadness throughout the process. They recognize this sadness as normal because they experienced a great loss.

Participants' fears were relationship-centered. Participants feared rejection by the adoptive parents and the child. Baran, Pannor, et al. (1976) suggested that solidifying an open relationship between birth mother and adoptive family may relieve birth mothers' fears. Their research aligns with the findings of the current study, as continual, positive interactions between participants and child and participants and adoptive parents had an ameliorative effect on participants' fears.

Acceptance. As Roles (1997) indicated, acceptance is a process because it requires continual reevaluation and rebuilding of the self. Adjustment is an indicator of acceptance. Ge et al. (2008) found that open adoption is positively correlated with birth mother's adjustment; measured by the quality of her relationships; financial well-being; physical, mental, and

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emotional health; satisfaction with life and herself; sense of control; and ability to plan for the future.

   Birth mother is developing coping skills. Wiley and Baden (2005) found that birth mother adjustment is dependent on her coping skills. Similar to Lenhardt's (1997) findings, participants shared that writing and establishing a support system were helpful. According to Wiley and Baden, having continued support from people who demonstrate empathy facilitates the grieving process for birth mothers. Participants reported having positive and continued support from family, friends, and other birth mothers.

   Birth mother is focusing on her own life. Baran, Pannor, et al., (1976) suggested that knowledge of the child's well-being can lead to the birth mother pursuing a more satisfying, productive life. Participants expressed their desire to reach their fullest potential in order to set an example for their child. As previous research has indicated, contact with the child gives birth mothers a sense of purpose (Baran & Pannor, 1993; Lancette & McClure, 1992). Participants shared about pursuing careers, advocacy opportunities, friendships, and healthier lives. As De Simone (1996) found, personal achievements are associated with lower levels of grief.

Birth Mother's Relationship With the Adoptive Parents

   Participants' stories demonstrated that their relationship with the adoptive parents has shaped the majority of their open adoption experience thus far. For the participants, open adoption is primarily about relationship development and maintenance. As with any relationship, it is crucial to establish mutual respect from the beginning. Grotevant et al. (1994) and Siegel (2003) suggested a collaborative approach to cocreating a postadoption agreement because mutual negotiation facilitates mutual satisfaction. Siegel particularly emphasized the importance of allowing for renegotiation over time as people and circumstances change. This was the

approach taken for participants in this study. They had continued conversations about expectations and established open communication regarding new thoughts, feelings, and needs.

Participants shared that there were mutual feelings of care between birth mother and adoptive parents. This aligns with previous research suggesting adoptive parents with more openness and contact have higher levels of empathy for birth mothers (Belbas, 1987; Grotevant et al., 1994). Participants recognized that the relationship requires work and perseverance; it is not one of convenience. Siegel (2003) suggested considering openness as an act of love for the child. Indeed, participants expressed that they continually chose to be in relationship with the adoptive parents because they believed it was in the child's best interests.

Birth Mother's Relationship With the Child

Opponents of open adoption claim that the ambiguity of the birth mother's role prevents her from being able to relinquish the child emotionally (Kraft et al., 1985). Participants emphasized that even though they see the child as theirs, they firmly see the adoptive mother as "mom." Birth mothers need to consider what their roles are at a pragmatic level (Fravel et al., 2000). Participants described how they believed that they have a crucial role in their child's development, which is to be present so that their child feels secure, adequate, known, and loved.

Opponents of open adoption fear that contact would inhibit the child's ability to develop secure attachments with the adoptive parents (Kraft et al., 1985). From what participants reported, this is not an issue of concern. Participants supported and reinforced the concept that the adoptive parents are the child's parents. Furthermore, participants expressed their desire to let the child settle into their own understanding. Participants also expressed their willingness to be flexible about how the relationship progresses. As Henney et al. (2007) and Siegel (2003) noted,

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it is important to know that relationships change over time. Participants seemed to embrace the mutability of open adoption and look to the future with eagerness and optimism.

Limitations of the Study

As with any research method, there are limitations within the methodological protocol of the phenomenology. Inherent limitations to phenomenology include small sample size and ungeneralizable results. Data collection via interviews is limited due to the subjective nature of self-report and the dependency upon participant clarity. Some experiences may be difficult to verbalize, and participants may be hesitant to be vulnerable given the sensitivity of the topic. Lastly, the researcher as the interview instrument may influence how participants respond.

Implications of the Study

Adoption is often overlooked in counseling and counselor education programs. As open adoption grows in prevalence, the need for adoption-related counseling will increase. Those in the helping professions must have a better understanding of the issues within adoption and open adoption in order to provide necessary services to those who need support. This study includes information about what has been successful for birth mothers in open adoption, even in the face of challenges.

Additionally, information from this study can assist legal professionals and policy-makers as they make decisions on best policy in adoption and they determine what is a child's best interests. Open adoption is not yet a standard of practice or legally binding; however, perhaps it is time to examine current adoption practices to evaluate its long-term effects upon the members of the adoption triad in order to serve the best interests of all parties.

Suggestions for Future Research

It would be beneficial to have a longitudinal study with this cohort and compare their current experiences with their experiences in several years. Future research can explore how parenting after placing in open adoption affects the birth mother's grief process and attachment issues with romantic partners and her subsequent child. An additional modification of this study is to examine open adoption from the perspectives of adoptees, adoptive parents, or birth fathers.

In this increasingly multicultural society, future research requires more in-depth studies with non-White participants and transracial adoption to raise awareness on how cultural expectations and differences interact with the birth mother experience of open adoption. It would also be important to conduct future research with birth mothers who express dissatisfaction with their open adoption in order to compare experiences; open dialogue for birth mothers, adoptive parents, adoptees, social workers, and counselors; and provide a framework for future training and education for adoption professionals and those considering adoption.

Conclusions

Open adoption is a dynamic, fluid process that is influenced by each member of the adoption triad and individual circumstances over time. At the heart of open adoption are the relationships that form. The relationships shape individuals as they discover and integrate new elements of themselves into their identity. Open adoption provides the opportunity to maintain communication among all parties, eliminating the need for wondering about each other. While open adoption is intended for the child's best interests, it is possible that it is in the best interests of everyone involved.

This study revealed new information about open adoption and birth mother perspectives, providing insight on birth mother resilience, challenges and emotions, relationship and role

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development, the impact of open adoption on birth mothers' lives, growth and maturity, and technology usage. Their rich stories demonstrating strength and perseverance can be a source of information for adoption professionals and help the counseling profession be better equipped to meet the needs of those touched by open adoption.

References

Aloi, J. A. (2009). Nursing the disenfranchised: Women who have relinquished an infant for

adoption. *Journal of Psychiatric and Mental Health Nursing, 16*(1), 27-31.

https://doi.org/10.1111/j.1365-2850.2008.01324.x

Baran, A., & Pannor, R. (1993). Perspective on open adoption. *The Future of Children, 3*(1),

119-124. Retrieved from

https://www.princeton.edu/futureofchildren/publications/docs/03_01_08.PDF

Baran, A., Pannor, R., & Sorosky, A. D. (1976). Open adoption. *Social Work, 21*(2), 97-100.

https://doi.org/10.1093/sw/21.2.97

Belbas, N. F. (1987). Staying in touch: Empathy in open adoptions. *Smith College Studies in*

Social Work, 57(3), 184-198. https://doi.org/10.1080/00377318709516629

Blanton, T. L., & Deschner, J. (1990). Biological mothers' grief: The postadoptive experience in

open versus confidential adoption. *Child Welfare, 69*(6), 525-535. Retrieved from

http://www.adoptionbirthmothers.com/biological-mothers-grief-the-post-adoptive-

experience-in-open-verses-confidential-adoption/

Christian, C. L., McRoy, R. G., Grotevant, H. D., & Bryant, C. M. (1997). Grief resolution of

birthmothers in confidential, time-limited mediated, ongoing mediated, and fully

disclosed adoptions. *Adoption Quarterly, 1*(2), 35-58.

https://doi.org/2048/10.1300/J145v01n02_03

Cushman, L. F., Kalmuss, D., & Namerow, P. B. (1997). Openness in adoption: Experiences and

social psychological outcomes among birth mothers. *Marriage and Family Review, 25*(1-

2), 7-18. https://doi.org/2048/10.1300/J002v25n01_02

De Simone, M. (1996). Birth mother loss: Contributing factors to unresolved grief. *Clinical*

Social Work Journal, 24(1), 65-76. https://doi.org/10.1007/BF02189942

Deykin, E. Y., Campbell, L., & Patti, P. (1984). The postadoption experience of surrendering

parents. *American Journal of Orthopsychiatry, 54*(2), 271-280.

https://doi.org/10.1111/j.1939-0025.1984.tb01494.x

Fravel, D. L., McRoy, R. G., & Grotevant, H. D. (2000). Birthmother perceptions of the

psychologically present adopted child: Adoption openness and boundary ambiguity.

Family Relations, 49(4), 425-433. https://doi.org/10.1111/j.1741-3729.2000.00425.x

Ge, X., Natsuaki, M. N., Martin, D., Leve, L., Neiderhiser, J., Shaw, D. S., . . . Reiss, D. (2008).

Bridging the divide: Openness in adoption and post-adoption psychosocial adjustment

among birth and adoptive parents. *Journal of Family Psychology, 22*(4), 529-540.

https://doi.org/10.1037/a0012817

Grotevant, H. D., McRoy, R. G., Elde, C. L., & Fravel, D. L. (1994). Adoptive family system

dynamics: Variations by level of openness in the adoption. *Family Process, 33*(2), 125-

146. https://doi.org/10.1111/j.1545-5300.1994.00125.x

Henney, S. M., Ayers-Lopez, S., McRoy, R. G., & Grotevant, H. D. (2007). Evolution and

resolution: Birthmothers' experience of grief and loss at different levels of adoption

openness. *Journal of Social and Personal Relationships, 24*(6), 875-889.

https://doi.org/10.1177/0265407507084188

Kraft, A. D., Palombo, J., Woods, P. K., Mitchell, D., & Schmidt, A. W. (1985). Some

theoretical considerations on confidential adoptions, part I: The birth mother. *Child &

Adolescent Social Work Journal, 2*(1), 13-21. https://doi.org/10.1007/BF00757531

Kuhns, J. (1994). The sealed adoption records controversy: Breaking down the walls of secrecy.

Golden Gate University Law Review, 24(1), 259-297. Retrieved from

https://digitalcommons.law.ggu.edu/cgi/viewcontent.cgi?referer=https://www.google.co

m/&httpsredir=1&article=1616&context=ggulrev

Lancette, J., & McClure, B. A. (1992). Birthmothers: Grieving the loss of a dream. *Journal of*

Mental Health Counseling 14(1), 84-96. Retrieved from

http://amhcajournal.org/?code=amhc-site

Lenhardt, A. M. C. (1997). Grieving disenfranchised losses: Background and strategies for

counselors. *The Journal f Humanistic Counseling, 35*(4), 208-216.

https://doi.org/10.1002/j.2164-4683.1997.tb00371.x

Logan, J. (1996). Birth mothers and their mental health: Uncharted territory. *The British Journal*

of Social Work, 26(5), 609-625. https://doi.org/10.1093/oxfordjournals.bjsw.a011137

Miall, C. E., & March, K. (2005). Open adoption as a family form: Community assessments and

social support. *Journal of Family Issues, 26*(3), 380-410.

https://doi.org/10.1177/0192513X04270210

Norwood, K. M., & Baxter, L. A. (2011). "Dear birth mother": Addressivity and meaning-

making in online adoption-seeking letters. *Journal of Family Communication, 11*(3), 198-

217. https://doi.org/10.1080/15267431.2011.554751

Roles, P. E. (1997). *Birth parent loss and grief.* Retrieved from

https://www.pactadopt.org/app/servlet/documentapp.DisplayDocument?DocID=316

Siegel, D. H. (2003). Open adoption of infants: Adoptive parents' feelings seven years later.

Social Work, 48(3), 409-419. https://doi.org/10.1093/sw/48.3.409

Silverman, B. S. (2001). The winds of change in adoption laws: Should adoptees have access to

adoption records? *Family Court Review, 39*(1), 85-103. https://doi.org/10.1111/j.174-1617.2001.tb00596.x

Sokoloff, B. Z. (1993). Antecedents of American adoption. *The Future of Children, 3*(1), 17-25. https://doi.org/10.2307/1602399

Wiley, M. O., & Baden, A. L. (2005). Birth parents in adoption: Research, practice, and counseling psychology. *The Counseling Psychologist, 33*(1), 13-50. https://doi.org/10.1177/0011000004265961

Winkler, R., & Van Keppel, M. (1984). *Relinquishing mothers in adoption: Their long-term adjustment.* Melbourne, Australia: Institute of Family Studies Monograph No 3. Retrieved from https://aifs.gov.au/sites/default/files/publication-documents/relinquishing-mothers-adoption.pdf

Wrobel, G. M., Ayers-Lopez, S., Grotevant, H. D., McRoy, R. G., & Friedrick, M. (1996). Openness in adoption and the level of child participation. *Society for Research in Child Development, 67*(5), 2358-2374. https://doi.org/10.1111/j.1467-8624.1996.tb01862.x

Zamostny, K. P., O'Brien, K. M., Baden, A. L., & Wiley, M. O. (2003). The practice of adoption: History, trends, and social context. *The Counseling Psychologist, 31*(6), 651-678. https://doi.org/10.1177/0011000003258061

Appendix A

Participant Profiles

Participant	Emily	Sam	Gabby	Abigail	Sheila	Fran	Tessa	Judy
Age	38	25	40	29	29	33	24	49
Marital Status	Single	Single	Married; raising 3 kids	Divorced; placed 2 kids	Single	Married	Single	Divorced; raised 2 kids
Child's Name	Nathan	Cooper	Edie	Penny	Grace	Michael	Lexi	Simon
Child's Age	9	6	6	8	6	9	5	7
Adoptive Parents' Names	Chad Nancy	Russ Stella	John Julie	Rob Chrissy	George Justine	Peter Anna	Matt Michelle	Steve Jackie
Visits per year	1	1	2	2	2	8	4	4

Appendix B

Participant Demographics

	Number of Participants
Birth Mother's Ethnicity	
White	7
White/Native American	1
Religion	
Christian	8
Education	
High school diploma or equivalent	2
Some college	2
Associate's degree	2
Bachelor's degree	2
Employment	
Full-time	4
Part-time	2
Stay-at-home mom	1
Student	1
Income	
Under $20K	3
$20K to $34,999	2
$35K to $49,999	2
$50K to $74,999	0
$75K to $99,999	1
Physical Health	
Excellent	0
Good	6
Fair	1
Poor	1
Mental Health	
Excellent	2
Good	5
Fair	1
Poor	0
Satisfaction Level for Open Adoption	
Very satisfied	5
Satisfied	2
Neutral	1
Unsatisfied	0
Very unsatisfied	0
Adoptee's Ethnicity	
White	3
White/Hispanic	3
White/Hispanic/African American	1
White/Native American	1
Adoptive Parents' Ethnicity	
White	16