

**A unique loss: The experience of birthmothers in open adoption**

Submitted for the degree of

Doctor of Philosophy

at

Victoria University, Melbourne, Australia

School of Psychology

by

Phillipa Castle, 2010

## Abstract

Since 1984, regular contact, or openness, between birthmothers and the adoptive family has been practised in the state of Victoria, Australia. Open arrangements, that is, face-to-face contact and information exchange, are written into the Adoption Order and legally ratified by the Victorian County Court. The aim of the study was to investigate the birthmother experience of relinquishment and subsequent contact within this circumstance. The study used a mixed method approach: in-depth semi structured interviews and standardised measures of grief symptoms, adverse childhood experiences, depression/anxiety and satisfaction. Utilising grounded theory methodology, 15 interviews underwent a content analysis to develop a theoretical statement. The questionnaires were analysed using SPSS. While relinquishment was recalled as a traumatic loss event, grief symptoms reduced over time. The passage of time was also implicated in reducing the symptoms of depression/anxiety. Birthmothers with high satisfaction with contact also experienced intrusive thoughts about the relinquishment and high life satisfaction was associated with having subsequent children. Notwithstanding the results, the majority had well above average symptoms of current depression and anxiety and came from difficult family backgrounds. The narratives indicated that relinquishment is an ongoing, ambivalent process where the birthmothers' choice to relinquish is over determined by individual circumstances within powerful cultural contexts, which, in turn, create a deficit model of self and one's needs. The contact was described as having conditional boundaries where the birthmothers' power is notional, despite legal constructs. Contact was most positive where the birthmother felt valued and she contained any negative feelings. The findings support a greater facilitation by relinquishment services of the relinquishment decision, establishing respectful, empathic relationships and responding to the changing needs of the adoption triad. The notion of parallel kinship is canvassed and studies of the child's experience and the adoptive mother/child relationship are recommended.

## **Doctor of Philosophy Declaration**

I, Phillipa Castle, declare that the PhD thesis entitled “A unique loss: The experience of birthmothers in open adoption”, is no more than 100,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Signature

Date

# Acknowledgements

Phillipa would like to thank the following people:

The 15 women who very generously gave me their time and allowed me to ask them questions about a difficult and painful aspect of their lives.

Professor Jill Astbury, supervisor, for her calm, optimistic encouragement, and sharp incisive academic and emotional intellect. She never had any doubt.

Vicki Shannon, Program Manager, Centacare, Adoption and Permanent Care Program, for backing the project with a real interest and commitment. Without her, it would never have happened.

Frances McAloon, Acting Program Manager, Connections, Adoption and Permanent Care Program, for her support, and that of the Program.

Michael Volkov, for his overwhelming generosity, patience and smarts.

Karin Robin for her unparalleled transcription abilities.

Caitlin Buckley for her sharp editorial eye and thoughtful, intelligent feedback.

My beautiful friends who inquired with genuine interest and nurtured me through by saying all the right things: Caitlin Buckley, Mendel Castle-Kirszbaum, Kirsty

Fotheringham, Kate Gamble, Julianne Kinna, John Kirszbaum, Paul Morgan, PhD,

Rory Nathan, PhD, Karin Robin, Kay Rogers, Victoria Swann, Robyn Szechtman and Michael Volkov.

And lastly my family, John and Mendel, who probably got a little bored by the end but never got in my way and were always encouraging. Thank you.

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# **A unique loss: The experience of birthmothers in open adoption**

## **Introduction**

### *Current situation*

In the state of Victoria, Australia, adoption is the legal process and term applied to the voluntary relinquishment of all parental rights and responsibilities to a natural born child, by the parent/s. It is generally a decision that is contemplated in utero and carried out soon after birth. It must be judged to be a voluntary decision. Timely consent giving (not before 16 days after the birth), a period of revocation (28 days after signing the consent form) and mandated processes of counselling, conducted by government gazetted adoption workers, support the voluntary nature of adoption. The placement of a child with their adoptive parents usually does not occur before approximately three months of age. During the pre-adoption, newborn period a foster mother cares for the infant and the birthparent/s have informal access. The foster mother will not become the adoptive mother.

Enquiries about having a baby adopted are generally prioritised by the Adoption and Permanent Care services. If a worker is not available immediately they will respond within a working day. The mandate of non-directive counselling is set at a minimum of one session where the woman will receive the government published booklet, "Information for parents considering adoption of their child". However, best practice supports the establishment of an ongoing working relationship with the woman (and the father if that is possible) so that all alternative options are explored and the

consequences considered. As part of the mandatory counselling process, birthparent/s are informed of the statutory nature of open adoption and are asked to nominate a preferred frequency of contact and information exchange. Practice standards suggest between one to four contacts annually. The contact wishes of the birthparent/s are written into the Adoption Consent forms signed in the County Court, any time from 16 days after the birth of the child. If the adoptive parents agree these are written into the Adoption Court Order, which is issued in the County Court approximately one year after the placement begins. These are a minimum standard. Requests for more contact are at the discretion of the adoptive parents. Refusal to meet the minimum requirement is heard in the County Court, as are contests to the Order. Practice procedures designed to support the success of open adoption include: birthparent wishes about the prospective adoptive parents are taken into consideration by social workers when identifying families, birthparent/s choose the adoptive family from (ideally) three sets of adoptive parents through a non-identifying written description, the opportunity is provided for the birthparent/s and adoptive parents to meet before the placement of the child, though at this point, the adoption has notionally been agreed upon and the adoption Agency organises and supervises contact for up to a year after placement. Post-legalisation services (usually to assist with managing contact) are also available if required.

In Victoria in 2005, there were 17 healthy infant adoptions, reflecting a continuing downward trend over 18 years, evidenced in the table below ([www.cyf.vic.gov.au/adoption-permanent-care/more-resources](http://www.cyf.vic.gov.au/adoption-permanent-care/more-resources)).

Table 1: Number of healthy infant adoptions in Victoria from 1987 to 2005

1987-88	75	1997-98	23
1988-89	71	1998-99	32
1989-90	65	1999-2000	20
1990-91	60	2000-01	15
1991-92	31	2001-02	15
1992-93	29	2002-03	19
1993-94	29	2003-04	10
1994-95	39	2004-05	17
1995-96	27	2005-06	17
1996-97	23		

### *Psycho-social history*

“The social conditions for unmarried women and their babies in the nineteenth century and the early part of the twentieth century in Australia were harsh and cruel to a degree, hard for people living at the beginning of the twenty-first century, with the emphasis on individual human rights, to begin to imagine” (Marshall & McDonald, 2001, p. 20).

The desperation of the single, pregnant woman of the late 1800’s is best measured in light of the existence of ‘baby farms’, a system of socially tolerated but unregulated informal adoption (Herman, 2002), and the inference of the practice of infanticide. The Royal Commission into the Decline in the Birth Rate in 1903 found that illegitimate infants were three times more likely to die in their first year than those born in wedlock (Marshall & McDonald, 2001). By the 1920’s all states of Australia were legislating a legal pathway for the alternative care of children. While the

legislation protected the basic human rights of the child it was not until the 1960's and 1970's that the psychological implications of adoption began to be considered. Prior to the 1970's, the construction of a permanent, alternative family was through a process that constructed an "as if" family:

"The biological family was not only erased legally by an adoption decree but all records of the original biological event – the birth of the child, the registration of its birth and the records of its mother's confinement – were to be sealed and an amended birth certificate produced" (Yngvesson, 1997, p. 43 - 44).

It was a construction of the zeitgeist; "despite the notion that Western adoptions have historically been confidential, secrecy and anonymity among the parties involved in adoption only began in the early 20<sup>th</sup> century" (Grotevant, Dunbar, Kohler & Lash Esau, 2000, p. 379).

The aetiology of the "as if" family went well beyond a seemingly 'good' intention; closed adoption evolved as a legal and social entity that served to protect unwed mothers and their 'bastard' children from unrelenting social condemnation. Illegitimacy was the defining parameter. When interviewing mental health professionals, Baran, Pannor and Sorosky (1977) were told these women had "sinned, suffered and deserve to be left alone" (p. 58). "In one residence attached to a maternity hospital the sister in charge actually spelt out to them her belief that they were to do penance for their sins and to make up for the shame they had brought to their families" (Marshall & McDonald, 2001, p. 51). In her impassioned treatise Shawyer (1979) asserted that the birthmother had "supposedly offended the sexual mores by committing the unforgivable act of not suppressing her sexuality...the crime is a grave one, for she threatens the very fabric of our society. The penalty is severe" (p. 29). The punitive

social context was informed by the collective psychiatric, psycho-dynamic models of the mid 20<sup>th</sup> century, which viewed the unwed mother as a young woman using her pregnancy to regressively act out unconscious, unmet needs toward her own mother (Deutsch, 1945).

The resultant shame of illegitimacy is evident in Hubbard's (1947) assertion that birthmothers believed it would be better for the child not to know of her in the future for fear of the disgrace. Hubbard (1947) also asserted that birthmothers believe the child views the adoption as an abandonment and will subsequently resent his birthmother. According to Smith (1963), mid century researchers represented the birthmother as a young, unwed woman who is trying to give her child a "better" life; the love, care and security of two parents in a *normal* home situation.

The structural safeguard of closed adoption was perceived to also offer a psychological protection. Closed adoption protected the birthmother from any possible intrusion from the child, and the accompanying shame, and this protection allowed her to get on with a new life beyond the adoption experience (Curtis, 1986; Winkler & van Keppel, 1984). Rationalising this trajectory were beliefs that the 'voluntary' nature of relinquishment meant that adverse consequences for the birthmother were unlikely and/or that relinquishment occurs before a mother has bonded to her child (Logan, 1996). Silverstein and Demick (1994) suggest that,

"psychologically...at the heart of the clinical defence of confidentiality is the practical and emotional mandate of separation. More simply, healthy birthmothers are expected to separate from their children forever and to have no future knowledge of their wellbeing and whereabouts, to grieve this loss, and



essentially to forget, disconnect from this troublesome episode in their lives” (p. 2).

The operative assumption is that the birthmother can forget the child; the child can forget the birthmother.

With his focus on the adoptive family, Kirk (1964) was seminal in initiating awareness that adoption might be more complicated than placing babies with well-meaning citizens and leaving all parties to get on with it. Kirk (1964) emphasised the psychological consequences of adoption, and argued that to produce good outcomes it was important to help adopters develop a willingness and ability to acknowledge the difference between adoptive and birth parenthood; that is, the separation of the biological from the social, nurturing aspect of parenting.

Kirk’s (1964) acknowledgement of difference was reinforced by the confluence of social and political events that characterised the 1960’s and 1970’s in the western world. The civil rights and second wave feminist movements influenced a shift in attitude toward the rights of women, the rights of children and the right to information. In this context, ‘forgetting’ would become less and less possible. The explosion of the search movement, which politicised in America into Concerned United Birthparents in 1976, embodies the raised consciousness. At the same time, the social changes manifested a post war generation that were more likely to participate in sexual relations without marriage. ‘Free love’ is reflected in the figures; 1971-72 saw the peak number of adoptions in Australia at 9,798; of those, 2,057 were in the state of Victoria ([www.cyf.vic.gov.au/adoption-permanent-care/more-resources](http://www.cyf.vic.gov.au/adoption-permanent-care/more-resources)).

However, concurrent medical, social and political events were aligning to produce circumstances that would result in a rapid, post-peak decline in the need for

adoption. These were: accessibility to cheap, simple, effective birth control, including increased availability of abortion procedures, the provision of income support for single parents and changed community attitudes to single parenthood, which was an effect of the increased divorce rate (a response to the introduction of the no-fault divorce law in 1974). Also, spousal adoption rates were effected by changes to legislation and practise, whereby stepparents were encouraged to secure parenting arrangements via the Family Court rather than formal adoption.

In 1991 - 92 there were 1,052 adoptions nationally; in 2001 - 02 there were only 561. The national figures include relative/spousal adoption and inter-country adoption. By 2001 - 02 adoptions of local children had decreased to 107; that is, 107 Australian mothers voluntarily relinquished their baby for adoption by an unrelated family (Australian Institute of Health and Welfare, 2004). Fifteen of those were in the state of Victoria ([www.cyf.vic.gov.au/adoption-permanent-care/more-resources](http://www.cyf.vic.gov.au/adoption-permanent-care/more-resources)).

For the birthmother the shifting paradigm across the 20th century resulted in the first rigorous investigations of her experience, which were then legitimised in academic research. The outcomes contributed to the gradual dismantling of the central assumption of confidentiality.

The Adoption Research Project of California (Pannor, Baran & Sorosky, 1978) questioned the belief that the birthmother experience ends at the time of placement. In order to investigate their doubts they simply invited birthparents, through a newspaper advertisement, to write of their experience. The Project received over 1,000 letters, with birthparents telling stories of unresolved feelings and a desire for information. In subsequent in-depth interviews with 36 relinquishing mothers (relinquishment 10 - 33 years previously), 50% stated they had continuing feelings of loss, pain and mourning;

82% regularly contemplated the child and their development, wanted the child to know they still cared about them and stated that they would be interested in a reunion as long as the child wished; 95% stated they would like the information contained in agency records to be updated to reflect their current situations. The contribution of the Adoption Research Project of California data was profound, resulting in adoption agencies in America requiring the acquisition of maternal and paternal histories and identifying data, and for these to be given to the adoptive parents at the time of the adoption, and to the child when they became an adult.

Deykin, Campbell and Patti (1984) accessed the organisation Concerned United Birthparents to investigate life adjustment of the birthmother post adoption. They found that birthparents did not forget; thoughts of searching for the child had been considered by 95% of the 334 respondents, with 65% actively seeking. The authors did not attribute searching behaviour to the commonly held assumption that the parent wants to fantastically retrieve the baby. The authors attributed searching behaviour to an attempt to resolve the feelings of significant loss. Within the sample, it was found that the longer the time that had elapsed the greater the search activity, that is, the child would be an adult.

Having subsequent children did not necessarily ameliorate the loss. Almost 80% of the birthparents admitted to struggles being a parent. “The reported difficulties in parenting appear to reflect unresolved sadness over the past loss and lack of self-confidence rather than active deleterious parenting” (Deykin et al, 1984, p. 280).

Central to closed adoption was the belief that contact inhibits the birthmothers’ capacity to resolve her grief and let go of the child emotionally (Kraft, Palombo, Woods, Mitchell & Schmidt, 1985; Blanton & Deschner, 1990). However, Watson

(1986) found that, not only did the grief and loss of relinquishing mothers in closed adoption remain significant it did not diminish over time. Watson (1986) extrapolated that closed adoption could, in fact, complicate the grieving process, freezing the process of grief in denial, blocking the necessary paths to resolution. Roles (1989) identified multiple factors that block, delay or prolong the mourning: lack of acknowledgement of the loss, not having a mental image of the baby, a belief that having a choice takes away the right to grieve.

Closed adoption also proposed that if the birthmother had contact with the child she would continue to consider the child as her own (Kraft et al, 1985; Blanton & Deschner, 1990). Yet, explorations of the nature of what is in fact lost in relinquishment, suggests that the symbiotic nature of gestation means that a complete severance from an infant is not fully possible. Millen and Roll (1985) found that their sample of relinquishing mothers who had presented for psychotherapy felt a profound loss of a sense of self; that the lost object was a physical and emotional part of themselves. Roles (1989) states, “because the baby is an extension of herself, she may feel as if she has lost part of herself” (p. 8). Deykin et al (1984) agree and conclude that search activity “may be a means of achieving restitution, not of the surrendered child but of the self” (p. 279).

While standardised measures of grief are scarce in adoption literature, De Simone (1996) analysed the variables that were related to the level of grief experienced by 264 birthmothers (relinquishment for these women occurred in the early 1980’s and 34 % had not had another child). The factors that were significantly related to high levels of unresolved grief included: perception of coercion by others in the decision, a high level of shame, a lack of opportunity to express feelings regarding the relinquishment, uncertainty over the loss due to the continued existence of the child and

involvement in searching for the relinquished child. Some of the variables found to moderate grief included: satisfaction with current marital status and satisfaction with personal achievements, such as raising a family or having a career. Significantly, women who had received information about their child had lower levels of grief.

Standardised psychological measurement of birthmothers' mental state is also scarce. However, available studies confirm that the life adjustment of birthmothers in closed adoption is of concern. For example, a significant level of depression has been reported in the birthmother population (Condon, 1986; Burnell & Norfleet, 1979; Logan, 1996; Davidson, 1994; Winkler & van Keppel, 1984).

Merry Bloch Jones (1993) argued for the existence of a birthmother syndrome; a pathology identified through the following symptoms:

1. Signs of unresolved grief, such as lingering denial, anger, or depression.
2. Symptoms of posttraumatic stress disorder, such as flashbacks, nightmares, anxiety, avoidance, or phobic reactions.
3. Diminished self-esteem, passivity, abandonment of previous goals, or feelings of powerlessness, worthlessness, and victimization.
4. Dual identities, divided into outer pretenses of 'perfection' or 'normalcy' and secret inner feelings of shame, self-condemnation, and isolation.
5. Arrested emotional development, typified by the sense of being 'stuck' where they were when they relinquished.
6. Self-punishment, often inflicted through participation in abusive relationships, abuse of drugs or alcohol, eating disorders, or other self-destructive behaviors.
7. Unexplained secondary infertility.
8. Living at, or vacillating between, various extremes" (p. 272).

An Australian study was particularly influential in identifying and consolidating the parameters of the birthmother experience in closed adoption. Winkler and van Keppel (1984) interviewed 213 young, single, women who had relinquished their first child and they found:

1. The relinquishment experience may be conceptualised theoretically as a loss akin to bereavement and as a stressful life event.
2. Overall 28% reported below average adjustment at the present time.
3. Almost half reported an increasing sense of loss over time.
4. Three factors were identified as key risk factors for poor adjustment:
  - (i) Lack of opportunity to talk about feelings related to the adoption
  - (ii) Lack of social support
  - (iii) An ongoing sense of loss.
5. The sense of loss and problems of adjustment to relinquishment were diminished for a subset of mothers who had obtained information about their child.

The implications for adoption practice in Australia were clear and Winkler and van Keppel (1984) advocated for increased support and counselling for birthmothers, increased access to ongoing non-identifying information, a contact register and semi-open and open adoption. In retrospect, this study was a timely benchmark of closed adoption practice and the birthmother experience. It captured the Australian tableau in the year that adoption practice in Victoria underwent its most recent and significant transformation.

Within Australia, the state of Victoria in particular, has maintained a progressive position in regard to adoption information and legislation. Historically, during the original consideration of adoption laws in the 1920's, the Victorian Parliament considered the issue of adoption worthy of a bill in its own right and debated the consequences of the law in a detailed manner. By 1928, Victoria was the only state without adoption legislation, however, the eventual legislation passed later that year, was able "to embody the very best features of the adoption of children in other states of the Commonwealth and of Great Britain" ((Marshall & McDonald, 2001, p. 28). Since 1928, over 64,00 people have been adopted in the state of Victoria ([www.cyf.vic.gov.au/adoption-permanent-care/more-resources](http://www.cyf.vic.gov.au/adoption-permanent-care/more-resources)).

Subsequent Victorian Acts were passed in 1958 and 1964. They incorporated amendments influenced, in part, by the Mace-Murray case. While the 1953 - 55 Mace-Murray case was first heard in the Supreme Court of New South Wales, it was the eventual judgement of the matter in the Australian High Court that effected adoption practice nation wide. Joan Murray, a single woman who worked as a bus conductor, was 21 when her son was born in November 1952. Before the birth Joan had been considering adoption and had contacted the Department of Child Welfare and told the hospital that she did not want to see the baby after it was born. In her initial interview two days after the birth Joan was uncertain and not ready to sign the consent. Four days later she did sign consent but in view of her continuing uncertainty the officer said she would hold the papers and see her again. Two days later Joan decided that the adoption was in her baby's best interest and four days later the baby was placed with the adoptive parents, and they lodged their documents requesting an Adoption Order 10 days later. Due to the Christmas break the Court did not process the Order and on hearing this Joan acted on her continuing uncertainty and withdrew consent on the 23 January 1953. The adoptive family, the Maces, were asked by the Department to return the baby. They

refused and travelled outside the Court's jurisdiction, to the Australian Capital Territory. Eventually, in order to resolve the matter, the Maces applied to the Supreme Court for an Order of Adoption. Joan opposed it. The hearing took place in June 1953. Joan's consent was dispensed with and an Order of Adoption was made in favour of the Maces. This judgement was overturned on appeal to the Full Court of the Supreme Court, but on appeal to the High Court of Australia the original judgement was reinstated.

On 10 October 1955, in an effort to end the agony, a month before the child's third birthday, leave to appeal that decision was refused by the Privy Council and the child remained with the Maces. After the matter was settled it emerged that while the Maces had been informed of the birthmother's right to withdraw consent before the Adoption Order was signed they had also been reassured that it was 'rare' for a baby to be reclaimed. The impact of the proceedings was legislation introducing a 28-day period for revocation of consent and the legal mandate to inform birthmothers of this right.

As the century progressed through the 1960's and 1970's, further amendments were required. On 25 August 1979, an Adoption Legislation Review Committee was established in Victoria (Davey, 1983). They met 124 times over the next four years. Their recommendations informed the Victorian Adoption Act 1984, which is still in force today. The Adoption Act 1984 made Victoria the first state to implement legislation for a type of retrospective openness; that is, granting adopted persons over the age of 18 the right to access their birth record, subject to mandatory counselling. Additionally, birthparents were given the right to ask that an approach be made to adult children to sound out their views on contact.



Contemporary practice was also transformed. Despite international debate, the 1984 Victorian legislation recognised that knowledge of one's origins is an unassailable human right; a right that would henceforth be enshrined in a law that required contact arrangements between an adopted child and their birthmother be included in the Adoption Court Order. The practice of open adoption began.

### *Open adoption*

“One of the most significant changes in adoption practice over the years must be the transition from thinking that ‘telling’ was a sufficient response to children’s loss of their birth families to an approach that calls for open adoption and continuing contact” (Smith & Logan, 2004, p. 11).

Over 30 years ago, Baran, Pannor and Sorosky (1976) introduced into the public domain a ‘radical’ concept that remains controversial; “a new kind of adoptive placement in which young single mothers can participate” (p. 98). They proposed an

“open adoption...in which the birthparents meet the adoptive parents, participate in the separation and placement process, relinquish all legal, moral and nurturing rights to the child, but retain the right to continuing contact and to knowledge of the child’s whereabouts and welfare” (p. 97).

The researchers went further and suggested that a child could belong to two families, only one of which was a “married family”. The other, the “illegal family”, would continue to constitute some part of the authorised “identity” of a child, and, by implication, some part of the authorised identity of its “married” family. “In some

ways, both family and identity are unsettled in open adoption” (Yngvesson, 1997, p. 46).

In 1997, the American based Evan B. Donaldson Adoption Institute conducted an Adoption Benchmark Study interviewing, via telephone, a representative general sample of 1,554 adults on their attitude towards various aspects of adoption. The study provided a relatively modern review of the social context within which adoption is being conducted in America:

“Virtually all Americans agree that adoption serves a useful purpose in our society, and most have a favourable opinion of the institution. But many Americans, even those with very favourable opinions about adoption overall, do harbour doubts about the institution. Half feel adopting a child, while preferable to remaining childless, is not quite as good as having a child of ones own. And a quarter thinks it is harder to love an adopted child because the child is not your own flesh and blood” (Princeton Survey Research Associates, 1997, p. i).

Of note, the review revealed that the American public is ambivalent about open adoption. Less than two in ten (16%) thought it was a good idea in *most* cases while the plurality (40%) thought it was a good idea in *some* cases, suggesting they feel decisions should be made on a case by case basis. The remaining approximate 43% said contact is seldom (23%) or never (20%) a good idea. “Open adoption had won only limited acceptance even by those members of the public who unconditionally support adoption” (Princeton Survey Research Associates, 1997, p. 20). The study purports that one reason many Americans are reluctant to fully support open adoption is the mixed views they hold about the consequences of adoptees searching for and finding their birthparents; that is, only two out of three of the American public believed that adoptees

benefit from contacting their birthparents. Fifty-six per cent believed it is usually good for birthparents and only 44% believed it benefits the adoptive parents.

“There is no universal agreement regarding which type of adoption arrangement is the ‘best’, and proponents of either side of the adoption openness debate are vocal in support of their respective positions” (Mendenhall, Berge, Wrobel, Grotevant & McRoy, 2004, p. 176).

Advocates for open adoption have argued their position primarily from a child-centred stance. From the 1970’s onward, the powerful and undeniable voice of adult adoptees testified to the importance of information and continuing knowledge about their birth family for genetic and psychological reasons and that such information is necessary to the formation of identity and internal security. Triseliotis (1993) reported that while most adult adoptees were satisfied with their adoptive family, they still wished to search for their birthparents. Thoburn (1988) tackled the fears of adoptive parents and argued convincingly that the secure attachment of a child in a permanent surrogate family was not inconsistent with, or undermined by, a link with, and information about, the past. Similarly, Schafter (1990) argued that a child can attach to more than one person and can accommodate various people with differing levels of significance.

Advocates of open adoption also argued on behalf of the birthmother. In terms of human rights, Hughes (1995) explained that,

“birthmothers have been portrayed as ‘victims’ and the treatment of birthmothers is...a reflection of more fundamental sexual-political values which routinely relegate women, and particularly poor or single women, to positions of

relative powerlessness even in relation to decisions about their own birth children. Thus, the evidence of birthmothers in clinical studies has not only revealed a catalogue of long-term adverse consequences for birthmothers but has also become the basis of calls to restore perceived rights” (p.732).

In terms of individual psychology, open adoption and the wellbeing and adjustment of the birthmother became a legitimate concern in its own right; if only, in so far as, the wellbeing and adjustment of the birthmother remains linked with the welfare of the child. That is, if birthmother adjustment is poor, then contact with the child may not be sustained or of poor quality (Grotevant, Ross, Marcel & McRoy, 1999).

While open adoption has been mandated practice in the state of Victoria since 1984, the remaining Australian states and territories manage contact with less formal and legally enforceable arrangements via separate written or verbal agreements. The majority of the English-speaking world, Canada, Great Britain and America, also manage post-adoption contact through non-legal mechanisms. Only thirteen American states provide legally enforceable adoption contact agreements.

Notwithstanding the lack of legal volition, various dimensions of openness are apparent in contemporary adoption practice. American national adoption figures have not been collected since 1992 so the proportion of closed, mediated or open adoptions in America is not known. However, it is estimated that approximately 90% of birthmothers now choose and meet the adoptive parents (Evan Donaldson Adoption Institute, 2007).

Regrettably, definitions of adoption openness lack uniformity, ranging from an initial single meeting, to information exchange, to ongoing face-to-face contact. The lack of definitional uniformity compromises comparing the literature. Moreover, the term adoption itself is applied differently. In America and Great Britain adoption is a term applied to both voluntary and involuntary relinquishment, with adoption denoting the level of permanence rather than the pathway to alternative care. In Australia the term applied to children who enter the alternative care system through involuntary child protection pathways is Permanent Care. Also, unlike Australia, America allows for the practice of private adoption. Approximately half of all infant adoptions are carried out by independent lawyers/facilitators or through internet based pathways where the prospective adoptive parents and the birthmothers essentially make most of the arrangements themselves, and typically cost between US\$20,000 - \$35,000 (Evan Donaldson Adoption Institute, 2007).

Despite the differences in practice, the literature appears to have fashioned one definitional consensus; that relinquishment, with or without contact, is best conceptualised as a bereavement-like loss, occasioning grief.

### ***How do we measure grief?***

While significant loss is experienced as a deeply personal event, theories that attempt to characterise and generalise about the human response to loss have developed exponentially over the past 50 years.

In 1969, Elizabeth Kubler-Ross observed in detail the process of dying in terminally ill cancer patients and published a groundbreaking treatise outlining identifiable phases of emotional terrain that patients traverse. The well-known stages of

denial, anger, bargaining, depression and acceptance were identified but not prescriptive; patients may never accept, may repeat stages, skip stages and/or experience them concurrently.

Kubler-Ross's articulation of stages outlined the processes that people go through to find or make meaning of the loss. The endeavour to understand and make meaning (which leads the individual to feel in greater control and therefore more able to cope and accept) was expanded by Harvey (2002). Meaning is made via the individual finding "relatedness among their personal losses and possibly in their causes" (p. 13). The loss experienced becomes part of a narrative that has unifying themes and patterns that eventually form a unit of identity.

Zilberg, Weiss and Horowitz (1982) utilised the stage theory of loss, but conceptualised it as a stressful life event, analogous to a trauma. Zilberg et al (1982) proposed two descriptive factors that can be applied to any stressful life event, loss or trauma: an intrusion of thoughts and feelings about the event in everyday life and the avoidance of these thoughts and feelings. These factors define the processes people most commonly employ to cope with, and eventually adapt to, the life event.

Zilberg et al (1982) observed that people oscillate between an avoidance or denial of the event, and the event intruding on and interrupting their functioning. Avoidant processes enable the person to pace the flow of distressing information and emotions; that is, people detach themselves from the event and experience difficulties with perception and attention like forgetting the details or the sequence of the event. Somatic symptoms and withdrawal are also typical when someone is in denial. Intrusive mental processes, that is, excessive alertness and sensitivity to the environment and persistent, repetitive thoughts, feelings and behaviour related to what has been lost, enable the

reality of the loss to be eventually recognised by the individual. A gradual reduction in the two states and a return to normal functioning is dependent on the person revising their internal schema, re-drawing their internal models of the world minus the object of the loss.

Horowitz (1990) organises avoidance and intrusion into a scheme of stages. The first response to a loss is outcry and the raw expression of fear, sadness and anger. Next there is a phase of denial, the aim of which is to reduce the emotional distress. The avoidant processes are adaptive, allowing necessary self-restorative periods. However, if avoidance dominates and persists, essential processing is blocked and internal working models remain incongruent with reality. The intrusion stage follows where ruminating on the object of the loss occurs and feelings of guilt often emerge accompanied by a sense of loneliness. Over time, the person oscillates between avoidance and intrusion with reducing intensity as the old schemas and the new schemas blend. “Before this adaptive end of mourning is reached, the schemas and memories of the relationship require review in order to decide what is now true, what is now fantasy, and to discriminate the present from the past” (Horowitz, 1990, p. 316).

Grief resolution is characterised by the reformation of a coherent self and a readiness for new relationships. “As the bereaved person slowly develops schemas that match the reality of permanent separation, the work of grief gradually enters the completion phase” (Horowitz, 1990, p. 322).

In order to measure these processes of mourning and resolution, Horowitz, Winer and Alvarez (1979) devised the Impact of Events Scale, which measures the level of intrusive and avoidant thoughts, feelings and behaviours in relation to a particular life

event; retrospectively, at the time of the event, and, currently, at the time of administration.

Wortman and Silver (1989) challenged the stage theories of grief and the assumptions about how we respond to loss that underpin them. Through a meta-analysis of the available literature they argued that when bereavement occurs:

1. Distress and depression are not inevitable or universal.
2. Those who fail to experience early distress will not necessarily show subsequent difficulties.
3. Failure to process the grief is not necessarily maladaptive; in fact, early signs of intense effort to “work through” the loss may portend subsequent difficulties.
4. A substantial minority of individuals continue to exhibit distress for a much longer period of time than would commonly be assumed.
5. Individuals are not always able to resolve or come up with an explanation for the experience that is satisfying to them.

Their analysis identified three common patterns of adaptation to loss: the expected pattern of moving from high to low distress over time, no intense distress, either immediately after the loss or at subsequent intervals and a continued state of high distress for much longer than would be expected (Wortman & Silver, 1989).

### ***Losing a child***

To lose your child is to lose the future, it transgresses the natural order of life. It would be expected that the bereavement outcomes for parents who lose a child are



relatively poor. In a comparative study by Sanders (1980), bereaved parents suffered more somatic reactions, greater depression, greater anger, greater guilt with accompanying feelings of despair and loss of control over their lives and the world, than those who had lost a parent or spouse. In particular, the mothers felt isolated, describing feelings of being the only one to actively mourn the lost child. Cleiren (1991) also implicated gender, reporting that the bereaved mothers in her study were more severely affected than the fathers. Additionally, when the sample was followed up at 14 months there was a slight increase in depressive symptoms and the bereaved parents reported little hope of recovery.

### ***Grief particular to adoption***

The elements of grief and loss cannot be understated in adoption. Usually the adoptive parents have lost the presumption of bearing children, adopted children have lost the experience of growing up with their biological mother and father and the birthparents have lost the experience of parenting that child. While adoption is a vehicle through which the triad members are offered a solution to their needs, adoption is a second choice for all parties. McNiece (2006) maintains that the field is under theorised and has not fully understood the actual nature of the loss involved in relinquishing a child. Research demonstrates that relinquishing mothers experience a number of characteristic grief symptoms but their experience is not straightforward. Theories of ambiguous, disenfranchised and/or anticipatory loss offer potential connective threads that could contribute to the generation of theory. These concepts influenced the formulation of the current study.

### *Ambiguous loss.*

The application of the concept of ambiguous loss may go some way to reconcile the conundrum; “for this adopted child, I am a mother, but not *the* mother” (Fravel, 2002, p. 24).

Boss (2000) developed the concept of ambiguous loss to elucidate the circumstances where an individual is either physically present but psychologically absent (e.g. advanced Alzheimer’s Disease), or physically absent but psychologically present (e.g. adoption), where psychological presence is “the symbolic presence of an individual in the perception of other family members in a way that influences thoughts, emotions, behaviour, identity or unity of remaining family members” (Fravel, McRoy & Grotevant, 2000, p.245). Birthmothers are psychologically present in adoptive families (Fravel, 2002; Yngvesson, 1997). Likewise, adopted children are psychologically present to birthmothers. Fravel et al (2000) analysed 163 interviews with relinquishing mothers and found that, independent of type of contact, birthmothers “do *not* forget” (p. 431). In their study all the birthmothers held the child in their heart and mind. In other words, the child was psychologically present, not only on special occasions but during day-to-day life and the birth mothers experienced emotions relating to these thoughts.

The combination of psychological presence and physical absence creates a condition called boundary ambiguity, which results in tensions and questions about loyalty and inclusion/exclusion (Boss, 2000). Boss (2000) believes that the development of clear roles assists people to traverse these unclear boundaries and ease the tension.

In open adoption there is an added complication; the already ambiguous boundaries are required to flex and shift. For the child, the symbolic/psychological presence of the birthmother periodically manifests physically as a real woman. For the birthmother, the symbolic/psychological child periodically materialises as growing and developing flesh and blood.

Birthmothers in open adoption have an ambiguous role contained within an ambiguous boundary. Yngvesson (1997) recognises the unique, emotive and vulnerable position of the birthmother; she is always simultaneously “culturally and psychologically *within* the adoptive family...But she is also *outside* the family, a site of erasure and of violent foreclosure marking a boundary that includes and excludes” (p. 38).

Grotevant et al (1999) found that the capacity of birth relative/s to maintain a supportive position towards the child and to work collaboratively with adoptive parents during contact, maximised the benefit to the child; that is, supportive birthmothers have regulated their boundary ambiguity through the development of a defined role, a role that supports the adoption, the child and the adoptive parents through collaboration. Logan and Smith (2005) found that collaborative contact was contingent upon all parties having a clear understanding of three things: the purpose of the contact, their respective kinship roles and the emotional claims they can legitimately make on the child’s loyalties and affection. While it has been shown that clear, well-defined roles are necessary, how are these highly emotive conditions formulated and aligned throughout the triad? There is a striking lack of definition of the birthmother role. All legal relationship with the child is terminated and the child acquires a whole new set of relatives. How to be the ‘birthmother’ is undefined; originally at the time of the relinquishment, when the question arises, ‘what kind of person am I as a result of doing

this?’ and in the ongoing role as birthmother, when the question becomes, ‘what kind of things am I supposed to do, say, feel?’

***Disenfranchised grief: Lack of social support and acknowledgement.***

The ambiguous nature of relinquishment is reflected in the dearth of rituals and mourning processes available. While some relinquishing mothers may practise personal and private rituals, publicly a relinquishing mother does not attract the same acknowledgment, sympathy and support as other mothers who experience significant loss. Robinson (2000) names this disenfranchised grief. Harvey (2002) argued that support and disenfranchised grief are related; if a loss is not easily and openly acknowledged then the avenues for social support are blocked. A link has been demonstrated between a lack of support and subsequent psychological distress and poor adjustment to the relinquishment (Davidson, 1994; Field, 1993; Logan, 1996; McNiece, 2006). Winkler and van Keppel (1984) found that a lack of support was directly related to a decrease in psychological wellbeing. McNiece (2006) and Brodzinsky (1992) both found that birthmothers who felt supported felt less grief. The absence of any rules, rituals and condolences particular to adoption, means that people have difficulty offering appropriate forms of assistance to the women who are trying to cope (Wortman & Silver, 1989).

***Anticipatory grief and choice.***

Anticipatory grief or “grieving that occurs prior to the actual loss” (Worden, 1982, p. 108) is available to the relinquishing mother. As she voluntarily and consciously decides to relinquish her child the work of grieving for her child could begin. However, Harvey (2000) believes that while prior knowledge of bereavement

may reduce the shock he doubts that prior knowledge makes much difference to the overall grief process in the long run.

In adoption, the anticipatory grief may be complicated by the very mechanism that allows for prior knowledge, that is, the choice. What happens to the grief process when the loss is notionally your choice? While control is generally associated with an increased ability to cope and accept loss (Harvey, 2002), the control in this instance would be complicated by ambivalence.

At a secondary level, Lauderdale and Boyle (1994) found the birthmothers choosing open as opposed to closed adoption, found that the opportunity to choose created a sense of control that was associated with a higher degree of acceptance of the loss.

### ***Birthmothers and open adoption***

Despite the methodological shortcomings inherent in the adoption literature, U.K. researchers Logan and Smith (2005) reported that, in general, studies have supported the belief that openness benefits the birthmother.

Early studies suggested that relinquishing mothers are less psychologically distressed and may be assisted to cope with their grief when placements have some form of openness (Iwanek, 1987; Dominick, 1988). De Simone (1996), Winkler and van Keppel (1984) and Logan (1996) found that a contact event had assisted birthmothers in processing and diminishing their sense of loss. Open adoption helped alleviate concerns about the appropriateness of the relinquishment decision due to evidence of the child's wellbeing (Lancette & McClure, 1992; Cushman, Kalmuss &

Namerow, 1997; Grotevant & McRoy, 1998). Triseliotis and Hall (1984) found that the provision of openness relieved the relinquishing mother's anxiety with regard to future information about the child's wellbeing. They stated that it was important for the birthmother to always know the whereabouts of their children and to know they were settled. Lauderdale and Boyle (1994) found that while all the relinquishing mothers in their study experienced a sense of shame and loss, the women who had chosen open adoption felt more supported and more in control of the process. The women also reported feeling more at peace with the decision and believed they were giving a gift to the adoptive parents. Neil (2003) found that contact grounds the relinquishment in reality, contributing to the birthmother's acceptance that the adopters are the social and psychological parents.

Gross's (1993) meta-analysis of the five studies on open adoption completed at the time (121 adoptions, various levels of openness, infants to 11 years old) found that,

“the most striking parallel among these five studies is the generally positive tone of the researchers' conclusions about the success of these open adoptions for both biological and adoptive parents. Every study reports a preponderance of both sets of parents who view their openness favourably...Basic overall satisfaction, however, does not mean that openness is without problems. Among these are the continuing pain felt by biological parents...Belbas encapsulates what appears to be the source of these troublesome aspects of openness in her conclusion that ‘openness is a complicating factor, emotionally’” (p. 273 - 4).

The ‘complications’ are revealed in other studies. Brodzinsky (1992) did not find a relationship between degree of openness and grief. He found a significant association between satisfaction with the openness and grief with mothers who reported

higher levels of satisfaction with contact reporting lower levels of grief. Brodzinsky (1992) argues that it is the meaning of an experience to an individual that is important not the intensity or frequency of that experience.

For McNiece (2006) birthmother satisfaction with contact was not directly related to the type of contact they have; rather, she found a relationship with contact frequency, whereby those having the highest frequency of direct contact were among those least satisfied. This counter-intuitive result suggests there is a complicated response to the post-adoption situation for some birthmothers with direct contact. Moreover, birthmothers with no contact tended to show fewer grief symptoms than those who had some form of contact, supporting the contention of closed adoption. McNiece (2006) postulates that the results may be due to birthmothers participating in more access than they wish for altruistic reasons, or that, through contact they are looking to resolve some aspect of the relinquishment or the ongoing relationship, and that this produces painful responses.

When Rice and McNiece (2006) administered The Grief Experience Inventory (Sanders, Mauger & Strong, 1979) to 30 Australian relinquishing mothers they found that the level of grief experienced at the time of the relinquishment was related to the level of grief reported at the time of the study, a mean difference of 11 years later; that is, women with the highest levels of grief at relinquishment remained those with the highest levels of grief at the time of the study. Thus, initial grief may be indicative of the degree of grief the birthmother may continue to feel throughout her life. However, the study was not longitudinal. Rather the results were gathered retrospectively and, as such, may reflect a retrospective bias.

When Blanton and Deschner (1990) administered The Grief Experience Inventory (Sanders et al, 1979) to 59 relinquishing mothers (18 in open adoptions; 41 in closed adoptions) they found that relinquishing mothers involved in some form of openness reported more positive feelings about the adoption. However, birthmothers involved in open adoption also reported feeling more socially isolated, experienced more physical problems, felt more despair and more dependence on others, than those mothers in the closed group, as measured by The Grief Experience Inventory. That is, while the birthmothers reported feeling positive about the adoption they were experiencing a significant number of grief symptoms, suggesting that there may be an intensification of felt grief when face-to-face contact takes place. Blanton and Deschner (1990) went on to compare their findings to normative data for parents whose child had died and they found that the relinquishing mothers had a higher incidence of grief symptoms than those whose child had died.

Rice and McNiece (2006) found that while birthmothers' manifested grief symptoms they also reported reasonably positive satisfaction with their life. This finding suggests a certain ability to separate out the different dimensions of life, an ability to contain the flow of negative affect. McNiece (2006) postulates that the birthmothers in her sample may have learnt to "live" with their loss and the attendant pain, adapting to, or accommodating, the grief in their lives, rather than "work through it", "accept it" or "get over it". This result raises questions about the resolution of grief in relinquishment. Grief theorist, Harvey (2002) contributes; "I do not agree with the popular wisdom that we should seek closure...I think that the best we can do is to learn to live with loss. It transforms us, and we learn new meanings through it" (p. 5).

Henney, Ayers-Lopez, McRoy and Grotevant (2007) concur:



“Must the birthmother show no signs of suffering or sadness regarding the placement for her to have resolved her grief, or is this perhaps a misunderstanding of the nature of birthmother grief? Can we truly expect the loss of a child to adoption to be ‘resolved’ in this sense or will the resolution look different – like birthmothers who are still sad and perhaps remorseful, but who have built a ‘safe place’ for that grief in their lives?” (p. 888).

Henney et al (2007) verify the complexity of the effect of openness on birthmother grief. In analysing the extensive data being gathered in the Minnesota Texas Adoption Project they found that, while in terms of grief resolution many birthmothers do very well in open adoption (more than a quarter of birthmothers expressed no lingering feelings of grief and loss), a greater amount of openness is not a universal panacea for birthmother grief. Satisfaction with the level of openness is a more cogent predictor, with greater feelings of satisfaction with the level of openness associated with lower levels of grief across all levels of contact. The authors suggest that some birthmothers who were still experiencing the negative affective states associated with prolonged grieving were not, or could not be, satisfied, notwithstanding the level of openness they had. This minority (13% reported high levels of grief feelings) could not resolve their loss in the context of an ongoing relationship with the adoptive family. At the same time, this minority could not resolve their loss without the opportunities for information or contact.

Brodzinsky (1990) found that during the early relinquishment period birthmothers tended to report a powerful sense of loss and isolation and that these feelings accompany both closed and open adoptions. It appears these feelings are potentially unavoidable. Openness in adoption is not a panacea for grief resolution.

## *Minnesota-Texas Adoption Project*

The Minnesota-Texas Adoption Project is an ambitious and significant study of modern American adoption. It is the largest adoption study ever conducted and involves personal interviews and standardised questionnaires with adoptive parents, birth parents and adopted children experiencing a range of post adoption contact, who are being followed longitudinally. Between 1987 and 1992 the Project interviewed 190 adoptive fathers, 190 adoptive mothers, 171 adopted children (mean age 7.8 years) and 169 birthmothers. A second wave of interviews took place between 1995 and 2000 with 162 adoptive fathers, 173 adoptive mothers, 156 adopted adolescents (mean age 15.7 years) and 127 of the original 169 birthmothers. Interviews with the birthmothers were conducted over the phone following a semi-structured format covering birthmother adjustment to the adoption decision, changes in openness, their relationship with the adoptive parents and their relationship with the adopted child/adolescent.

Adoptive families and birthmothers were recruited through 35 private adoption agencies across all regions of America, which averages to between four or five birthmothers per agency at Wave 1. The sample intentionally did not include trans-racial, international, or special needs placements so that the clearest possible conclusions about openness could be drawn. Openness was conceptualised along a spectrum involving differing degrees and modes of contact and communication between adoptive family members and birthparent/s. Four major categories emerged:

1. Confidential adoptions, no information exchanged after 6 months post placement (W1: n=52 birthmothers, W2: n=31 birthmothers).

2. Mediated stopped adoptions, information was exchanged through the agency but had stopped by time of interview (W1: n=18 birthmothers, W2: n=29 birthmothers).
3. Ongoing mediated adoptions, continuing information exchange through the agency (W1: n=58 birthmothers, W2: n=23 birthmothers).
4. Fully disclosed adoptions, direct information exchange between adoptive parents and the birthmother usually accompanied by face-to-face meetings (W1: n= 41 birthmothers ongoing, n=2 birthmothers stopped, W2: n= 43 birthmothers ongoing, n=1 birthmother stopped).

Of note, significant changes in openness occurred between placement (4 - 9 weeks of age) and the first wave of interviews. Almost two-thirds of the eventually fully disclosed adoptions began as mediated (51%) or confidential (15%), with trust and mutual respect cited as the catalysts for the exchange of identifying information.

Overall, 50 of the 127 birthmothers (39.4%) experienced a change in openness category between Wave 1 and Wave 2. Of these, 29 birthmothers (58%) increased and 21 (42%) decreased degree of openness. Even if there was no change in category, most birthmothers experienced some fluctuation within their category (frequency, person contacted, mode of contact) over the time period with only 13 birthmothers (10.2%) experiencing no changes of any type from time of placement to the child growing into an adolescent.

Satisfaction was correlated with the type of openness, with 52% of birthmothers in confidential adoptions being dissatisfied or very dissatisfied with their openness arrangement, while 79% in fully disclosed adoptions were satisfied or very satisfied. The primary satisfaction was getting to know the adopted adolescent and developing a

relationship with them (57%). No birthmother felt that they had no satisfaction with contact and only one fully disclosed birthmother was dissatisfied or very dissatisfied. Understandably changes in level of openness were also related to level of satisfaction, with stability in openness type producing 58% of satisfied and very satisfied birthmothers. Fifty-two per cent of birthmothers who experienced a decrease in level of openness were dissatisfied or very dissatisfied with their current arrangement. Increases in openness produced a fairly even distribution across the satisfaction spectrum.

The study sought to understand which aspects of each openness arrangement were satisfying or dissatisfying. For those birthmothers in confidential arrangements, 35% reported no satisfactions. When a satisfaction was stated it was most frequently the belief that the adoptive parents are good people or good parents (19%). Not surprisingly, birthmothers in confidential adoptions considered their primary openness related problems to be worry about the adopted adolescent (52%) and having no (39%) or not enough (23%) information. These worries were generalised as worry about the adopted adolescents' wellbeing due to a lack of information, as opposed to a specific reason. A common fear was that if the adopted adolescent died or became seriously ill, the birthmother would not be told. The contemporary experience of closed adoption echoes the concerns of the 20<sup>th</sup> century birthmother in closed adoption.

Birthmothers in mediated, stopped adoptions most frequently mentioned the letters and information they had received in the past as the most satisfying aspect of their adoption (26%), and while some birthmothers were dissatisfied with the letters ceasing, the next most frequent satisfaction mentioned was feeling like this type of openness suited her best (23%). Birthmothers who believed that a mediated, stopped adoption was best for them were happy with the information they had originally received but felt they didn't need it anymore. Several used the term *closure*. Only one

birthmother felt she had no satisfaction with this openness arrangement. As with the birthmothers in the confidential adoptions, generalised worry about the adopted adolescent (23%) was a concern for birthmothers in mediated, stopped adoptions.

Eighty-two percent of birthmothers in mediated, ongoing adoptions most frequently reported satisfaction in knowing about the adopted adolescent's life, what goes on, milestones, interests. However, 41% reported that the adoptive parents had not upheld the contact agreement or wanted to stop the contact. In some cases the birthmothers were disappointed that the frequency of contact had declined. Others continued to write to the adoptive parents even though they had stopped responding. Birthmother responses ranged from acceptance to feelings of betrayal.

The 44 birthmothers in fully disclosed adoptions reported a total of 118 satisfactions in their openness arrangement. The primary satisfaction was getting to know the adopted adolescent and developing a relationship with them (57%). Also frequently mentioned was knowing what is going on in the adopted adolescent's life (45%), and knowing the adopted adolescent is alive and thriving (34%). No birthmothers in this category felt they had no satisfactions, however, only 32% of birthmothers in fully disclosed adoptions felt that this type of openness was best for them, suggesting that, while having the relationship was satisfying, it was not without personal difficulties.

Fourteen percent of birthmothers reported worrying about the adopted adolescent but these worries mostly stemmed from issues that they knew about, for example, difficulties at school. As with mediated, ongoing adoptions, interactions with the adoptive parents were a cause for some dissatisfaction. Eighteen percent of birthmothers in fully disclosed and paused/ongoing, mediated adoptions reported that

personality or parenting style differences created some issues for them in the adoption, as compared to 9% in stopped, mediated adoptions.

At Wave 2, a major conclusion of the Minnesota-Texas Adoption Study is that “change over the course of the adoption...in type, frequency, mode of contact and relationships seems to be the rule rather than the exception” (McRoy, Grotevant, Ayers-Lopez & Henney, 2007, p.186); and “the factors leading to satisfaction and dissatisfaction with adoption openness, or the lack thereof, are as varied as the life experiences of those involved in the adoption” (p. 176). While fully disclosed adoptions clearly elicit the highest number of satisfactions the researchers believe that the data suggest there is no one type of openness that fits everyone’s needs. Rather the authors recommend that level of openness should be decided on a case-by-case basis, that desired level of openness be a major matching criterion between birthmother and adoptive parents, and that all parties be made aware that changes in level of openness are to be expected over the course of the adoption. Thus, the personal qualities necessary for positive outcomes for the adoption triad are “empathic understanding, communication and collaboration in relationships” (McRoy et al, 2007, p. 187).

### ***Birthmothers***

In a culture that requires openness in adoption, makes reliable, cheap, safe contraception available and accepts single parenthood, who still decides to relinquish their child and what is that decision based on? When looking at the 87 locally born Australian children who were put up for adoption in 1997 - 98, Marshall and McDonald (2001) identified only one distinct group; young women who are temporary residents on student visas or on working holidays, from countries where a fatherless child would experience significant social disadvantage. Otherwise, there was no pattern. Each case

had its own unique reasons: existing children in the family, mental illness or drug addiction affecting one parent, limited opportunities for the child or the need to pursue education or career plans. Whatever the reason,

“workers observe that a woman considering adoption in the current climate is doing so under strong emotional pressure not to surrender her child.... No matter how well considered and responsible may be a decision taken in her own interests and those of her child, she is likely to find that she must bear, in addition to her inevitable grief and doubts, the burden of gratuitous criticism and lack of understanding” (Marshall & McDonald, 2001, p. 74).

Regardless of the social mores operating at any given time relinquishment provokes condemnation.

In a retrospective study attempting to identify the social-demographic determinants of choosing adoption over parenting, Chippendale-Bakker and Foster (1996) found that women who chose adoption have: uninvolved parents, live in a transient situation, receive no prenatal intervention and are referred post-natally to adoption services by the hospital. Anecdotally, they also reported the overuse of drugs or alcohol in a high proportion of the women who chose adoption. The presentation is of women who are isolated, unsupported and prone to the maladaptive comforts of addiction. Summarising the reasons given by birthmothers to proceed with an adoption plan, Chippendale-Bakker and Foster (1996) state that most “do so out of a belief that it will offer a better life for their child than they are able to provide” (p. 341).

While investigating birthmother grief, Davidson (1994) found an association between lack of grief resolution and birthmother family of origin issues. “The

remarkable themes regarding participants' families of origin were patterns of alcoholism, emotional and physical and sexual abuse, rejection, having jealous and domineering mothers, as well as quiet, passive, and yet, sometimes supportive fathers" (p. 6). Again, birthmothers are presented as emerging from difficult backgrounds.

In 2006, in America, approximately 14,000 children were voluntarily placed for adoption, approximately half of those with non-relatives. Like Australia, the profile of the contemporary birthmother no longer upholds the stereotype of the young unwed girl of the 20<sup>th</sup> century. The Evan Donaldson Adoption Institute (2007) reported that less than one quarter of 21<sup>st</sup> century birthmothers are teenagers and the "predominant profile is women in their early to mid 20's who are just becoming independent from their parents, and single women with other children who believe they can not manage parenting another child at this point" (p. 6).

Despite the social changes afforded women in the late 20<sup>th</sup> century, Yngvesson (1997) still places the birthmother within the prevailing patriarchy, where the option of adoption is being considered in a context where the unmarried mother (still) constitutes "a social problem...chaotic, disruptive, asocial...The *kind* of chaos she represents differs according to her race, her class, her age" (p. 37). In support of her point, Yngvesson (1997) quotes a 1993 editorial from the Wall Street Journal, where journalist Charles Murray, described illegitimacy as "the single most important social problem of our time – more important than crime, drugs, poverty, illiteracy, welfare or homelessness because it drives everything else" (p. 39).

### ***The current study***



The existing literature goes some way toward describing the changing picture of whom voluntarily relinquishes a child, under what circumstances and for what reasons. However, the literature also demonstrates that historically, relinquishment is a reflection of the prevailing social environment and, as such, subject to change. The decreased use of adoption in the late 20<sup>th</sup> and early 21<sup>st</sup> century has seen a devolution of stereotypes and an increasing elusiveness around predictive factors. The current study aims to describe the experience of Australian (Victorian) relinquishing mothers during the late 20<sup>th</sup>, early 21<sup>st</sup> century, along various dimensions: demographic, personal history, level of grief, current mental state and attitude to adoption. This will allow the study to develop a formulation of the birthmother context and experience.

The existing literature also goes some way toward describing the conditions that best serve contact. At the very least contact is acknowledged as complex changeable and requiring case-by-case formulation. However, specific descriptions of how contact is best managed are also elusive. Moreover, the Victorian context is unique and has specific conditions that do not exist in the other Australian states; that is, the type and frequency of contact are written into the Adoption Order. The social/legal construct of mandated contact is presumed to be progressive and positive. However, the effect of this on the birthmother experience is unknown. The study will investigate its effect on the birthmother experience of contact.

### ***Research questions***

A formulation of the relinquishment and contact experiences of the birthmother will be generated via the following research questions:

1. What is the contemporary context of relinquishment, that is, who relinquishes their child and why do they relinquish?
2. Who is the Victorian birthmother in terms of level of grief, childhood dysfunction, current mental health and attitude to adoption?
3. What is the nature of the grief experienced through relinquishment?
4. Which conditions of contact are beneficial and which conditions compromise contact?
5. What is the effect, if any, of the legislated right to contact?

### *Specific Aims*

Data addressing the research questions will be generated via multiple methods outlined in the following specific aims and described in detail in the Method chapter:

1. To measure the grief experience, contemporary and retrospective, with The Impact of Events Scale (Horowitz et al, 1979) of women who have relinquished their child for adoption since 1984.
2. To adapt the Delighted Terrible Scale (Andrews, 1976) and measure relinquishing mothers' satisfaction with contact, the adoption and life in general by asking the following:
  - i. How do you feel about the contact you have with your adopted child?
  - ii. Overall, how do you feel about the adoption of your child?
  - iii. All things considered, how do you feel about your life?

The adaptation and use of the Delighted Terrible Scale (Andrews, 1976) to measure relinquishing mothers' satisfaction with contact, the adoption and life in general, was included to allow the study to make links between the descriptions of the experience of the adoption and contact and expressed satisfaction with it.

3. To describe qualitatively, via data gathered through a semi-structured interview, the experience of women who have relinquished their child for adoption since 1984 in relation to:

- (i) Demographic factors: age at relinquishment, children before and/or after relinquishment, partner, counselling or psychiatric help, previous or subsequent losses and relationship with their own mother.
- (ii) The relinquishment process, that is, reasons for relinquishment, perceived level of choice, mother's attitude, perceived qualities of a "good relinquishing mother" and choosing the family.
- (iii) The type and frequency of contact they have with the child.
- (iv) The quality of the contact: description, exploration of the quality of relationships, definition of roles and rationale for contact.

4. To identify, via the interviews with the birthmothers, the conditions of contact that are beneficial and the conditions that are not.

5. To describe the population of birthmothers in terms of current levels of anxiety and depression according to the Kessler Psychological Distress Scale (K10) (Kessler, Andrews, Colpe, Hiripi, Mroczek, Normand, Walters & Zaslavsky, 2002), and historically, in terms of adverse childhood experiences as

measured by the Adverse Childhood Experiences (ACE) questionnaire (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards Koss & Marks, 1998).

This will enable the study to make links between their histories and the experience of adoption and contact, and current level of psychological distress and the experience of adoption and contact.

The following chapter, Methods, describes the measures used and the method of data collection and data analysis. A chapter analysing the quantitative data follows this. The qualitative data is then divided into three chapters: firstly focussing on the relinquishment, secondly the contact, and finally the matrices of qualitative data from which a theoretical statement about the experience of relinquishment and contact was distilled. This is followed by the Discussion including the limitations of the study and recommendations.

# Method

## *Definition of openness*

Historically, definitions of openness have not adhered to an international standard. Hughes (1995) comments that a review of the literature reveals that the term is conceptualised inconsistently, undermining the rigour of conclusions drawn about open adoption.

However, Baran and Pannor (1990) asserted that “the practice of open adoption begins with the first contact of both the prospective adoptive parents and the birthparents” (p. 318). Blanton and Deschner (1990) concur and add, “although various degrees of openness have been practiced, professionals in the field agreed that actually meeting the adoptive parents appeared to make the crucial difference to the biological mother” (p. 527).

One explanation of the lack of definitional consistency may be the developmental variations that one could reasonably expect as the needs of each of the parties ebb and flow over time. Grotevant and McRoy’s (1998) Minnesota-Texas Adoption Research Project defined openness as “a spectrum involving differing degrees and modes of contact and communication between adoptive family members and a child’s relinquishing mother...subject to change over time” (p. 2). More specifically, Grotevant and McRoy (1998) proposed a continuum of openness. At one end is ‘confidential’ adoption where minimal information is exchanged between families before placement only; ‘mediated’ adoption is the same exchange of information but mediated via the adoption agency; ‘fully disclosed’ adoption involves direct communication between the families and identifying information is exchanged.

Mediated and fully disclosed arrangements are further defined through the dimension of time; that is, contact has ceased or is ongoing.

Rice and McNiece (2006) determined that the Victorian context produced four types of contact: no contact, agency only contact, agency mediated contact combined with direct contact and direct contact only. The current study found that descriptions of contact were complex, changeable and could not easily fall into a small number of discrete categories.

### ***Demographic data***

In an attempt to describe the population of the study, demographic data was gathered including: age, marital status, employment, nationality, age at birth and adoption status. And, in an attempt to contextualise the experience of the relinquishing mothers, and to anchor the narratives of their psychological histories, the study also administered two short questionnaires: the Kessler Psychological Distress Scale (K10), and the Adverse Childhood Experiences inventory (ACE). Please see the Measures section below for details.

### ***Measures***

#### ***The Impact of Events Scale (IES) (Horowitz, Winer & Alvarez, 1979)***

The Impact of Events Scale (IES) (Horowitz et al, 1979, Appendix A) is a broadly applicable self-report measure designed to measure subjective distress for any specific life event, currently, and retrospectively, for the time of the traumatic event. It is divided into two major response sets, identified as the most commonly experienced

symptoms associated with a traumatic event: intrusion and avoidance. Zilberg, Weiss and Zilberg et al (1982) observed that people oscillate between an avoidance or denial of the event, and the event intruding on and interrupting their functioning. Avoidant processes enable the person to pace the flow of distressing information and emotions. Intrusive mental processes, that is, excessive alertness and sensitivity to the environment and persistent, repetitive thoughts, feelings and behaviour related to what has been lost, enable the reality of the loss to be eventually recognised by the individual. The IES scale consists of 15 items, seven of which measure intrusive symptoms (intrusive thoughts, nightmares, intrusive feelings and imagery) and eight tap avoidance symptoms (numbing of responsiveness, avoidance of feelings, situations, ideas). Combined they provide a total subjective stress score. Respondents are asked to rate the items on a 4-point scale according to how often each occurred at the time of the event and how often they have occurred in the past seven days. The four points are 1 (not at all), 2 (rarely), 3 (sometimes) and 4 (often).

The IES is considered one of the earliest self-report measures of posttraumatic disturbance (Briere, 1979). It is an instrument that can be used for repeated measurement over a period of time due to its sensitivity and ability to monitor change.

### ***Delighted-Terrible Scale (Andrews, 1976)***

An adapted version of the Delighted-Terrible Scale (Andrews, 1976, Appendix B) will measure global levels of satisfaction. Three global satisfaction questions are included: satisfaction with the adoption, satisfaction with the contact and satisfaction with life in general.

### *Semi-structured interview*

A semi-structured interview will be conducted with the birthmother allowing for a directed discussion about the relinquishment and the contact (Appendix C).

Interviews are the most viable instrument available to probe and clarify responses about the relinquishment, since there are no standardised instruments (Grotevant, 2000).

Moreover, individual interviews are the recommended method for accessing deeper and more personal experiences (Morgan, 1996).

### *Kessler Psychological Distress Scale (K10) (Kessler, Andrews, Colpe, Hiripi, Mroczek, Normand, Walters & Zaslavsky, 2002)*

The Kessler Psychological Distress Scale (K10) (Appendix D) focuses on symptoms of anxiety and depression and will provide a snapshot of the relinquishing mothers' current psychological state. The 10-item K10 has a 5-value response option, with scores ranging from 10 - 50. The K10 allows the study to compare the women to the general Australian population as identified by the National Survey of Mental Health and Well Being (Andrews & Slade, 2001; Furukawa, T.A., Kessler, R.C., Slade, T. & Andrews, G., 2003) conducted in 1997. The general Australian female population had a mean score of 14.5 ( $p < 0.001$ ). People who score 0 - 15 have one quarter the population risk of meeting criteria for an anxiety or depressive disorder, and a remote chance of reporting a suicidal attempt in their lifetime. People who score 16-30 have a one in four chance (three times the population risk) of having a current anxiety or depressive disorder and 1% chance (three times the population risk) of ever attempting suicide. People who score 31 - 50 have a three out of four chance (ten times the population risk) of meeting criteria for an anxiety or depressive disorder and 6% chance (20 times the population risk) of attempting suicide.



*Adverse Childhood Experiences (ACE) questionnaire (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards Koss & Marks, 1998)*

The Adverse Childhood Experiences (ACE) questionnaire (Appendix E) is a 19-item survey that assesses eight categories of adversity, that is, abuse or household dysfunction in childhood.

Three categories of childhood abuse are included: emotional abuse (2 questions), physical abuse (2 questions) and sexual abuse (4 questions). Five categories of exposure to household dysfunction during childhood are included: exposure to substance abuse (2 questions), mental illness (2 questions), violent treatment of mother or stepmother (4 questions), criminal behaviour in the household (1 question) and parental absence, that is, separation/divorce/death (2 questions). Respondents are defined as exposed to a category if they respond “yes” to 1, or more, of the questions in that category. The categories generally present in multiples; that is, children living with an adult who has a mental illness or a problem with substance abuse may also be exposed to a form of abuse. The measure of childhood exposure is the sum of categories with an exposure, ranging from 0 (unexposed) to 8 (exposed to all categories).

The current study will include the death of a parent in childhood (1 question) because previous significant losses may be linked to subsequent responses to loss. Lloyd (1980) found that childhood loss of a parent increased depressive risk as an adult by a factor of two to three. Kendler, Neale and Kessler (1992) also found a weak, but significant, association between childhood loss of a parent and the risk of major depression in adult life. The study has also included exposure to pornography or live

sex as a form of sexual abuse, due to the adverse effect these events can also have on a child ([www.cief.ca/pdf/harmpornography.pdf](http://www.cief.ca/pdf/harmpornography.pdf)).

In general, “high levels of exposure to adverse childhood experiences would expectedly produce anxiety, anger and depression in children” (Felitti et al, 1998, p. 16).

While the data generated through the K10 and ACE relies on self-report and are retrospective, these measures provide points of reference of psychological health throughout the lifespan of the birthmothers.

### ***Data collection***

The Human Research Ethics Committee of Victoria University granted approval for the study from 7 June 2007 to 31 December 2009.

The Victorian Adoption and Permanent Care Association (VAPCA) granted ethics approval for the study in August 2007. VAPCA is a committee of the non-government Adoption and Permanent Care agencies of Victoria. Centacare (the state wide Catholic Family Service) and the Connections’ Adoption and Permanent Care team for the Southern metropolitan region (an amalgamation of four former services: Copelen Street Family Services, Canterbury Family Centre, Wheelers Hill Family Centre and Grassmere) constitute the largest institutions offering adoption services and they became the primary source of participants.

The study interviewed 15 women between 19 July 2007 and April 2008. The dates of relinquishment fell between 1985 and 2006; therefore all subjects relinquished

their child after the Adoption Act 1984 mandated the practice of open adoption in Victoria.

From the outset, recruitment was considered the most pivotal, fascinating and challenging aspect of the study. Previous direct study samples are small and the concurrence of a long history of secrecy, social invisibility, powerlessness, shame and psychological pain combine to produce a population of hidden women who have legitimate reasons to remain so.

However two factors provided an effective springboard: access to the McNiece (2006) study sample and my work history in the Southern metropolitan Adoption and Permanent Care Program at Connections, and the ensuing professional relationships. I had left that position in October 2005 and was not in any contact with previous clients. No potential research participants were in a dependent relationship with me.

The McNiece (2006) study surveyed, via mail, 30 Victorian birthmothers who had relinquished a child post the Adoption Act 1984. At the time they were asked to indicate their willingness to be interviewed, however this did not take place. On 27 June 2007, McNiece sent two letters to the 10 women who had given permission to be contacted four years earlier, one re-introducing herself and a letter introducing the current study (Appendix F). Two women responded, both by email. In my excitement I sent an enthusiastic reply to the first respondent articulating my delight that she had agreed to be interviewed. I never heard from her again. It was my first lesson in how to proceed. I had responded from my own viewpoint, on how it had affected me. I had not sufficiently acknowledged the import or gravity of what she was agreeing to. I had responded like an inexperienced undergraduate and she had every reason to distrust me with her story.

I adjusted my tone and successfully made arrangements with the second respondent.

Centacare sent 71 letters to potential participants (Appendix G). Program manager, Ms Vicki Shannon, personally authorised all dispatches. Five women responded to the letter, four of whom were interviewed. Ms Shannon also directly approached women she was in continuing contact with or who had serendipitously contacted the agency. Five women were recruited through a direct request from Ms Shannon. Once they had agreed verbally she sent an introductory letter to them. Altogether, nine participants were recruited through Centacare.

Connections' acting Program Manager, Ms Frances MacAloon, was reluctant to send letters 'cold'. She requested her team approach women they had worked with and who they judged would be interested. This decision was premised on the woman's openness to agency involvement during the relinquishment. Three women were recruited through the social workers at Connections. Six letters were sent 'cold' and received no response (Appendix G).

One participant was recruited through our previous working relationship. I had been her adoption worker three years earlier. At the completion of her relinquishment she had offered to talk about her experience to interested parties. Although I had not had any contact with her since the relinquishment I contacted her through a text message and she responded immediately.

One participant was recruited through a Letter to the Editor in the Sunraysia Daily, which is delivered in the Mildura district. This participant recruited another participant that she was in contact with.

On the 30 October 2007 I met Ms Maureen Cleary, the CEO of VANISH, the community based adoption search and support organisation. On approval from the VANISH Board she hung a flyer in the offices and published an ad in their newsletter (Appendix H). No participant was recruited through VANISH.

The essential skills developed through recruitment were patience and pacing. In up to half the circumstances I knew a verbal approach had been made and a letter had been sent. I was expecting them to respond immediately, however no participant did this. It could be up to three weeks later. Once contact had been made I did not necessarily launch into making arrangements. When people made contact I acknowledged that but let them lead. Despite my moderated responses three participants cancelled the first arrangement we had made. I did eventually interview all three. I had to cancel one arrangement due to illness. She did not commit to another time and I never interviewed her. One participant who had received a letter 'cold' in the mail took six months to make contact.

During the initial contacts some women were curious about the project and I clearly stated my evaluation of the significance of the project and their contribution. The ensuing discussions provided an opportunity for them to announce their motivation. One participant was surprised to learn that Victoria was the only state with mandated contact and she stated that, "if my experience can help them change other states that would be...I don't know...but if I can help". Another stated that she had agreed to participate "because it made me feel important". The motivation to participate was mostly expressed in altruistic terms, such as, "happy to help", or "if talking can help others". If the therapeutic benefit was commented on it was after the fact with some women believing that they had learnt something through the experience; some expressed gratitude for the opportunity to be heard.

Before the interview began, participants read and signed a consent form (Appendix I). At completion of all interviews participants were given a list of agencies they could contact if they wanted to continue talking with someone (Appendix J). They were also informed that I would ring them in a week to see how they were going. A week later every woman described being exhausted by the process, some had felt “flat” for a few days. No one actively sought further engagement over the phone. One participant had wanted further contact involving interviewing her teenage adopted daughter, interviewing the adoptive parents, and, most ambitiously, using the transcripts to write a play. However, after the follow up contact she did not respond to further text and voice messages. Two other participants remained in casual email contact.

At completion of all interviews all participants were asked of their interest in receiving some written form of the outcomes of the study. Everyone said yes, with two women requesting to read the entire thesis.

Ten of the interviews took place in the participant’s home. Two were conducted in a public eating house, one at her work place, one at my work place, one at my home and one on the phone due to geographical distance.

### ***Data analysis***

The choice of gathering narrative material, via semi-structured interviews, and conducting a qualitative analysis, matched the current study on multiple levels. Pragmatically, the projected number of participants did not support a standard quantitative analysis. The systematic, yet reflexive, process of gathering rich data and performing analysis was found to be appropriate, given the aim of the study, as qualitative methods aim to produce a deeper knowledge about the experience (Patton,

2002). Moreover, a phenomenological, descriptive approach supports certain central assumptions of mine: that the women are reliable witnesses of their psychological experiences and that their perceptions of the experience are best able to illuminate the phenomena.

While the participants were recruited through slightly different methods, all participants self selected, so analysis to differentiate groups was not deemed necessary.

Epistemologically, the phenomenology of modern relinquishment is under researched and therefore open to theory generation. Grounded theory was deduced to be the best-fit qualitative approach; less because the primary data collection method was interviews, more because of the opportunity for data based theory development (Morse, 1994). As a unique and culturally diffident practice, voluntary relinquishment was petitioning to be contextualised and understood as a lived experience.

However, I acknowledge that analyses are social constructions. Abstracted understandings grounded in data are contextually and theoretically situated, and emerge from the researcher's interactions within the field and interpretations of the data (Charmaz 2005).

Questionnaire data was included to cover both a descriptive and statistical dimension. While there was never any belief that the quantitative data was adequate to generate generalisable statistics they were included to uncover any trends, and as a point of triangulation, to anchor and enrich the narratives. The questionnaire data was entered into SPSS for analysis.

Once the interviews were transcribed a content analysis was conducted by collating all the demographic data in order to describe the study participants. Then the answers to each question were hand written under the question heading and then analysed for the content and the emergent themes and patterns. Once these were established I constructed matrices to synthesise the content and attempt to form interpretative cells that would lead to a theoretical statement. At the very least, I wanted to be able to make a trustworthy statement about the experience of relinquishment and contact that was based in the data.

“Understanding the relationships among emergent categories is not intuitive” (Scott & Howell, 2008, p. 3). Strauss and Corbin (1998) suggest that grounded theorists work to “to uncover relationships among categories...by answering the questions of who, when, why, how and with what consequences...to relate structure with process” (p. 127). Scott (2004) translates these guidelines into a usable form through the establishment of matrices “for engaging those investigative questions to effectively form relational linkages that bridge from analysis to interpretation and theory generation in grounded theory research” (p.113). The first recommended matrix is a conditional relationship guide which answers the questions what, when, where, why, how and with what consequences each category occurs. A level of abstraction is achieved within the consequences.

This is followed by the construction of a reflective coding matrix, which develops a relational hierarchy and contextualises a core category or, central phenomenon, to which all other major and minor categories relate. Once a core category is identified all other categories become sub categories and core category descriptors: the properties, processes, dimensions, contexts and modes for understanding the consequences of the central phenomenon of interest. The method for



identifying the reflective coding matrix descriptors begins and, is contingent on, the relationships established by the conditional relationships guide.

The first step in constructing the reflective coding matrix was to sequentially write out the categories in the conditional relationships guide on index cards and place them under heading cards that seemed to describe the category, primarily based on the identified consequences. Five categories were identified: choice, low self-efficacy, management of loss, boundaries and denial. Certain content was placed in multiple categories. However these descriptors seemed stuck in content with little development of abstraction. Nevertheless, I felt I had a core category; that relinquishment is an ongoing process.

So I engaged in a process of going back and forth, in and out of the material. I re-read the Findings and conditional relationships guide and then attempted to develop a theoretical statement. Once I had written a statement of sorts I made headings from that and then cut up the conditional relationships guide and placed the categories under the headings. After a few adjustments to the statement and the headings I re-worked the reflective coding matrix with changes to four of the six headings, and changes throughout the matrix. I checked and re-worked the statement and the headings until I was satisfied all the data fitted and a satisfying theoretical statement was written.

## Quantitative results

### *Participants*

The study involved 15 birthmothers; that is, 15 women who had voluntarily relinquished their baby for adoption by a non-related family through a government Agency. The age of the participants at the time of the study ranged from 21 to 50 years old, mean age 35.5 years.

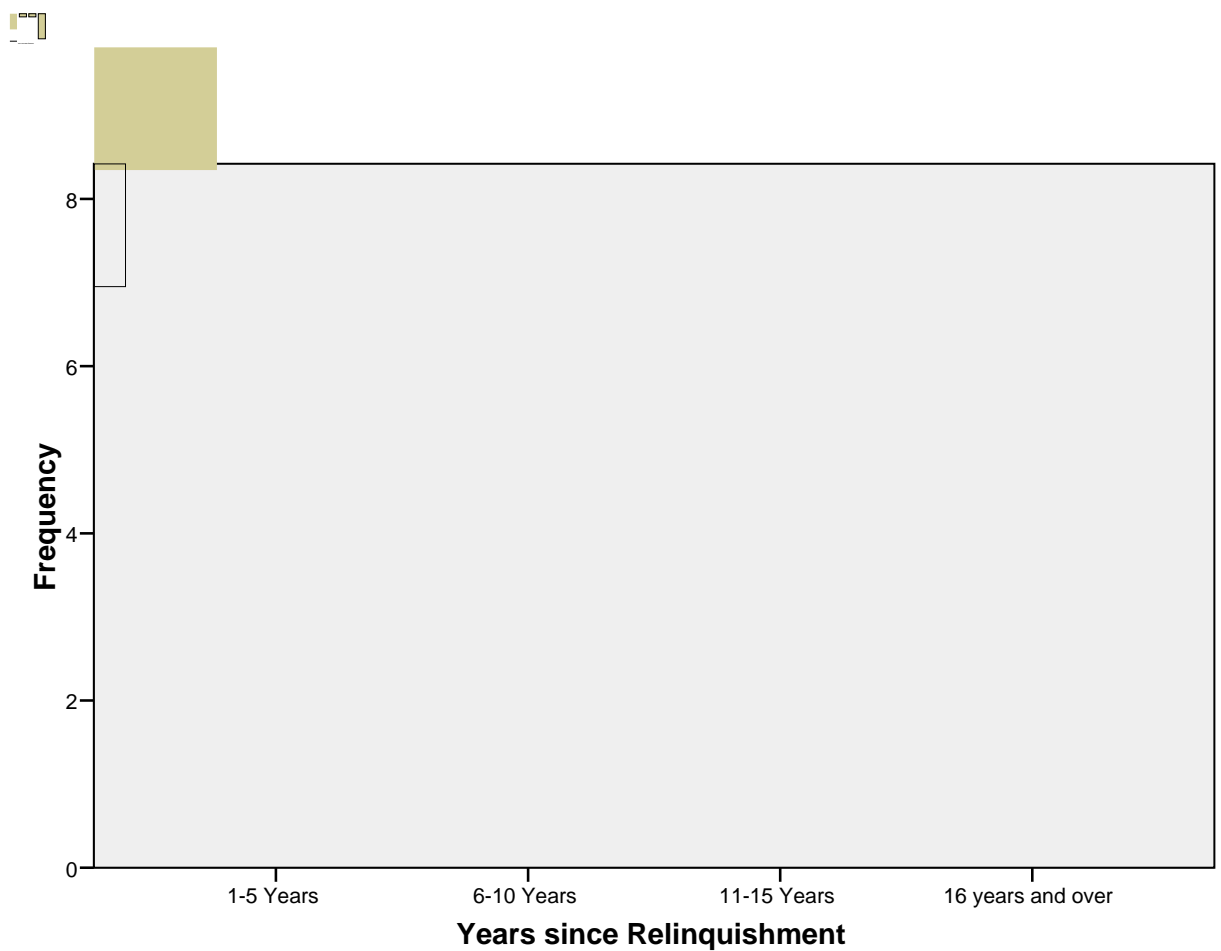
The age of the participants at the time of the relinquishment ranged from 16 to 30 years old, mean age 22.4 years.

The dates of the relinquishments ranged from 1985 to 2006, the spread forming two distinct clusters, with seven occurring between 1985 and 1989, and five between 2003 and 2006. Only three of the relinquishments occurred in the 1990's (1991, 1996 and 1999).

The mean amount of time between the relinquishment and the interview was 12.9 years ( $sd=7.776$ ). At the time of the interview, five of the relinquished children were five years old and under, eight of the relinquished children were over 16, with seven of those over 18. The oldest was 23 years old. Eight of the children relinquished were male and seven were female.

The following Figure represents years since the relinquishment at the time of interview.

Figure 1: Years since relinquishment at the time of interview



Only five of the birthmothers were married at the time of the study: eleven were in paid employment, ten lived in the metropolitan region of Melbourne and five lived in rural Victoria. While all the participants were Australian citizens, countries of origin ranged from the Philippines, Ireland, New Zealand, Macedonia and Sri Lanka. One of the participants had an intellectual disability, and one of the participants was addicted to heroin at the time of the relinquishment.

All original names of participants have been replaced by pseudonyms.

Table 2: Birthmother demographic data

	Age @ I/view	Age @ R/ment	Year of R/ment	Gender of Child	Location	Origin	Birthmother Adopted	Parental Status @ R/ment	Marriage Status @ Interview	Pregnancy Status @ Interview	Children Since R/ment
Wanda	40	17	1985	Female	Rural	Aust					3
Rita	27	22	2003	Male	Metro	Aust					
Anne	21	17	2003	Male	Metro	Aust					
Sarah	32	30	2006	Female	Metro	Aust		3			
Nancy	32	28	2003	Male	Metro	New Zealand		1			
Kym	33	17	1991	Female	Metro	Sri Lanka	Yes				
Betty	32	21	1996	Male	Metro	Macedonia				Pregnant	1
Karen	36	16	1989	Male	Rural	Aust			Married		1
Jacqui	37	17	1987	Female	Rural	Aust			Married		3
Jane	42	21	1987	Male	Rural	Aust		1			1
Gill	50	28	1985	Female	Metro	Aust			Married		2
Lois	48	28	1986	Male	Rural	Aust			Married		1
Arabella	42	23	1989	Female	Metro	Ireland					
Kirsty	26	24	2004	Female	Metro	Philippines	Yes	1	Married	Pregnant	
Trudy	35	27	1999	Male	Metro	Aust					

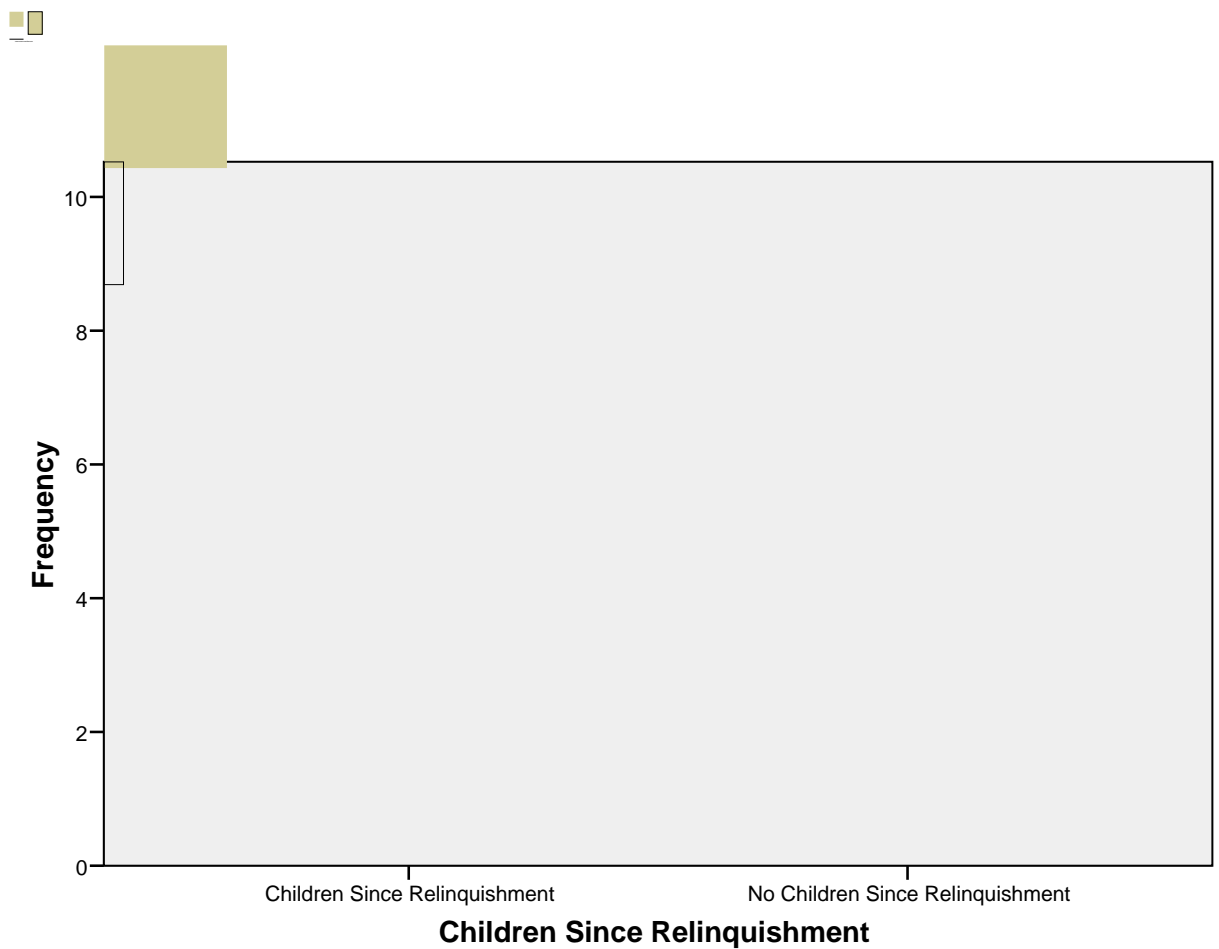
Two of the birthmothers had been raised outside their birth families. Due to poverty, the Filipina, had been informally adopted by her maternal aunt. The other birthmother had been abandoned at birth in Sri Lanka and lived in an orphanage till she was over three years old. She was then adopted by an Anglo Saxon family and brought to Britain and then Australia.

Four of the birthmothers had other children at the time of the relinquishment. The intellectually disabled birthmother had three previous children, none of whom were in her care. Her eldest child was living with his father and the remaining two had been involuntarily removed and placed in permanent care. Permanent care is a legal pathway to permanent alternative care but differs from adoption in that it involves: involuntary removal from the birth family due to protective issues, the child keeps their birth name and birth certificate, there is no automatic inheritance and the frequency of contact is generally set higher than adoption. The three remaining birthmothers were single parents with one child under two at the time of the relinquishment. All four birthmothers cited their existing children as one of the reasons for the relinquishment.

Six, or less than half, of the participants have gone on to have more children: two have gone on to have one more child, two have two more children, and two birthmothers have three more children. Two of the participants were pregnant at the time of the study.

Figure 2 shows how many birthmothers had children since the relinquishment.

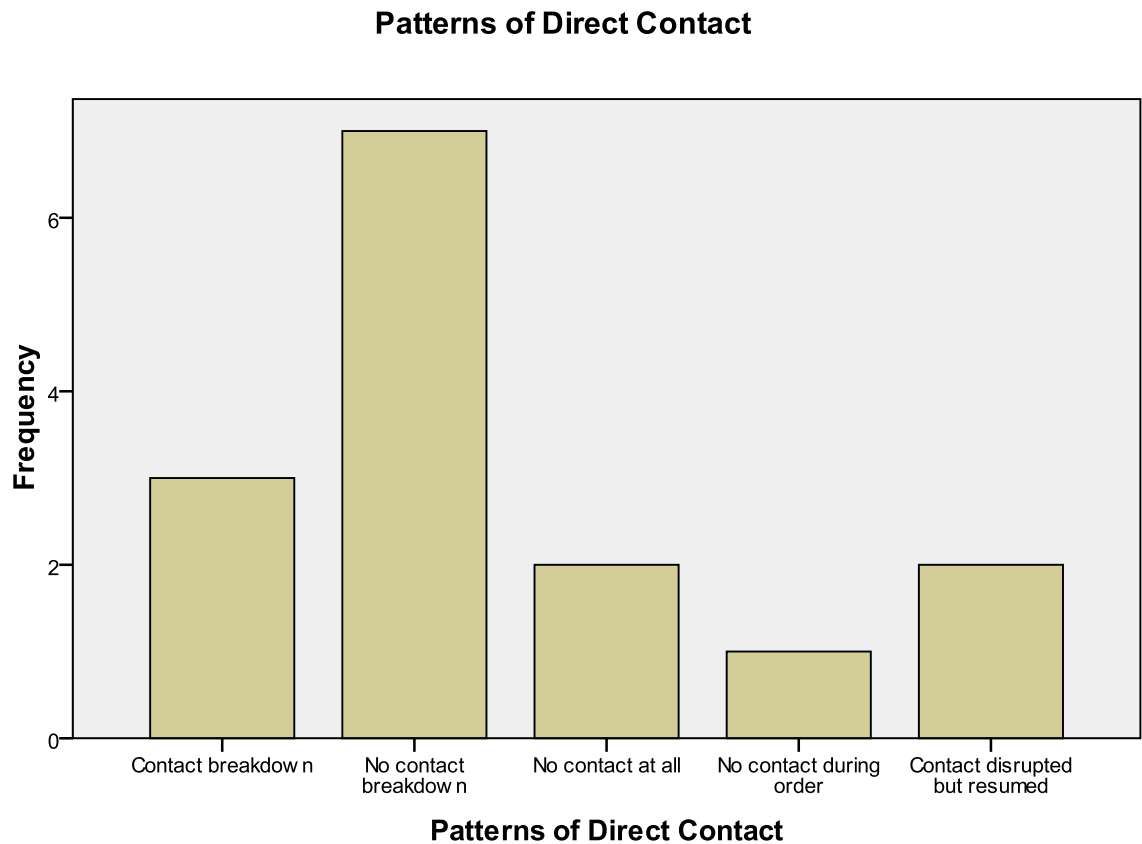
Figure 2: Children since relinquishment



The father of the relinquished child conceived none of the subsequent children. Only two of the birthmothers were still in a relationship with the father of the relinquished child, although in one of these cases it was a violent relationship and an Intervention Order was usually in place. The other couple live together and plan to have more children.

Figure 3 reveals the patterns of face-to-face direct contact between the birthmother and her relinquished child.

Figure 3: Patterns of face-to-face contact



Three birthmothers (20%) had complete breakdowns in their contact with their relinquished child. One of these was voluntary and at the instigation of the birthmother as a method of managing the psychological pain of seeing her relinquished child. The other two breakdowns were despite repeated requests for contact from the birthmothers.

A further two birthmothers had experienced temporary cessations of contact: one, due to dissatisfaction with the contact arrangement and the resultant conflict with the adoptive parents (contact had resumed during the life of the Adoption Order after a hearing in the Family Court, and she is now in independent contact with her adult daughter); the other was voluntary and due to the birthmother's feelings of betrayal and

vulnerability when the adoptive parents adopted a second child. This birthmother reported at the time of the interview that she was going to resume contact “soon”.

One birthmother, who was one of the two participants in the ‘no direct contact’ category, had information exchange written into the Adoption Order for the first ten years only. She got no response from the adoptive parents to her request for continued information exchange after the age of ten. At the time of the interview this birthmother was starting search proceedings for her now adult son. The other birthmother in the ‘no direct contact’ category had information exchange only, during the life of the Adoption Order, and periodically she had needed to put a temporary hold on that for psychological reasons. Since her relinquished child turned 18 she has had no information exchange or direct contact. Search procedures were not in place at the time of the interview.

The birthmother in the ‘no contact during the Order’ category had information exchange that, for the majority of the Order, had not been passed on to her relinquished child. She is now in face-to-face contact with her adult son. He sought her out as soon as he turned 18.

In total, eight birthmothers, or, over one half of the cohort, have had significant difficulties in maintaining contact, as stated in the Adoption Order, with their relinquished child. In the following chapters, the qualitative findings demonstrate a range of difficulties for birthmothers where contact was established and ongoing.

### ***Questionnaire results***

The following questionnaires were administered to the participants:



1. Kessler Psychological Distress Scale (K10) (Kessler, Andrews, Colpe, Hiripi, Mroczek, Normand, Walters & Zaslavsky, 2002) (Appendix D).
2. The Impact of Events Scale (IES) (Horowitz, Winer & Alvarez, 1979) (Appendix A).
3. Adverse Childhood Experiences (ACE) questionnaire (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards Koss & Marks, 1998) (Appendix E).
4. Delighted-Terrible Scale (Andrews, 1976) (Appendix B).

A range of descriptive statistics relating to the scores on these measure are presented in Table 3.

Table 3: Descriptive statistics of psychometric measures

	K10	Intrusion Past	Avoid Past	Total I & A Past	Intrusion Current	Avoid Current	Total I & A Current	Adverse Childhood	Satisfaction with Contact	Satisfaction with Adoption	Satisfaction with Life	Child since R/ment	Break down of Contact	
N	Valid	15	15	15	15	14	14	14	15	15	15	15	15	
	Missing	0	0	0	0	1	1	1	0	0	0	0	0	
	Mean	1.800	3.3333	2.666	3.400	2.500	2.214	2.571	2.1333	4.733	5.200	5.200	1.600	2.066
	Std. Error of mean	.1745	.27021	.2702	.1902	.2513	.2605	.2020	.5679	.5206	.5623	.2430	.1309	.2062
	Std. Deviation	.6761	1.04654	1.046	.7367	.9405	.9749	.7559	2.1995	2.01660	2.177	.9411	.5070	.7988
	Minimum	1.00	1.00	1.00	2.00	1.00	1.00	2.00	.00	.00	1.00	4.00	1.00	1.00
	Maximum	3.00	4.00	4.00	4.00	4.00	4.00	4.00	7.00	7.00	7.00	7.00	2.00	4.00

	N	Minimum	Maximum	Mean	Std. Deviation
K10	15	1.00	3.00	1.8000	.67612
Intrusion Past	15	1.00	4.00	3.3333	1.04654
Avoidance Past	15	1.00	4.00	2.6667	1.04654
Total I & A Past	15	2.00	4.00	3.4000	.73679
Intrusion Current	14	1.00	4.00	2.5000	.94054
Avoidance Current	14	1.00	4.00	2.2143	.97496
Total I & A Current	14	2.00	4.00	2.5714	.75593
Adverse Childhood Experience	15	.00	7.00	2.1333	2.19957
Satisfaction with Contact	15	.00	7.00	4.7333	2.01660
Satisfaction with Adoption	15	1.00	7.00	5.2000	2.17781
Satisfaction with Life	15	4.00	7.00	5.2000	.94112
Children Since Relinquishment	15	1.00	2.00	1.6000	.50709
Breakdown of Contact	15	1.00	4.00	2.0667	.79881
Valid N (listwise)	14				

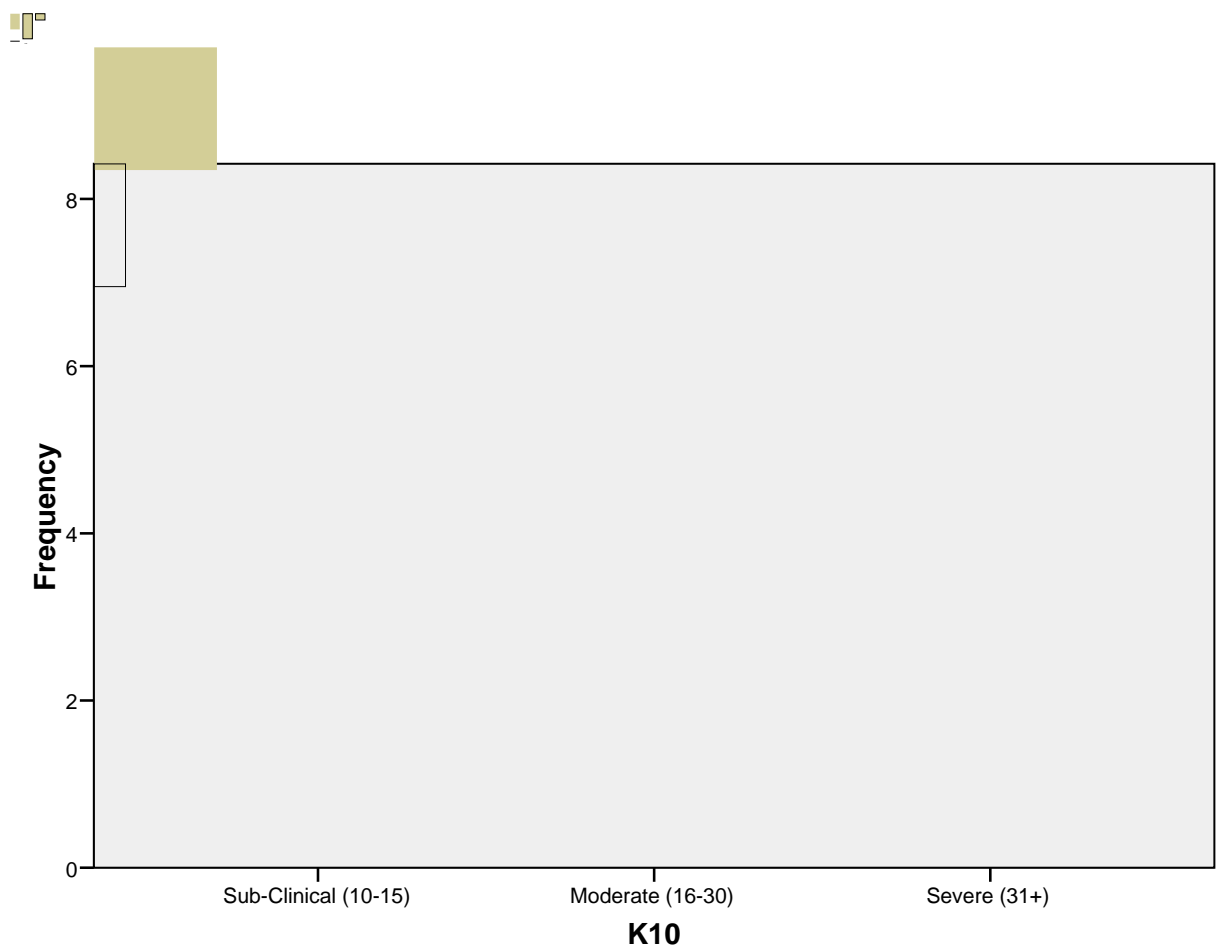
*Kessler Psychological Distress Scale (K10) (Kessler, Andrews, Colpe, Hiripi, Mroczek, Normand, Walters & Zaslavsky, 2002) (Appendix D)*

The K10 focuses on symptoms of anxiety and depression and provides a snapshot of the relinquishing mothers psychological state at the time of the interview. The 10 - item K10 has a 5 - value response range: 1 - none of the time, 2 - a little of the time, 3 - some of the time, 4 - most of the time, 5 - all of the time. Scores range from 10 - 50: with 10 -15, subclinical, 16 - 30, moderate and over 31, as severe. The K10 allows the study to compare the birthmothers to the general Australian population as identified by the National Survey of Mental Health and Well Being (Andrews and Slade, 2001; Furukawa et al, 2003) conducted in 1997.

In the general Australian population the K10 has a mean of 14.2 and a median of 12, with 68% of respondents scoring under 15 and 3% scoring above 30 (skew 2.2). The distribution, like all measures of psychological distress is heavily skewed (skew 2.2) and the majority of people report little or no distress. The mean for Australian females is higher than that for males: 14.5 vs. 13.9, ( $p < 0.001$ ).

Figure 4 reveals the test results on the K10 for participants in the current study.

Figure 4: Results for the Kessler Psychological Distress Scale (K10)



The mean birthmother score was 21.2, as compared to the general Australian female population mean of 14.5. The median score was 18, as compared to the general Australian female population median score of 12. One third, or 33.3% of participants scored under 15, compared to 68% of the general public, and 13.3% of participants scored over 30, compared to 3% of the general public. Overall, the sample population is skewed toward an elevated level of current anxiety and depressive symptoms.

Five birthmothers, or one third of the participants, scored in the subclinical (10 - 15), range of the K10. People who score 10 - 15 have one quarter the population risk of

meeting criteria for an anxiety or depressive disorder as identified by the Composite International Diagnostic Interview (CIDI), and a remote chance of reporting a suicidal attempt in their lifetime.

Eight birthmothers, or over half, scored in the moderate (16 - 30), range of the K10. People who score 16 - 30 have three times the population risk of meeting criteria for an anxiety or depressive disorder as identified by the Composite International Diagnostic Interview (CIDI), and a 1% chance (three times the population risk) of reporting a suicidal attempt in their lifetime.

Two birthmothers scored over 31 and they have a 75% chance (ten times the population risk) of meeting criteria for an anxiety or depressive disorder and 6% chance (20 times the population risk) of reporting a suicidal attempt in their lifetime.

The K10 measures subjective contemporary experience. A comparison with the interview material and narrative descriptions of the anxiety and/or depression experienced at the time of the relinquishment supports the longevity of a negative emotional state. All, except one, of the seven women who described during the interview an anxious and/or depressive reaction to the relinquishment were above the general female Australian population mean of 14.5 at the time of the interview. One was in the highest and most concerning category (>31).

The one birthmother who had reported psychological distress at the time of the relinquishment but was currently in the subclinical range (<15), had spoken of “feeling depressed” at the time of the relinquishment but had not required medical or psychological intervention. Additionally, the relinquishment had taken place 20 years prior and she had gone on to have three more children by the time of the interview.

Four women were currently above the general population mean but had not reported pathology at the time of the relinquishment. Two of these women were pregnant (the total number of pregnant women) at the time of the interview, suggesting that pregnancy may contribute to increased worries and/or negative feelings. Both women were planning on keeping the child. However, they also both reported current difficulties in accessing the relinquished child. For one there was a complete breakdown in the contact. The other described an internally conflicted response to the adoption of a second child by the adoptive parents, which had resulted in her not maintaining the contact arrangement. She felt this was temporary. The third birthmother who was currently above the general population mean but had not reported pathology as a result of the relinquishment (she was in the highest, severe and most concerning category, >31, of reported anxious and depressed feelings) also reported a breakdown in her contact arrangement with her relinquished child. The fourth birthmother who was currently above the general population mean but had not reported pathology as a result of the relinquishment had relinquished in 2003 and was successfully engaging in access four times a year.

Two birthmothers were in the severe category of reported anxious and depressed feelings at the time of the interview. Nancy, who relinquished in 2003, reported that she had suffered serious pre and antenatal depression for two years, which had resulted in the abuse of her first-born child, who is in her care. While she reported that she had recovered, she also reported a high level of current symptoms. While she was having regular access with her relinquished child, Nancy reported a series of difficulties negotiating and resolving the adoption relationships and she described a relationship with the adoptive parents where she felt judged, as well as, misled in their representation of themselves. Trudy, the second birthmother in the highest category of reported anxious and depressed feelings at the time of the interview, had not reported

psychological distress at the time of the relinquishment but she had been addicted to heroin at the time of the relinquishment and had remained so for the following five years. Drug use can obfuscate the felt experience of negative emotions and effect recall. There has been a voluntary stop to contact.

Of note, the women who reported the three highest scores on the K10, that is, Kym, 29 (high moderate), Trudy, 33 (severe) and Nancy, 43 (severe) were also women who had experienced sexual assault; two in their childhood, and Kym, who had been raped as an adult. Two of these women also spoke about emotional and physical abuse in their childhood. A history of childhood sexual abuse, and concomitant factors like neglect and physical abuse, have been correlated with clinical depression in adulthood. (Bifulco, Brown & Adler, 1991; Mullen, Martin, Anderson, Romans & Herbison, 1993). However, two other participants also reported childhood sexual abuse and their K10 scores were moderate, but not severe, at 25 (Betty) and 23 (Karen) respectively. Kirsty, who had also been raped as an adult, had a low moderate score of 17.

In order to ascertain whether there was a difference in current symptoms of depression and anxiety for participants who have had children subsequent to the relinquishment compared to those who have not, an independent sample t-test was conducted.

Table 4: Independent sample t-test of the K10 and children since relinquishment

Group Statistics					
	Children since Relinquishment	N	Mean	Std. Deviation	Std. Error Mean
K10	Children Since Relinquishment	7	1.5714	.53452	.20203
	No Children Since Relinquishment	8	2.0000	.75593	.26726

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
K10	Equal variances assumed	.002	.961	1.249	13	.234	-.42857	.34313	-1.16986	.31272
	Equal variances not assumed			1.279	12.517	.224	-.42857	.33503	-1.15521	.29806

At  $t = -1.249$ ,  $13df$ ,  $p = .234$ , there is not a significant difference in current symptoms of depression and anxiety for women who had children subsequent to the relinquishment compared to those who did not.

In order to ascertain whether there was a relationship between current symptoms of depression and anxiety and the length of time elapsed since the relinquishment, a test of correlation was conducted.



Table 5: Correlation of years since relinquishment and the K10

Correlations			
		Years since Relinquishment	K10
Years since Relinquishment	Pearson Correlation	1	-.415
	Sig. (1-tailed)		.062
	N	15	15
K10	Pearson Correlation	-.415	1
	Sig. (1-tailed)	.062	
	N	15	15

At  $r = -.415$ ,  $p = .06$ , there is an inverse relationship between current symptoms of depression and anxiety and the length of time since the relinquishment such that the longer the time since relinquishment the lower the scores on the K10, however this trend just fails to reach statistical significance.

The results of the K10 suggest that this population of relinquishing birthmothers experience ongoing and elevated symptoms of anxiety and depression above the Australian national female average; and this is not significantly related to whether the birthmother has had subsequent children or not. However, the symptoms of depression/anxiety do appear to be ameliorated by the number of years that have passed since the relinquishment. While most of those experiencing current depression/anxiety symptoms also reported symptoms at the time of the relinquishment, contributing factors like pregnancy or contact breakdown/conflict (which are psychologically connected to the relinquishment) were also implicated. Moreover, a context of sexual abuse is evident for those with the most elevated scores.

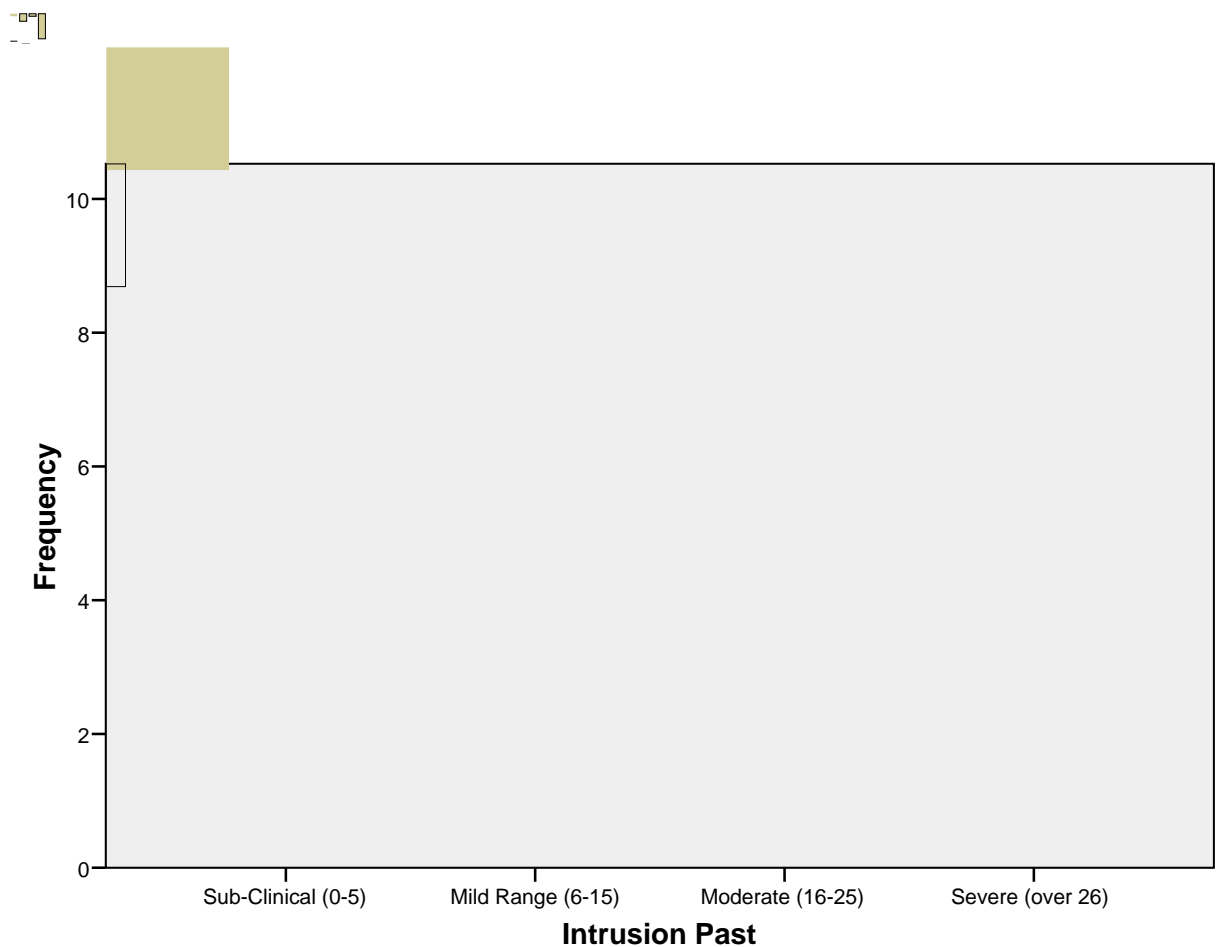
*The Impact of Events Scale (IES) (Horowitz, Winer & Alvarez, 1979)*

*(Appendix A)*

The IES is a broadly applicable self-report measure designed to measure current and retrospective, subjective distress for a specific life event. It is divided into two major response sets: intrusion and avoidance. The IES is considered one of the earliest self-report measures of posttraumatic disturbance (Briere, 1979). It is an instrument that can be used for repeated measurement over a period of time due to its sensitivity and ability to monitor change. The IES scale consists of 15 items, seven of which measure intrusive symptoms (intrusive thoughts, nightmares, intrusive feelings and imagery). The remaining eight items tap a response of avoidance (numbing of responsiveness, avoidance of feelings, situations, ideas) and combined provide a total subjective stress score. Respondents are asked to rate the items on a 4-point scale according to how often each occurred at the time of the traumatic event, in this case the relinquishment, and how often each has occurred in the past seven days. The 4 points are 1 (not at all), 2 (rarely), 3 (sometimes) and 4 (often) and are scored as 1 = 0, 2 = 1, 3 = 3, 4 = 5, score range 0 - 75. Horowitz et al (1979) found that the average score for people who experienced a traumatic event was a combined score of 44. The IES is interpreted using the following dimensions: combined scores, 0 - 8 (subclinical), 9 - 25 (mild), 26 - 43 (moderate) and over 43 (severe and clinically significant); subscale scores, 0 - 5 (sub-clinical), 6 -15 (mild), 16 - 25 (moderate) and over 26 (severe and clinically significant). The score range is 0 - 35 for Intrusion, and 0 - 40 for Avoidance.

The following Figure shows the results for intrusive thoughts about the relinquishment recalled as experienced at the time of the relinquishment.

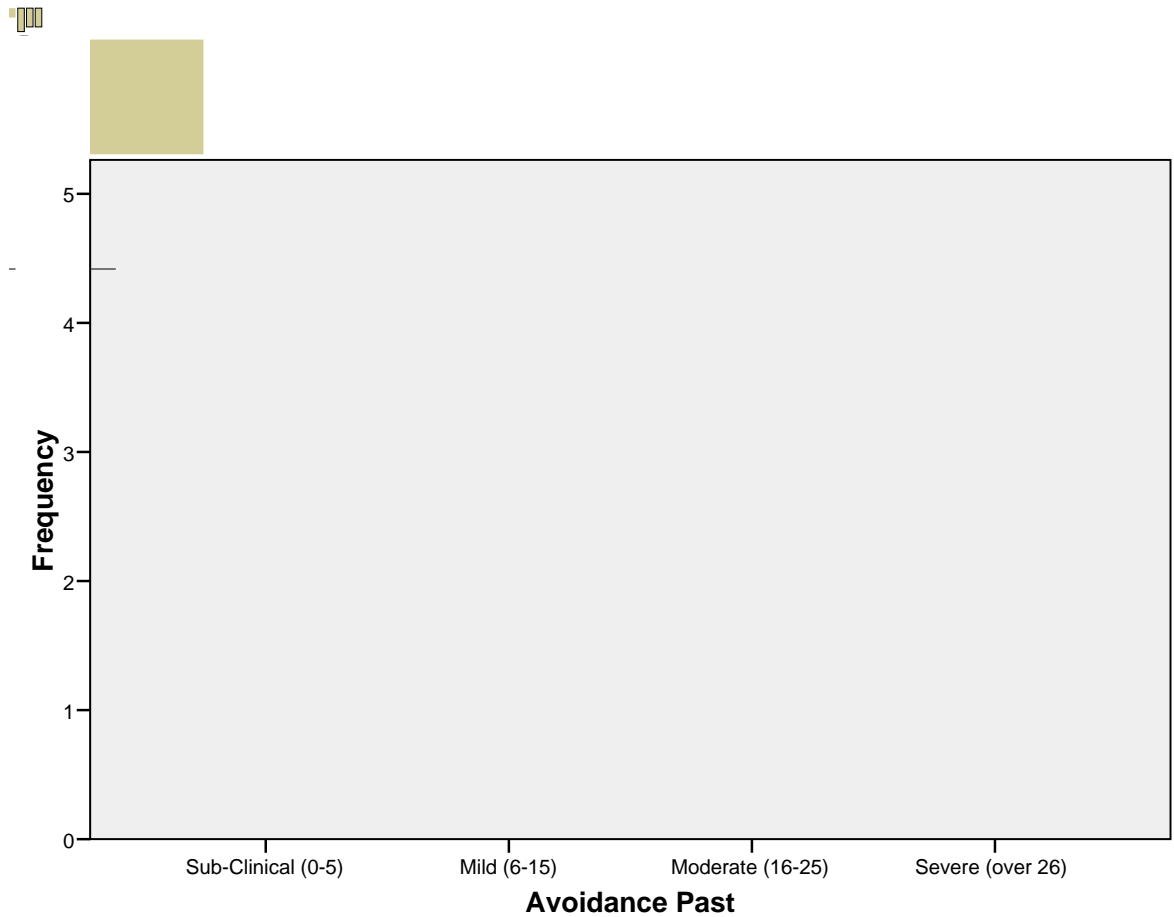
Figure 5: Results for intrusion past



The results highlight the degree to which the relinquishment is remembered as a traumatic loss event. All, but one of the birthmothers reported intrusive thoughts and this was heavily weighted, with more than half, in the severe category. Only one birthmother reported being in the subclinical range and her result can be understood in the explanatory context she offered during the interview; her three previous children whom she had parented had been involuntarily removed from her care. She was overwhelmed by the grief she felt for the loss of those children. She reported that she felt differently about her voluntarily relinquished child because she had not “attached” to her.

The following is the Figure for the level of recalled avoidant responses experienced at the time of the relinquishment.

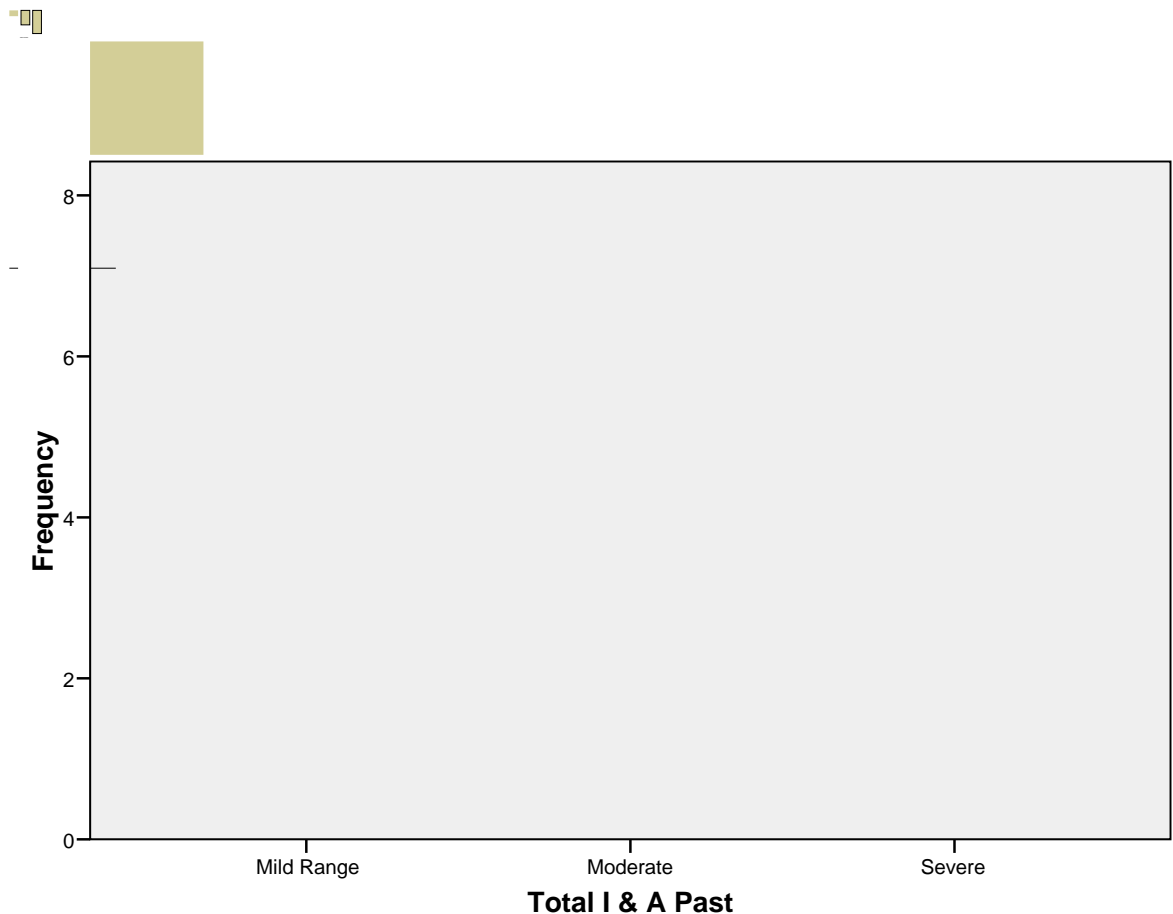
Figure 6: Results for avoidance past



The use of avoidance at the time of the relinquishment was exercised by the majority of the relinquishing mothers, indicating that relinquishment is a traumatic event necessitating avoidant strategies, but the range of avoidant scores was more evenly spread (than those for intrusion) across the mild to moderate to severe range. Two women were in the subclinical range, reporting no or little use of avoidant strategies to cope with the relinquishment.

The following is the Figure for the combined IES score for recalled intrusion and avoidance experienced at the time of the relinquishment.

Figure 7: Results for intrusion past and avoidance past

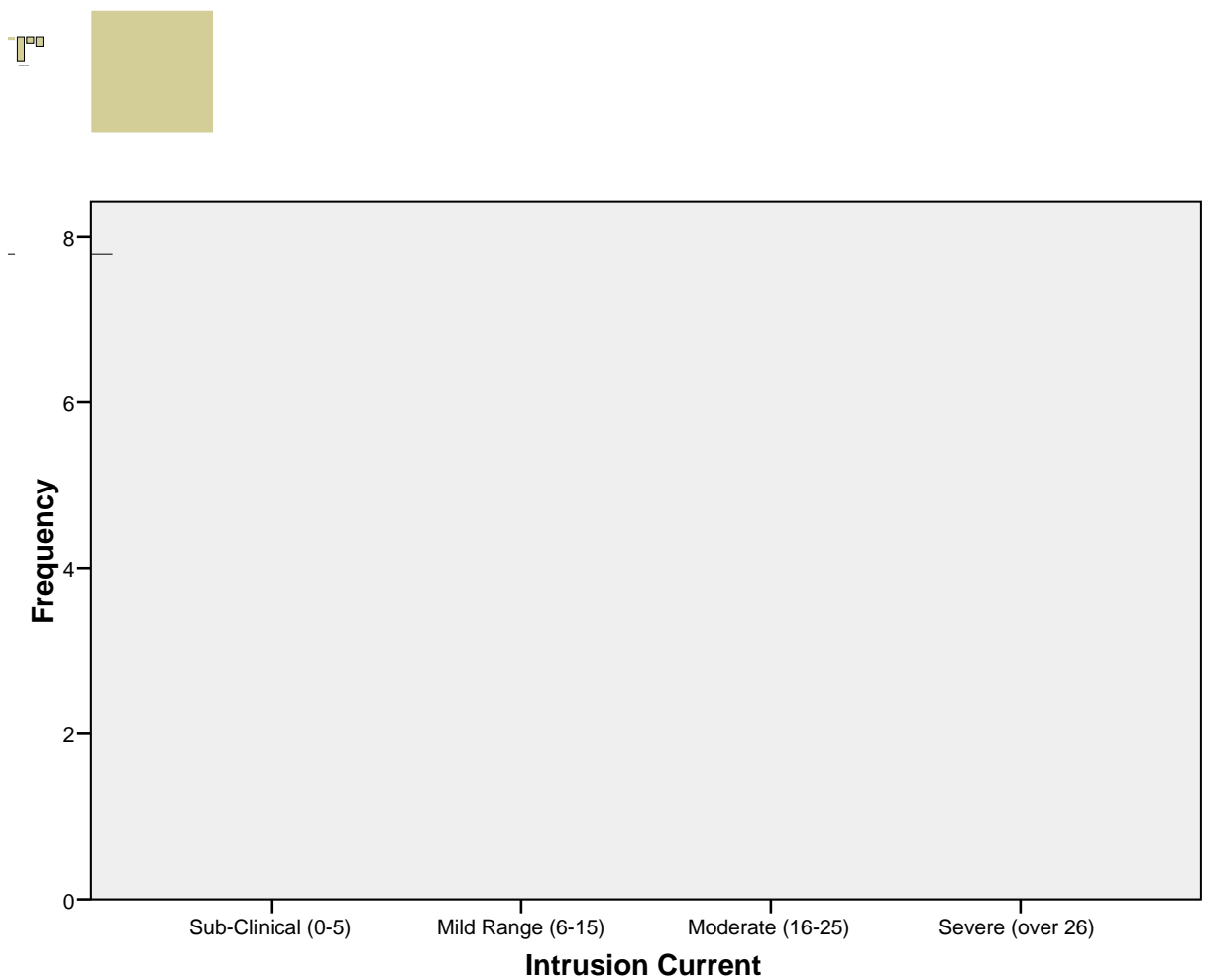


The IES was initially designed to provide a unitary total trauma score. While a positive correlation was found between the two subscales,  $r = .42$ ,  $p < 0.002$  (Horowitz et al., 1979), analysis of the IES is generally presented in the literature via the subscales intrusion and avoidance so that a description of the mechanisms of grief resolution is evident. The total IES score indicates that no participants were in the subclinical range for recollected impact of the event, and that the severity of the recalled event was heavily skewed toward severe, with only two participants in the mild category. This

result demonstrates that the relinquishment was experienced as a traumatic loss event when subsequently recalled.

The following is the Figure for the level of intrusive thoughts about the relinquishment being experienced at the time of the interview.

Figure 8: Results for intrusion current



The level of current intrusive thoughts of the relinquishment was predominantly in the mild range, with over half the relinquishing mothers in that category, reversing the skew of past intrusive thoughts. The subclinical category remained the same.

However, three birthmothers remained in the severe category. The raw score for two of them had decreased by 10 points from their intrusive past score, indicating a reduction in symptoms, but they remained in the severe category. The timing of the interview may have been influential. For all three a significant transition connected to the relinquishment was being considered. One, who had no face-to-face contact with her now 21-year-old daughter, was contemplating a search; one birthmother had been contemplating the possible changes in the relationship with her daughter who was nearing 18 at the time of the interview. The third birthmother's raw score (she had relinquished eight years earlier) had not changed. This birthmother, Trudy, had voluntarily stopped contact, due to her feelings of distress, and was the birthmother with the highest score in the K10. She is also one of two of the birthmothers remaining in the severe category who had also experienced sexual assault. Another birthmother who reported sexual abuse did not complete the intrusion current section of the IES.

In order to ascertain whether there was a difference between the past and present results, a paired sample t-test, past level of intrusion with current level of intrusion, was conducted with the following result:

Table 6: Paired sample t-test of intrusion past and current

**Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Intrusion Past	3.2857	14	1.06904	.28571
	Intrusion Current	2.5000	14	.94054	.25137

**Paired Samples Correlations**

		N	Correlation	Sig.
Pair 1	Intrusion Past & Intrusion Current	14	.536	.048

**Paired Samples Test**

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Upper          Lower				
Pair 1	Intrusion Past – Intrusion Current	.78571	.97496	.26057	.22279	1.34864	3.015	13	.010

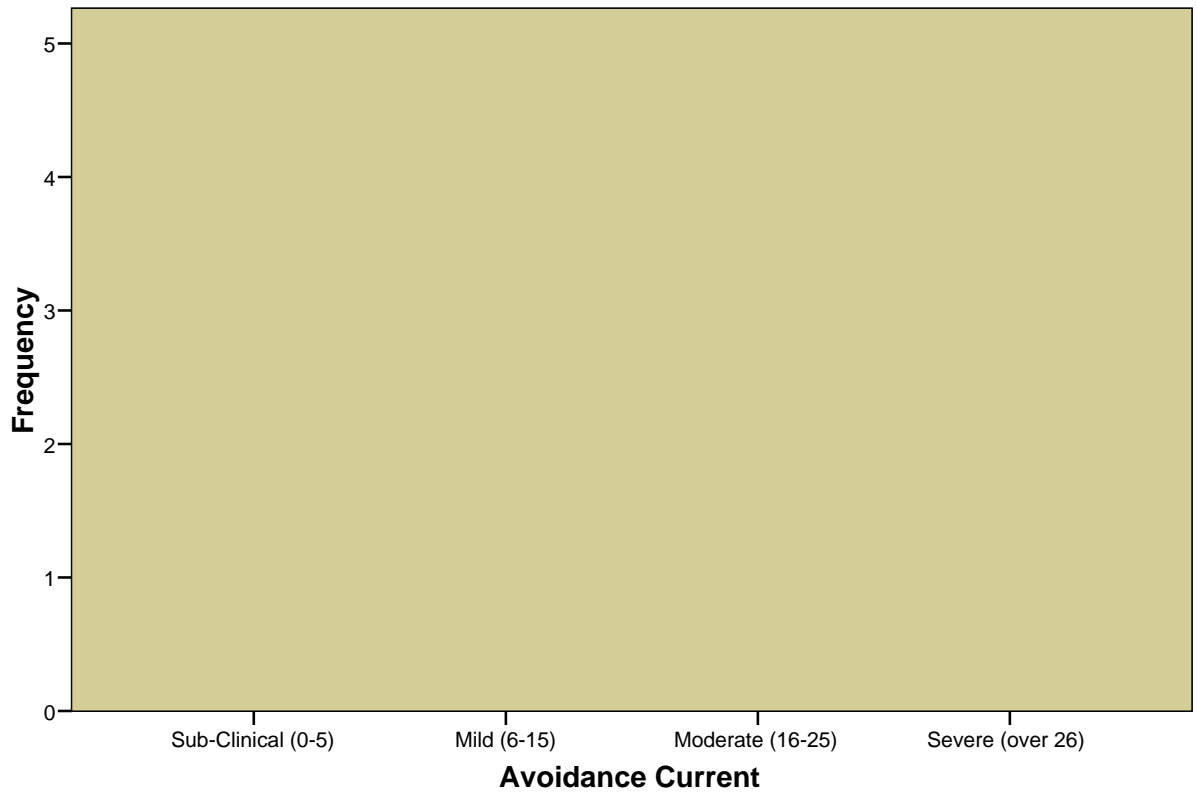
At  $t = 3.015$ ,  $13df$ ,  $p = 0.01$  there is a significant difference between the birthmothers' past levels of intrusive thoughts about the relinquishment and their current level, with intrusive thoughts being significantly higher in the past. Despite three birthmothers remaining in the severe category for current intrusive thoughts, there was a significant perceived reduction in intrusive thoughts from the time of the relinquishment to the time of the interview, suggesting that for the birthmothers in this



study, the intrusive thoughts associated with traumatic loss decrease over time. This result is consistent with the trend note earlier, that the level of symptoms of depression/anxiety appear to be ameliorated by the number of years that have passed since the relinquishment.

The following is the Figure for the level of avoidance of the relinquishment being experienced at the time of the interview.

Figure 9: Results for avoidance current



The level of current avoidance of the relinquishment was predominantly in the moderate range, but the range was fairly evenly spread toward and including the sub-clinical range. Only one mother remained in the severe category. This birthmother, Trudy, was also in the severe category for intrusion past and present and avoidance past. She also had the highest score in the K10.

In order to ascertain whether there was a difference between the past and present results, a paired sample t-test, past level of avoidance with current level of avoidance, was conducted with the following result.

Table 7: Paired sample t-test of avoidance past and current

**Paired Sample Statistics**

	Mean	N	Std.Deviation	Std. Error Mean
Pair 2 Avoidance Past	2.5714	14	1.01635	.27163
Avoidance Current	2.2143	14	.97496	.26057

**Paired Sample Correlations**

	N	Correlation	Sig.
Pair 2 Avoidance Past	14	.566	.035
Avoidance Current	14		

**Paired Sample Test**

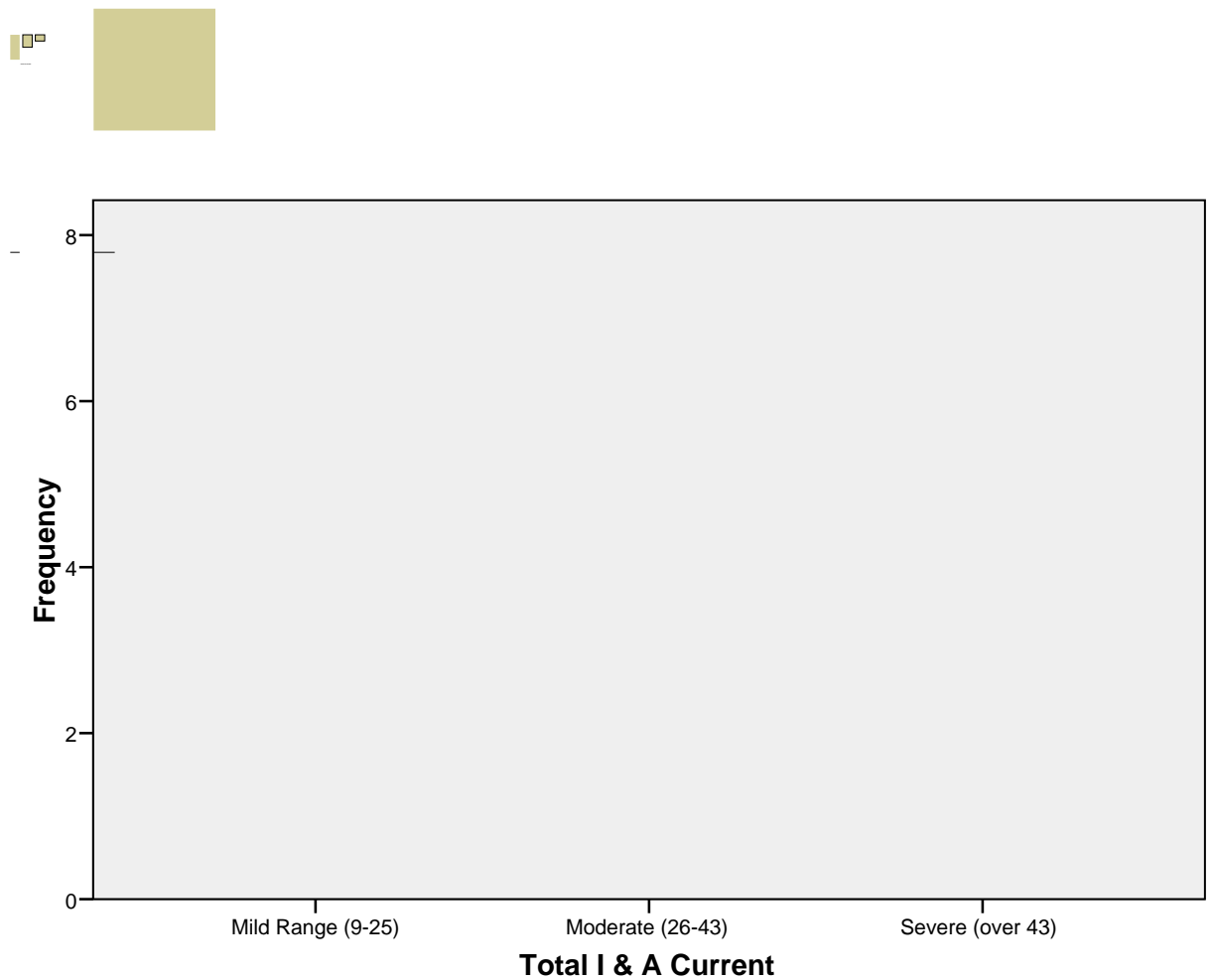
Paired differences					t	df	Sig. (2-tailed)	
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 2 Avoidance Past Avoidance Current	.35714	.92878	.24823	-.17912	.89341	1.439	13	.174

At  $t = 1.44$ ,  $13df$ ,  $p = 0.17$ , there is not a significant difference between avoidant behaviours reported at the time of the relinquishment and avoidant behaviours reported at the time of the interview. As a mechanism for coping, avoidant strategies were recalled as being less evident at the time of the relinquishment, and while there was a

reduction for those experiencing severe symptoms, the evidence of avoidant strategies at the time of the interview was not significantly different.

The following is the Figure for the combined IES score for intrusion and avoidance experienced at the time of the interview.

Figure 10: Results for intrusion current and avoidance current



The IES was initially designed to provide a unitary total trauma score. While a positive correlation was found between the two subscales,  $r = .42$ ,  $p < 0.002$ , (Horowitz et al., 1979), analysis of the IES is generally presented in the literature via the subscales

intrusion and avoidance so that a description of the mechanisms of grief resolution is evident. While the total intrusion/avoidance current score was above the subclinical range, there was a heavy skew toward the mild range, reversing the trend of the intrusion/avoidance past scores.

In order to ascertain whether there was a difference between the past and present results, a paired sample t-test, past level of avoidance and intrusion with current level of avoidance and intrusion, was conducted with the following result.

Table 8: Paired sample t-test of intrusion and avoidance past by intrusion and avoidance current

**Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Total I & A Past	3.3571	14	.74495	.19910
	Total I & A Current	2.5714	14	.75593	.20203

**Paired Samples Correlations**

		N	Correlation	Sig.
Pair 1	Total I & A Past & Total I & A Current	14	.429	.126

**Paired Samples Test**

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower Upper				
Pair 3	Total I & A Past – Total I & A Current	.78571	.80178	.21429	.32278	1.24865	3.667	13	.003

At  $t = 3.66$ ,  $13df$ ,  $p = 0.003$ , there is a significant difference between birthmothers' past levels of total intrusion and avoidance and their current level of total intrusion and avoidance, with total intrusion and avoidance appearing to be higher in the past than respondents report currently (mean past = 3.3, mean current = 2.5, where 1 = subclinical, 2 = mild range, 3 = moderate, 4 = severe). This result demonstrates that the

combined symptoms of traumatic loss, intrusive thoughts and avoidant behaviour, are remembered as decreasing significantly over time.

In order to ascertain whether there is a relationship between current levels of intrusive thoughts about the relinquishment and current symptoms of depression and anxiety a test of correlation was conducted.

Table 9: Correlation results of K10 and intrusion current

<b>Correlations</b>			
		Intrusion Current	K10
Intrusion Current	Pearson Correlation	1	.401
	Sig. (2-tailed)		.155
	N	14	14
K10	Pearson Correlation	.401	1
	Sig. (2-tailed)	.155	
	N	14	15

The above table reveals that there is a positive relationship between the two variables ( $r = .401$ ,  $p = .15$ ) but it is not statistically significant.

In order to ascertain whether there is a significant relationship between current level of avoidant behaviours about the relinquishment and current symptoms of depression and anxiety a test of correlation was conducted.

Table 10: Correlation between K10 and avoidance current

Correlations			
		K10	Avoidance Current
K10	Pearson Correlation	1	.498
	Sig. (2-tailed)		.070
	N	15	14
Avoidance Current	Pearson Correlation	.498	1
	Sig. (2-tailed)	.070	
	N	14	14

The two variables are positively correlated and reveal a trend for a relationship between experiencing current symptoms of depression and anxiety and experiencing current avoidant behaviours about the relinquishment ( $r = .498$ ,  $p = .07$ ) but one that fails to reach statistical significance.

In order to ascertain whether there was a difference between having had children since the relinquishment and current level of intrusive thoughts about the relinquishment, an independent sample t-test was conducted.



Table 11: Independent sample t-test for children since relinquishment and intrusion current

Group Statistics					
	Children since Relinquishment	N	Mean	Std. Deviation	Std. Error Mean
Intrusion Current	Children Since Relinquishment	7	2.5714	.78680	.29738
	No Children Since Relinquishment	7	2.4286	1.13389	.42857

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Intrusion Current	Equal variances assumed	.900	.361	.274	12	.789	.14286	.52164	-.99370	1.27941
	Equal variances not assumed			.274	10.690	.789	.14286	.52164	1.00934	1.29505

At  $t = .274$ ,  $p = .789$ , there is no significant difference between having had, or not having had, children since the relinquishment and current level of intrusive thoughts about the relinquishment.

In order to ascertain whether there was a difference between having had children since the relinquishment and current level of avoidant behaviours about the relinquishment, an independent sample t-test was conducted.

Table 12: Independent sample t-test for children since relinquishment and avoidance

current

Group Statistics					
	Children since Relinquishment	N	Mean	Std. Deviation	Std. Error Mean
Avoidance Current	Children Since Relinquishment	7	2.2857	.75593	.28571
	No Children Since Relinquishment	7	2.1429	1.21499	.45922

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Avoidance Current	Equal variances assumed	2.948	.112	.264	12	.796	.14286	.54085	1.03555	1.32126
	Equal variances not assumed			.264	10.040	.797	.14286	.54085	1.06158	1.34729

At  $t = 0.264$ ,  $12df$ ,  $p = .796$ , no significant difference was found between having had, or not having had, children since the relinquishment and current level of avoidance about the relinquishment.

The IES tells us that for the birthmothers in the study relinquishment is experienced as a traumatic loss event, through the symptoms of intrusive thoughts and avoidant behaviours recalled as experienced at the time of the relinquishment. However, as might be expected, in general, the experience of intrusive thoughts and avoidant behaviours related to the relinquishment decreases over time. Current levels of depression and anxiety symptoms were not significantly related to the current intrusive

thoughts and avoidant behaviours about the relinquishment, although there was a trend identified that those experiencing current symptoms of depression and anxiety also utilised avoidance about the relinquishment. Whether a participant had, or not had, children subsequent to the relinquishment was also not related to current levels of reported intrusive thoughts and avoidant behaviours about the relinquishment.

The finding that grief symptoms decrease over time makes intuitive sense. However, the ongoing consequences of adoption often exist in a difficult context, evidenced in the overall elevated levels of current depression and anxiety symptoms and/or difficulties with contact.

*Adverse Childhood Experiences (ACE) questionnaire (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards Koss & Marks, 1998) (Appendix E)*

Davidson (1994) found factors associated with relinquishing mothers' unresolved grief related to family of origin issues. "The remarkable themes regarding participants' families of origin were patterns of alcoholism, emotional and physical and sexual abuse, rejection, having jealous and domineering mothers, as well as quiet, passive, and yet, sometimes supportive fathers" (p.6). In order to access this level of information, the study administered the ACE, a 19 - item instrument that assesses eight adverse childhood experiences: verbal, physical and sexual abuse, witnessing domestic violence, mental illness, substance abuse, parental absence, that is, separation/divorce/death, and criminal activity by the adults in the household.

Three categories of childhood abuse are included: emotional abuse (2 questions), physical abuse (2 questions) and sexual abuse (4 questions). Four categories of exposure to household dysfunction during childhood are included: exposure to

substance abuse (2 questions), mental illness (2 questions), violent treatment of mother or stepmother (4 questions), criminal behaviour in the household (1 question) and parental absence, that is, separation/divorce/death (2 questions).

The current study also included the death of a parent in childhood (1 question) because previous significant losses may be linked to mental health issues and responses to subsequent significant losses. In their landmark study of the social origins of depression Brown and Harris (1978) found a significant relationship between the death of a mother before age 11 and the development of depression later in life. Lloyd (1980) found that childhood loss of a parent increased depressive risk as an adult by a factor of two to three. Kendler et al, (1992) also found a weak, but significant, association between childhood loss of a parent and the risk of major depression in adult life.

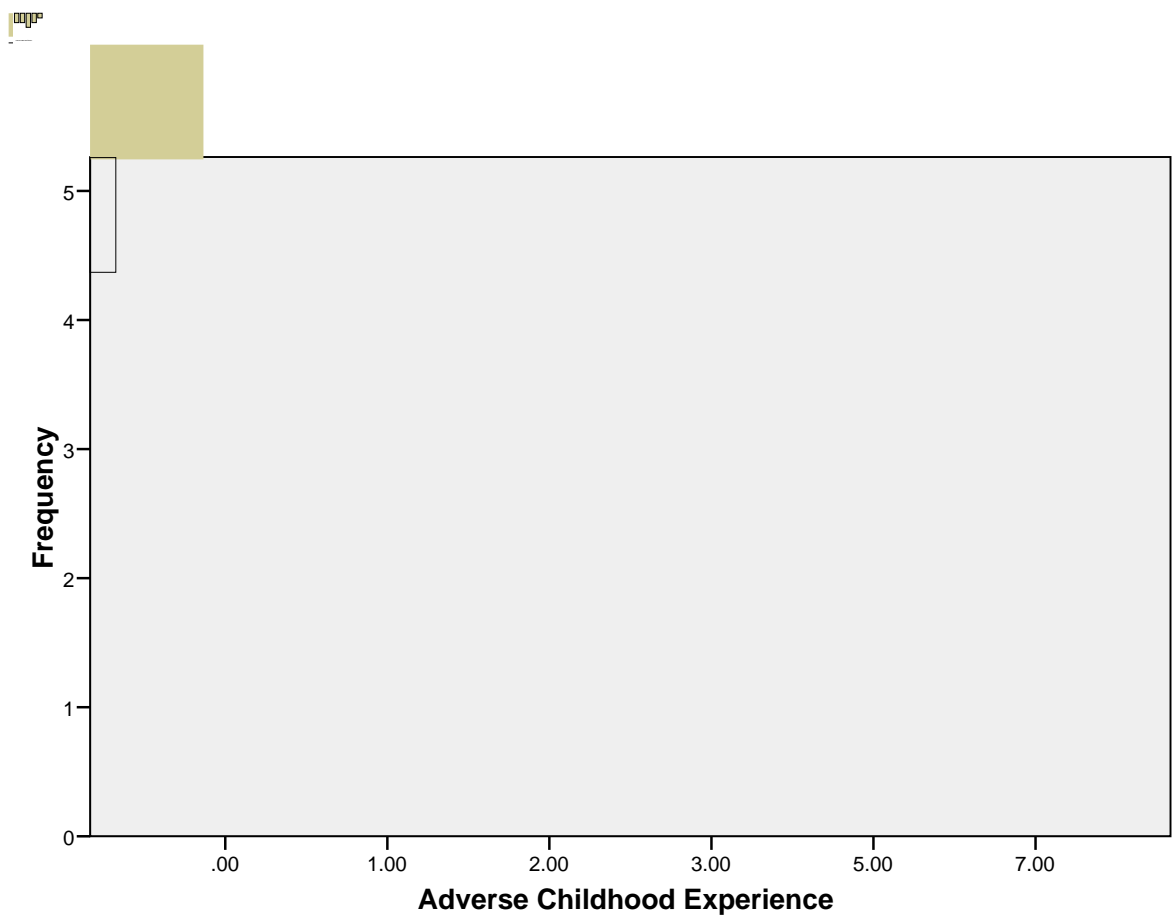
In addition, the current study included exposure to pornography or live sex as a form of sexual abuse, due to the adverse effect these events can have on a child ([www.cief.ca/pdf/harmpornography.pdf](http://www.cief.ca/pdf/harmpornography.pdf)).

Participants are defined as exposed to a category if they respond “yes” to one or more of the questions in that category. The measure of childhood exposure is per category not individual event; “if anything, this tends to understate our findings” (Felitti et al, 1998, p. 4). The categories generally present in multiples; that is, household dysfunction is correlated with child abuse, e.g. children living with an adult who has a mental illness or a problem with substance abuse may also suffer physical or sexual abuse. If any one category is present then there is an 87% likelihood that at least one more category will be present. The categories range from 0 (unexposed) to 8 (exposed to all categories).

The ACE Study (Felitti et al, 1998) analysed 17,000 individuals to measure the effect of traumatic life experiences during the first 18 years of life on later well being, social function, health risks, disease burden, healthcare costs and life expectancy. The study found one third of the population had an ACE score of 0. A score was considered high at ACE score of four or more. This was found in one in six of the population, or 16.6%. An ACE score of five or more was found in one in ten of the population or 10%. Women were 50% more likely than men to have experienced five or more categories. In terms of well being the study found a proportionate relationship between ACE score and depression, with 54% of current depression and 58% of suicide attempts in women attributable to adverse childhood experiences. The ACE study also found a proportionate relationship between ACE score and protective unconscious devices like somatisation disorders and dissociation; and that at ACE scores of seven or higher, people will be using street drugs or alcohol to moderate their feelings. Social function, measured as teen pregnancy and promiscuity was also found to have a proportional relationship with ACE scores. Finally, the results confirmed “a strong dose response relationship between the breadth of exposure to abuse or household dysfunction during childhood (set high at exposure to four or more categories) and multiple risk factors for several leading causes of death in adults” (Felitti et al, 1998, p. 254).

The following Figure reveals the number of adverse childhood events experienced by participants.

Figure 11: Adverse childhood experiences



The result of five participants, or 33.3%, reporting no adverse childhood experiences is in accord with the general population prevalence. When exposure to four or more categories is high, the result of three participants, or 15%, having a high score, places this outcome within the normal expectation of 16.6%.

The ACE was included to collect demographic data about the sample of birthmothers, to explore the context of the relinquishment in the supposition that childhood experiences may have influenced the adoption decision or be impacting on the contact with the child.

An in-depth interview was the core data collection method and a question about the influence of childhood experiences was asked of all participants. A direct question listing those events was not included due to the researcher's focus on the subjective narrative and concerns about intrusion and shame. The questionnaire was included to provide an alternative, impersonal method of listing concrete adverse childhood events. On examination this was an invaluable tool. A comparison with the interview data uncovered five cases, or one third, where the ACE documented a history of adversity that was not mentioned *at all* (in one case some events were mentioned but minimised) in the interview. In three of those cases the scores were five and over, one being eight, or exposure to extreme abuse and household dysfunction in childhood. The other two birthmothers had scores of three, with one of those women directly denying any adversity in the interview. The ACE provides valuable data for contextualising the relinquishment that the interview was limited in providing. Two of these women had complete contact breakdown (Betty and Gill), one had voluntarily and temporarily ceased contact (Kirsty). One had had a turbulent contact history with periods of no contact (Jacqui). The fifth participant (Rita) reported positive contact. Her relinquished child was four at the time of interview.

The opposite was also evident. While the birthmother disclosed adverse experiences and household dysfunction in the interview and talked about an effect on the relinquishment decision and/or contact she did not nominate any categories on the ACE. In one case there was a glaring omission; while she nominated multiple

categories of the ACE she did not tick the sexual abuse category, even though she briefly mentioned its occurrence in the interview. The perpetrator was a neighbour and she may have strictly adhered to the questionnaire directions, which only asked about adults living within the household (Nancy). In the remaining circumstances the ACE categories may not have matched the birthmothers adverse experience: maternal emotional unavailability/neglect (Wanda and Arabella), pubescent suicidal ideation/depression (Wanda) and sexual, physical and emotional abuse by a partner while both are still minors (Karen). Two participants had been raped when adult (Kirsty and Kym) with one rape resulting in the conception of the relinquished child (Kirsty). While these are clearly adverse experiences they will not be included because they occurred beyond childhood.

The above would suggest that in order to provide a more complete picture of the context preceding the relinquishment, a triangulation of the data is necessary; that is, a combining of the core interview data with the ACE (Patton, 2002). To maximise sensitivity to the triangulated data two additional operations are proposed: including adverse events and household dysfunction beyond those described on the ACE inventory, that is, negative actions nominated as impacting on the relinquishment in the interview; and breaking the categories down to their discrete units in an effort to represent the fullness of the events, resulting in a score range of 0 - 24. While the latter operation focuses on the numerical score, the valuing of scores is problematic and requires weighting a subjective and deeply personal phenomenon. While I would not want to disregard the cumulative effect of multiple forms of abuse and household dysfunction, I would also not want to minimise the ramifications of even a single form of abuse. As the purpose is to contextualise a subsequent life event, I propose that attention be paid to all experiences as opposed to rating them. To minimise relativity through a visual comparative, the results are presented non-graphically.



Table 13: Triangulated ACE and narrative data

<b>Birthmother</b>	<b>Number of adverse childhood experiences</b>
Wanda	2
Rita	6
Anne	1
Sarah	3
Nancy	9
Kym	2
Betty	17
Karen	8
Jacqui	10
Jane	0
Gill	3
Lois	0
Arabella	1
Kirsty	3
Trudy	4

Using the triangulated data, only two participants did not report any adversity in childhood (Jane and Lois); that is, the majority had been exposed to significant difficulties in their childhoods. The two participants who had no reportable childhood adversity were also subclinical on the K10. In terms of their IES scores they had moved from high (Jane) and low moderate (Lois) past intrusion to low moderate (Jane) and subclinical (Lois) current intrusion. Avoidance was subclinical at both points of time.

Lois was delighted with both contact and the adoption, and pleased about life in general. She also had open, independent contact. Jane only had information exchange till the age of 10 written into her Adoption Order, and received no response to a request for continued information exchange. At the time of the study she was starting a search for her adult son. This may explain her current intrusion score and her non-response to the satisfaction questionnaire around contact; she wrote on the questionnaire, “contact is a process”. For Jane adoption was terrible, but she was mostly pleased about life. Despite the difficulties around contact, Jane described an attitude to coping that involved not dwelling on the past and immersing herself in her day-to-day life and the children in her care.

The following is a breakdown, by type of adversity (including the categories beyond those prescribed by the ACE) that was reported in the sample.

Table 14: Triangulated results of ACE by type of adversity

Category	Type	Amount
Emotional abuse	swear, insult or put you down	7
	fear of physical harm	5
	emotional neglect	2
Physical abuse	push, grab, shove or slap you	5
	hit you so hard that you had marks or were injured	4
Sexual abuse	touch an adult's body in a sexual way	4
	Attempt oral, anal or vaginal intercourse	4
	have oral, anal or vaginal intercourse	4
	exposure to pornography or live sex acts	1
Partner abuse	sexual	1
	physical	1
	emotional	1
Adult addiction	problem drinker or alcoholic	3
	street drugs	2
Mental illness	depressed or mentally ill parent	5
	parent's attempt or commit suicide	1
	child's suicidal ideation/depression	1
Domestic violence of mother /stepmother	pushed, grabbed, slapped or had something thrown at them	3
	kicked, bitten, hit with a fist, or hit with something	3
	repeatedly hit for at least a few minutes	3
	threatened with or hurt by a knife or gun	1
Criminality	prison	
Single parent household	divorce/separate	4
	death	1

Seven, or nearly half the participants, experienced emotional abuse in childhood. Most commonly, this manifested as verbal abuse; being sworn at, insulted or put down. The consequences on an emerging self esteem are negative. Downs and Miller (1998),

Loos and Alexander (1997) and Solomon and Serres (1999), all found a significant correlation between verbal abuse and lowered self-esteem. Five women had experienced physical abuse, such as, being pushed, grabbed, shoved or slapped around. Five participants had a parent with a mental illness. Five women belonged to a single parent household, three had witnessed domestic violence, three had lived with an alcoholic and two with illicit drug users. No one had gone to prison, suggesting that the dysfunction was expressed within the domestic context and family relationships, and was largely unobserved by the community.

Four women reported childhood sexual abuse (Nancy, Betty, Karen and Trudy), and two women reported rape as an adult (Kirsty and Kym); that is, 40% of participants were victims of a sexual crime, and of these 26.67% were victims of a sexual crime in childhood. Prevalence rates for adult survivors of childhood sexual abuse vary due to the complex and diverse definitions used. Fergusson and Mullen (1999) reviewed population studies of the prevalence of child sexual abuse (CSA) published in the English language since 1990. Only studies of 100 subjects or more were used. They found that definitions, which included non-contact sexual abuse like pornography, photography, watching, exposing/flashing, comments, have a prevalence rate ranging from 8 % to 62 % for women, and 3 % to 29 % for men. When the definition narrows to stringent criteria of penetration or intercourse, including digital, oral, vaginal and anal the prevalence rate goes from 1.3 % to 28.7 % for women and 1.1 % to 14.1 % for men. These are disturbing numbers and the reality probably lies somewhere between these two extremes. However, based on a range of behaviours where children are used for someone's sexual gratification, the prevalence rate is 1 in 3 for women and 1 in 6 for men

[http://www.thewomens.org.au/SexualAssaultStatistics?searchTerms\[\]=CASA&search](http://www.thewomens.org.au/SexualAssaultStatistics?searchTerms[]=CASA&search)

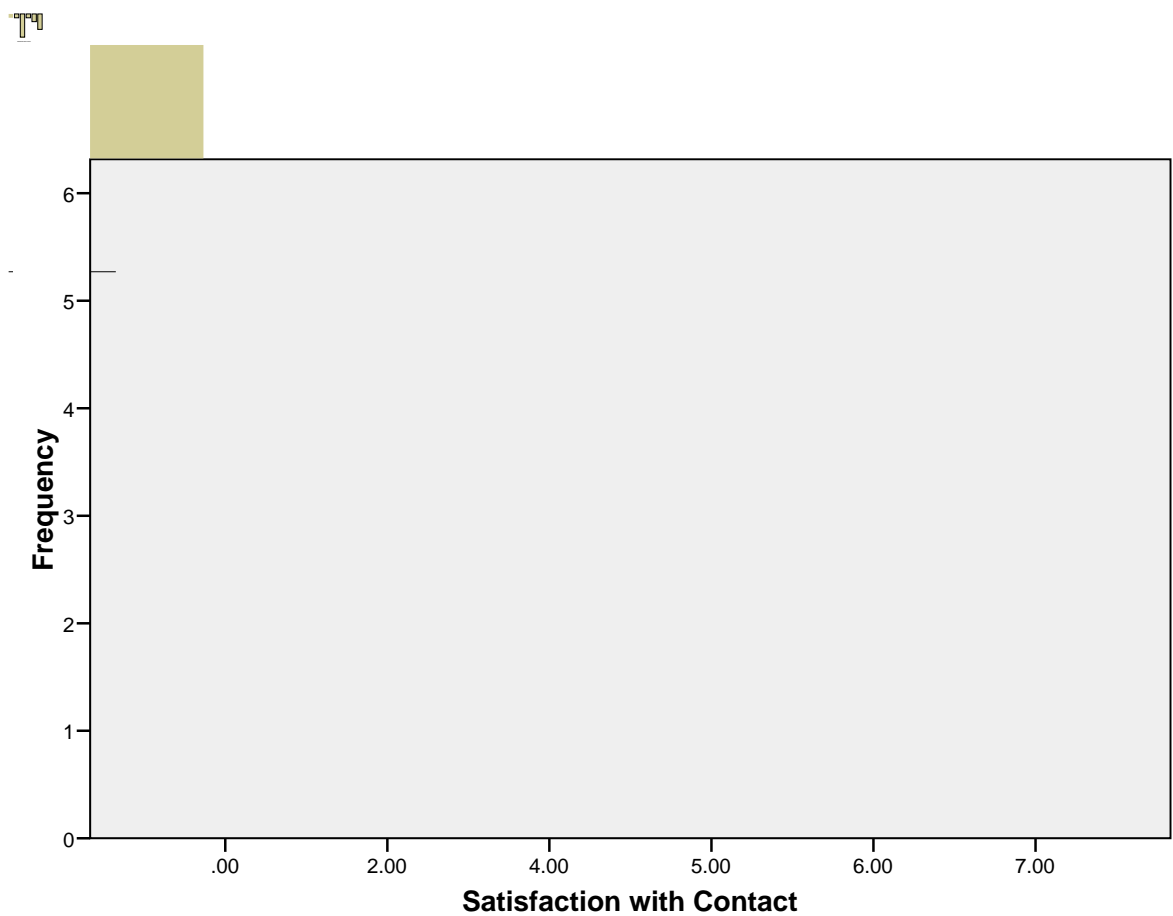
[Terms\[ \]=staistic](#)). The sad reality is that while the incidence of childhood sexual abuse in the study is alarming it is not alarmingly above the norm.

***Delighted-Terrible Scale (Andrews, 1976) (Appendix B)***

In order to measure levels of satisfaction, three global satisfaction questions were included: satisfaction with the contact, satisfaction with the adoption and satisfaction with life in general. These were measured on a Likert scale ranging from: 1 terrible, 2 unhappy, 3 mostly dissatisfied, 4 mixed, 5 mostly satisfied, 6 pleased and 7 delighted.

The following Figure reveals the distribution of levels of satisfaction with contact amongst participants.

Figure 12: Results for satisfaction with contact



Just under half the birthmothers were on the satisfied with contact end of the scale, with the majority of the other half reporting mixed feelings. One birthmother did not complete this section because “contact is a process”, leaving only one birthmother reporting unhappiness with contact (Gill). Her contact had broken down after she put what she thought was a temporary hold on contact, as she struggled emotionally with her subsequent child. She suffered post-natal depression at this time. The adoptive parents did not respond when she was well enough to resume contact and therefore she felt the adoptive parents had betrayed her and their obligations to their child and the adoption process.

A mixed level of satisfaction, suggesting an ambivalent experience, was the highest nominated single category and included two birthmothers whose contact had broken down. The final birthmother whose contact had broken down reported being pleased with contact except on two occasions. She nominated the mixed category to describe those occasions. Of the four remaining birthmothers who reported mixed satisfaction three had ongoing regular access, two followed the Order, and one had open fluid boundaries. The fourth birthmother who reported a mixed satisfaction has had no face-to-face contact with her now adult daughter.

Seven birthmothers reported satisfaction above mixed. All four delighted birthmothers had consistent contact, two in accordance with the Orders, two had more fluid open boundaries and saw the relinquished child beyond the dictates of the Adoption Order.

The concept of satisfaction appears to apply quite neatly to those birthmothers whose story of contact was functional and seemingly straightforward. However ambivalence was felt across a spectrum of experiences, both positive and negative, and some level of satisfaction was reported even by birthmothers who had a breakdown in their contact, suggesting that expressions of satisfaction are not reliably reflected in the type or frequency of contact. To be noted, in order to obtain a non-primed response to the questionnaires, including felt satisfaction, all questionnaires were administered before the interview started; that is, before the birthmother had immersed herself in her story and the associated memories, thoughts and feelings. The findings might reflect a moderated perception that is, at times, distanced from the realities of the adoption. To re-administer after the interview would have been an interesting test of the immediacy effects of telling your story on perceptions and evaluations of experiences.

In terms of utilising the global satisfaction questions statistically, the small sample size required dividing the results into two groups. These were designated high (scores 5, 6, & 7) versus low (scores 1, 2, 3, & 4) satisfaction. It was decided that the 'mixed' response (4) was more congruent to the low satisfaction category. However, in a larger sample size the 'mixed' response would yield more attenuated results as a third distinct category.

A one-way ANOVA was conducted in order to ascertain whether there is a difference between birthmothers with low (1 - 4, including 'mixed') satisfaction with contact and high (5 - 7) satisfaction with contact and: current levels of depression/anxiety, current intrusive thoughts and avoidant behaviours about the relinquishment, children since the relinquishment and amount of years that had elapsed since the relinquishment.



Table 15: One-way ANOVA of high/low satisfaction with contact and the K10, intrusion current, avoidance current, children since relinquishment and years since relinquishment

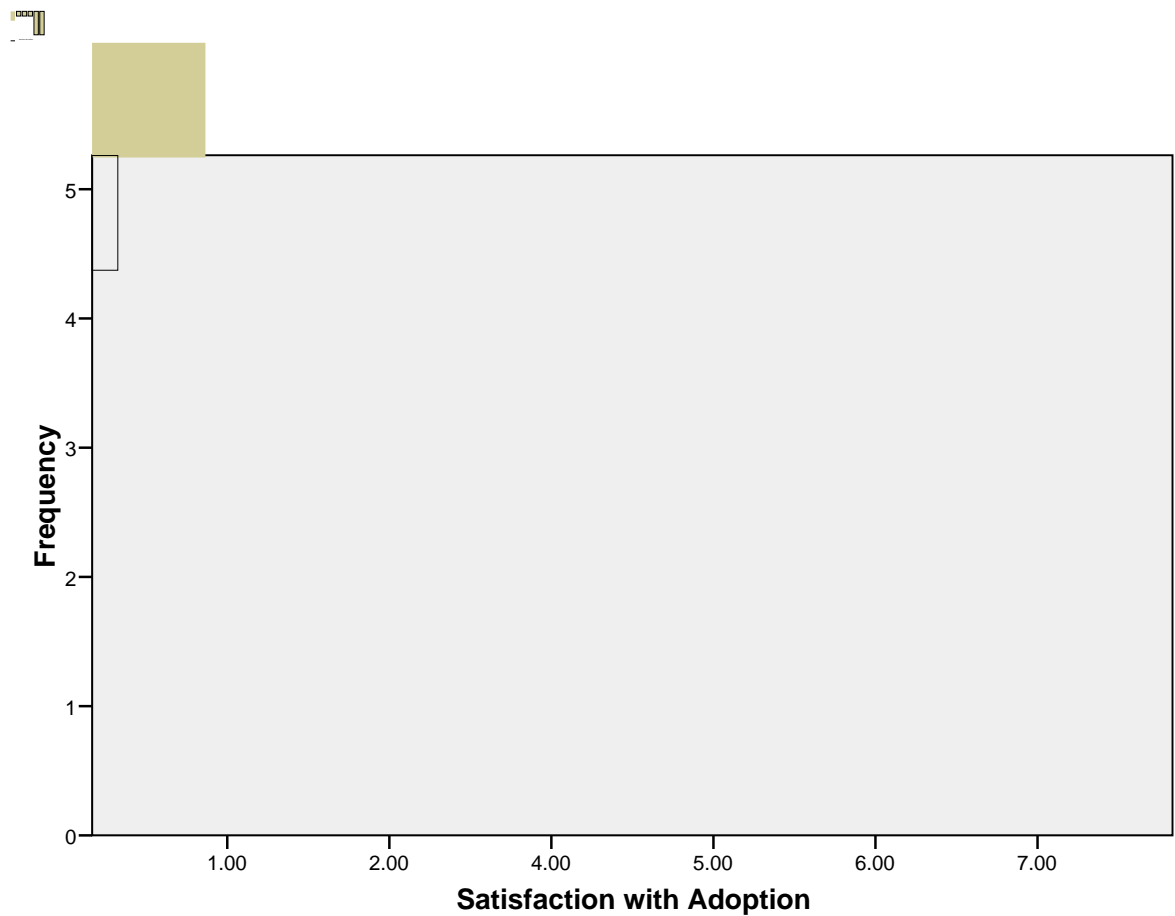
ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
K10	Between Groups	.096	1	.096	.199	.663
	Within Groups	6.304	13	.485		
	Total	6.400	14			
Intrusion Current	Between Groups	3.500	1	3.500	5.250	.041
	Within Groups	8.000	12	.667		
	Total	11.500	13			
Avoidance Current	Between Groups	.643	1	.643	.659	.433
	Within Groups	11.714	12	.976		
	Total	12.357	13			
Children since Relinquishment	Between Groups	.019	1	.019	.067	.800
	Within Groups	3.714	13	.286		
	Total	3.733	14			
Years since Relinquishment	Between Groups	5.668	1	5.668	3.241	.095
	Within Groups	22.732	13	1.749		
	Total	28.400	14			

The only statistically significant difference between those with a high versus low level of satisfaction with contact related to the level of current intrusive thoughts about the relinquishment. At  $F(1,12) = 5.25$ ,  $p = .041$ , there was a difference between high and low satisfaction with contact and the level of intrusive thoughts about the relinquishment; that is, participants with low satisfaction with contact had low levels of intrusive thoughts (mean = 3.000, sd = 1.000), while those with high levels of satisfaction with contact also had high levels of intrusive thoughts (mean = 2.000, sd = .577). This result is interesting in relation to any assumption that feeling satisfied with contact (not necessarily type or frequency of contact) is a positive psychological

outcome for birthmothers. This result presents a more complicated context suggesting that birthmothers who are satisfied with contact are also those birthmothers for whom thoughts about the relinquishment are measured as 'intrusive'. One interpretation of the result is that birthmothers who report satisfaction with contact also hold the relinquishment present in their contemporary thoughts and feelings and are actively immersed in grief processes; that while 'intrusiveness' is judged to be a negative outcome, it may represent a process of actively thinking about and/or grieving about the relinquishment that is then connected to the experience of contact and subsequent feelings of satisfaction. Conversely, those who are not happy or satisfied with contact do not dwell on the relinquishment.

The following Figure shows the distribution of scores related to satisfaction with adoption.

Figure 13: Satisfaction with adoption



Three birthmothers reported dissatisfaction with the adoption; two believed it was terrible. For one (who had been unhappy with her own adoption), this belief was not wholly evident in her interview and she had reported a mixed satisfaction with contact. The other birthmother had had a disappointing contact history; requesting information exchange till the age of 10, and the adoptive parents not continuing communication after that, despite repeated requests. The third unhappy birthmother had experienced open fluid access to her daughter but this rating probably expresses the level of effort she believed was required from her to maintain that arrangement and her ongoing feelings of loss that contact did not ameliorate. The mixed response came from

the birthmother who was the only unhappy birthmother with contact and whose contact had broken down (Gill).

Eleven birthmothers expressed positive satisfaction with the adoption, including two birthmothers whose contact had broken down. Most were pleased or delighted. One of the delighted birthmothers expressed regret and strong views about the institution of adoption in the interview, where she advocated for a guardianship type arrangement, which included retaining the birthmother's name and the original birth certificate; symbolic connections to the birthmother.

There does not appear to be any reliable relationship between type of contact and reported satisfaction with either contact or adoption. This result may indicate the significance of the range of mediating factors that become apparent in an interview and are unable to be translated to, and reflected in, global satisfaction questions.

A one-way ANOVA was conducted in order to ascertain whether there is a difference between birthmothers with low (1 - 4, including 'mixed') satisfaction with adoption and high (5 - 7) satisfaction with adoption and: current levels of depression/anxiety; current intrusive thoughts and avoidant behaviours about the relinquishment; children since the relinquishment; amount of years that had elapsed since the relinquishment.

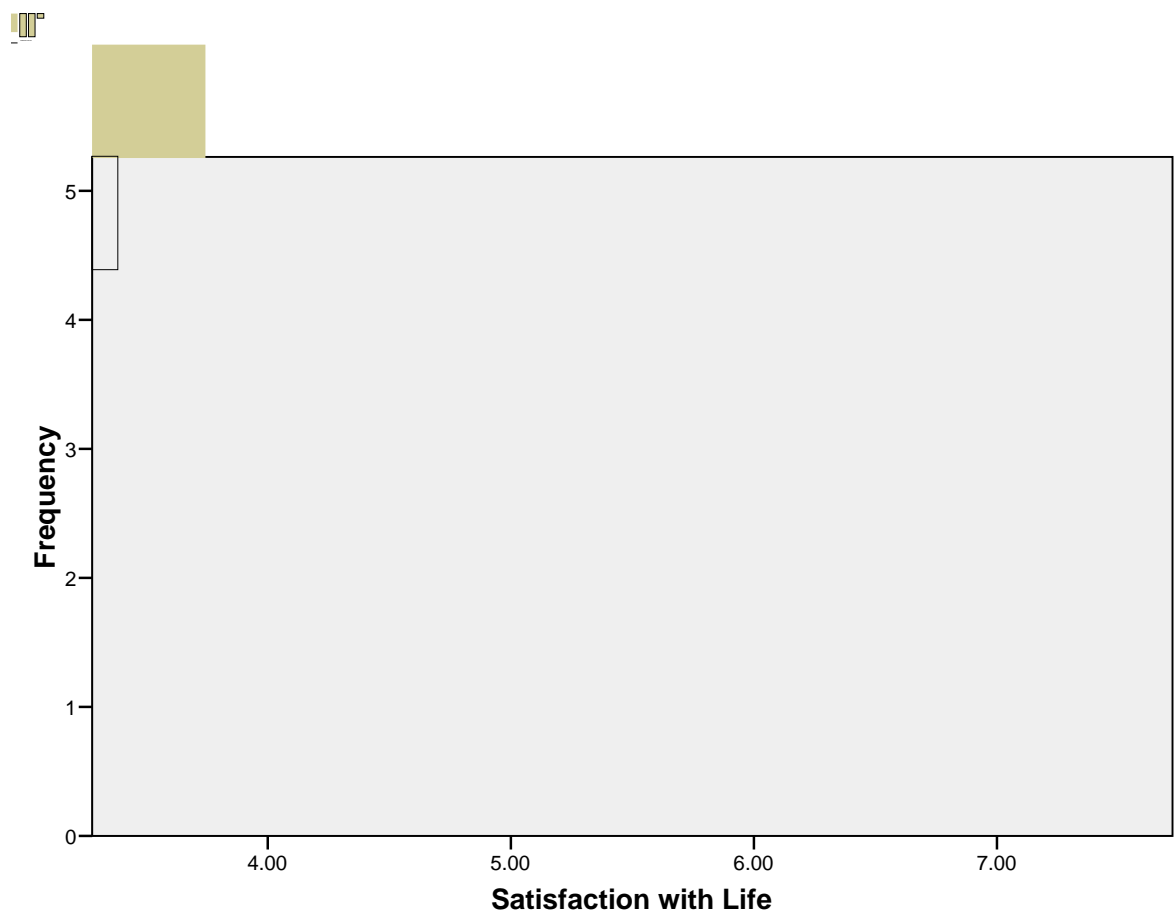
Table 16: One-way ANOVA of high/low satisfaction with adoption and the K10, intrusion current, avoidance current, children since relinquishment and years since relinquishment

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
K10	Between Groups	.000	1	.000	.000	1.000
	Within Groups	6.400	13	.492		
	Total	6.400	14			
Intrusion Current	Between Groups	1.944	1	1.944	2.442	.144
	Within Groups	9.556	12	.796		
	Total	11.500	13			
Avoidance Current	Between Groups	.268	1	.268	.266	.615
	Within Groups	12.089	12	1.007		
	Total	12.357	13			
Children since Relinquishment	Between Groups	.033	1	.033	.117	.738
	Within Groups	3.700	13	.285		
	Total	3.733	14			
Years since Relinquishment	Between Groups	4.800	1	4.800	2.644	.128
	Within Groups	23.600	13	1.815		
	Total	28.400	14			

There were no significant results; that is, there were no significant differences between birthmothers with low satisfaction with adoption and birthmothers with high satisfaction with adoption and: current levels of depression/anxiety, current intrusive thoughts and avoidant behaviours about the relinquishment, children since the relinquishment or the amount of years that had elapsed since the relinquishment.

The following Figure reveals the distribution of scores regarding satisfaction with life.

Figure 14: Results for satisfaction with life



Eleven birthmothers reported a positive level of satisfaction with life, with the majority being mostly satisfied or pleased; one was delighted. The remaining birthmothers had mixed feelings. No one reported a level of dissatisfaction. The birthmother who had rated the lowest satisfaction on contact was pleased with life. While she had suffered numerous episodes of depression, she had also gone on to marry and have two more children. The delighted birthmother had also had another child and married (not the father of the child) but she had also suffered depression/anxiety triggered by reuniting with her relinquished son. The four mixed responses included two birthmothers whose contact had ceased but also two birthmothers who had been delighted with both the contact and the adoption.

There does not appear to be any reliable relationship between life satisfaction and type of contact or satisfaction with either contact or adoption.

A one-way ANOVA was conducted in order to ascertain whether there is a difference between birthmothers with low (1 - 4, including 'mixed') satisfaction with life and high (5 - 7) satisfaction with life and: current levels of depression/anxiety; current intrusive thoughts and avoidant behaviours about the relinquishment; children since the relinquishment; amount of years that had elapsed since the relinquishment.

Table 17: One-way ANOVA of high and low satisfaction with life and the K10, intrusion current, avoidance current, children since relinquishment and years since relinquishment

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
K10	Between Groups	.900	1	.900	2.127	.168
	Within Groups	5.500	13	.423		
	Total	6.400	14			
Intrusion Current	Between Groups	.000	1	.000	.000	1.000
	Within Groups	11.500	12	.958		
	Total	11.500	13			
Avoidance Current	Between Groups	.024	1	.024	.023	.882
	Within Groups	12.333	12	1.028		
	Total	12.357	13			
Children since Relinquishment	Between Groups	1.344	1	1.344	7.316	.018
	Within Groups	2.389	13	.184		
	Total	3.733	14			
Years since Relinquishment	Between Groups	4.900	1	4.900	2.711	.124
	Within Groups	23.500	13	1.808		
	Total	28.400	14			

There was one significant result. At  $F(1,13) = 7.32, p = .018$ , there is a difference between high satisfaction with life and low satisfaction with life and whether the birthmother had children subsequent to the relinquishment; that is, birthmothers who had gone on to have more children reported higher satisfaction with life, and those without subsequent children were less likely to report being satisfied with life.

Nine of the birthmothers in the study have not had children since the relinquishment. However, two of the nine participants were pregnant at the time of the interview. Three of these nine birthmothers had other children at the time of the relinquishment, and two were in their early twenties and believe they will have another child in the future. Six birthmothers have had children since the relinquishment. If the two pregnant participants went on to deliver then the distribution would be fairly even. Carr (2007) argues that the adoption field holds a belief in the phenomenon of subsequent childlessness after relinquishment. This is understood as one of the painful consequences of the loss. While making some intuitive sense, it is an anecdotal supposition and is not supported by this study. Other studies have suggested that having subsequent children goes some way towards resolving the grief experienced as a result of the relinquishment (De Simone, 1996). While this was also not supported by the current study, having subsequent children was associated with increased satisfaction with life.

It would appear that global questions of satisfaction are not easily triangulated with the narrative data. It is possible that global questions themselves, and the processes around asking them, are not congruent with the complexity, changeability, ambiguity and unbounded nature of the adoption experience. Nonetheless, the results suggest that those who are satisfied with contact are also those for whom the



relinquishment is highly present in their thoughts, and that there is an increased satisfaction with life for birthmothers who go on to have more children.

However, the sample size and the very small numbers the subcategories of high/low satisfaction represent do not provide a sound basis for making confident conclusions and generalisations. The results do represent an argument for future replication with a larger sample size.

The results of the current study support the belief that relinquishment is remembered as a traumatic loss event, but that the associated symptoms of grief reduce significantly over time. The passage of time was also implicated in the trend that the greater temporal distance from the relinquishment the lower levels of depression and anxiety reported. In terms of satisfaction, the study found that satisfaction with contact is associated with high levels of intrusive thoughts about the relinquishment, and that increased life satisfaction is associated with having children subsequent to the relinquishment. While these results contain positive dimensions, they exist in a general context of above average symptoms of depression and anxiety and mostly difficult childhood circumstances.

## **Qualitative findings – The relinquishment**

The following three chapters contain a content analysis of the interview data under thematic headings, firstly divided temporally into the relinquishment and the contact experience, with the third chapter containing a synthesis of the material into conditional relationship and reflective coding matrices to produce a theoretical statement.

The analysis is informed by attachment theory. Attachment theories concern themselves with the processes of merging and separation that govern human existence (Bowlby, 1980). Specifically, attachment originates in the behavioural interaction between an infant and the primary care giver, co-created through identifiable patterns of responsiveness from the caregiver, which establish patterns of need satisfaction for the infant. Four styles or types of attachment are identified: secure, anxious, avoidant and disorganised. Early attachment experiences imprint these styles of relating, which then persist (with some plasticity; as an adult one can attain ‘earned secure’ attachment) throughout the life span. Attachment behaviours are biological, an imperative of the infant’s survival, and the establishment of attachment is largely associated with the biological mother; a segue from her inviolable role in gestation. Relinquishment confounds these natural processes, producing a unique duality and/or conflict between feelings of attachment and the need to detach. This is evident throughout the following chapter, and the experiences of pregnancy, the relinquishment decision, the birth and the process of choosing the adoptive family that was described in the interviews.

### *Why adoption?*

One of the great privileges of living in the first world in the late 20<sup>th</sup>, early 21<sup>st</sup> century is the availability of reliable, safe and cheap contraceptive technology, that can be activated both before or after conception. Yet the voluntary adoption of full term babies is prevalent enough to require a systemised pathway with government funded departments employing specifically trained workers to aid the process.

One of the dominant themes that emerged from the stories about the conception and gestation of the relinquished child was of avoidance, or denial, that conception had occurred. This took various guises but overall describes an ambiguous/ambivalent form of knowing, made up of non-congruent parts that are compartmentalised into conscious and less conscious knowledge.

More than half the women described “knowing” they were pregnant but not taking any action to confirm the pregnancy at any time from 12 weeks to 38 weeks gestation.

Each quote includes the participant’s Impact of Event Scale (IES), Intrusion Past (I) and Avoidance Past (A) score; that is the level of intrusive thoughts and avoidant behaviours recalled and reported as experienced at the time of the relinquishment, with scores 0 - 5 rated as subclinical, 6 - 15 as mild, 16 - 25 as moderate and over 26 as severe and clinically significant. The IES asks generally about the relinquishment which may, or may not, have included the pregnancy in each participant’s mind.

Betty (IES I=7, A=20), whose pregnancy was not confirmed until she was 14 weeks pregnant, explained:

“I think at one stage I suspected but couldn’t quite believe it...so I think I denied it. Subconsciously I think I knew”.

Kirsty (IES I=27, A=7), who had no antenatal care and only told her parents 2 weeks before the birth, said:

“I already knew in my heart that I was pregnant. So it was, I was in denial. I didn’t tell a soul, not a single soul and I was trying to hide it”.

Arrabella (IES I=33, A=35), who emigrated alone from Ireland at 14 weeks pregnant, informed no one before she left and eventually told her family months after the relinquishment:

“I knew I was pregnant pretty quickly. Well I’d assumed I was but there’s a part of me that didn’t believe”.

When Gill (IES I=33, A=20) told her parents, her mother did not speak to her for three months and, when Gill was eventually allowed to visit she was only allowed to come at night under the cover of darkness:

“I just hadn’t had a period...and I thought that, I don’t know. I just didn’t think I was pregnant...I’d missed a period or I thought I did and then I went to the doctors and I found out I was 3 months”.

These women described knowing in different ways such as “subconsciously”, “didn’t think”, “in my heart” or “assuming”. This knowledge then appears as overlaid, or subjugated by other, perhaps stronger, socially mediated forces, like the perceived

need to not tell “a single soul” or trying to “hide it” and “denial”. The experience was driven by a need to not know or not have it known by others.

Three women described a more complete denial, being genuinely surprised to discover the pregnancy by default after a visit to the doctor because they weren't “feeling well” at 6, (Kym IES I=31, A=36), 10 (Jane IES I=31, A=13) and 28 weeks (Anne IES I=8, A=1) of pregnancy respectively.

For some, avoiding or denying the pregnancy was based on fear. One birthmother had suspected she was pregnant when she missed her first period but did not go to the doctor until she was five months pregnant, because “I thought my parents would kill me” (Karen IES I=35, A=18). Another's fear was that the news would “kill my parents” (Lois IES I=16, A=15). Another delayed for two months because “the biggest fear for me was worrying about what people were going to think of me” (Jacqui IES I= 30, A=5).

Some denial merged with feelings of anger. Rita (IES I=12, A=20), who believes she did not show till she was seven months pregnant, said:

“I hated it. I wanted to get rid of it. I would have been happy if I'd fallen off the bridge or had a miscarriage or something. I wanted to get rid of it...and I remember being able to feel it moving around and just...I hated it. I'd do anything to get rid of it, you know?”

The use of the pronoun “it” minimises the humanness of the growing child and, this objectification, may serve to ease the pain of relinquishment. The use of the pronoun “it” brings into question the maternal foetal attachment. Although a relatively

new and under researched construct (and its relationship to mother baby attachment), maternal foetal attachment describes the relationship between a pregnant woman and her foetus and is manifested in behaviours that demonstrate care and commitment to the foetus including: nurturance (eating well, abstaining from harmful substances), comforting (stroking the belly) and physical preparation (buying baby clothes and equipment) (Salisbury, Law, LaGasse & Lester, 2003). There is an absence of these attachment related behaviours in the stories of the gestation.

For example, another birthmother's denial led to a neglectful stance:

"I didn't eat well. I then...I was in denial. I didn't talk to the baby. I was trying to sort of hide her and yeah" Kirsty IES I=27, A=7.

Another to risky behaviour:

"I drank. I didn't drink heavily but I did drink, especially in the earlier stages...Smoking. I smoked heavily at first. And it was really just not caring. At that stage he wasn't a person in my mind. It was not until he was actually born that actually I worried about those things" Rita IES I=12, A=20.

The "hiding", "not talking", "wasn't a person in my mind" suggests the manifestation of infantile constructs to manage the pregnancy. The narratives suggest that if you turn your back on, hide, not talk or think about someone or something, then you can pretend or believe they do not exist. This belief ignores the development of object permanence, the knowledge that people don't disappear when you can't see them, which usually develops by 8 - 9 months of age (Piaget, 1929).

For three women, denial influenced the desired method of delivery:

“I wanted a caesarean. It took me a while to convince the doctors. I somehow thought that it would be easier for me emotionally...because I'd heard women who involuntarily had caesareans somehow felt they were missing something, so I kind of thought maybe that will work for me...just being sort of knocked out and having it removed, you know?” Rita IES I=12, A=20.

Rita had a vaginal delivery.

Denial, as a mechanism of defence, functions as a means of psychological protection, usually from intense, negative emotions (Freud, 1937). Scores on the IES tell us that as an aggregate, intrusive thoughts were more commonly and severely felt by the participants in this study, than the numbing symptoms of avoidance, although at the time of the relinquishment both were clinically significant. A comparison with the narratives highlights the interplay between the two states, the active avoidance of intrusive thoughts. The stories suggest that, for some women, being pregnant and contemplating adoption is an overwhelming circumstance that requires a level of avoidance and denial to protect oneself from, and manage, the depth of difficult, frightening feelings.

Four of the birthmothers did not deny the pregnancy; they had suspected they were pregnant once they had missed their first period and then had it confirmed. Three of these women had existing children, suggesting the realities of motherhood decrease the likelihood of accessing denial in order to cope. While one of them had gone to the doctor because she thought she had the flu, once the pregnancy was discovered she told

her Mum immediately, “because I thought I had to, because I’d already had Jack” (Jane IES I=31, A=13).

The remaining birthmother (Wanda IES I=35, A=8) did confirm her pregnancy after she missed her period but then delayed telling her mother until she was fifteen weeks pregnant. The delay complicated her access to an abortion, as her local country hospital would not perform the procedure at that stage of pregnancy.

Delays due to denial affected four other women who would have considered an abortion if they had confirmed the pregnancy earlier. Abortion was not an option for a further nine participants for values/religious reasons. Five of these women clearly stated their Catholic faith forbade them to have an abortion; the other four quoted personal values:

“I don’t believe in that sort of thing...it’s wrong to take a life” Gill IES I=33, A=20.

“I guess it was the fact that I knew that abortion was against my values” Nancy IES I=35, A=31.

“Sort of against it, and not against it...the life was already there...and I just couldn’t destroy it” Kirsty IES I=27, A=7.

The Catholic Church influenced two participants’ decisions at a secondary level. Both these women conceived in Ireland where abortion is illegal. Within that context, one birthmother also quoted personal values; “I thought about it and...thought I couldn’t



do that” (Arrabella IES I=33, A=35). The other decided an illegal abortion was unsafe and by the time she arrived in Australia it was too late to have the procedure.

Finally, Karen (IES I=35, A=18), who was fifteen at the time, wanted to have an abortion but the father of the child forbade it, threatening to kill either her parents or her brother if she did.

### ***Reasons for relinquishment***

Relinquishing a child for adoption is a profound parenting decision. Considering the defining termination of all parental rights and responsibilities, it is arguably the most significant decision, personally, emotionally and legally, the birthmother will make once the child is born. As such, its determinants are multifaceted. Under the umbrella of universally shared abstractions of a “better” future for the child, the reasons were informed by social values, concrete practicalities and least importantly, the birthmother’s life goals.

The rationale that the child would be “better off ” in an adoptive family was universal, evident in all circumstances:

“And I also knew that he would be okay, better off in someone’s care than in my care” Nancy.

“I wasn’t going to be able to care for him and give him the things that he needed or the things that I would like to give him” Rita.

“Because I couldn’t look after the baby and I just don’t want to give her a so, so life. I wanted her to have a life she deserves” Kirsty.

“Someone else could give her more love and give her a more stable environment than I could” Gill.

“What I did was the best for him...I just felt that that would be extremely selfish to keep him with me and not give him the life he deserves, you know” Trudy.

The argument that the child would be “better off” was also generalised as “doing the right thing”:

“It was something that for me was the right thing to do” Wanda.

“I know that was the right thing to do” Lois.

“But I knew in the end that it was the right thing to do” Sarah.

Not every participant directly stated that their child would be “better off”; rather the sentiment was implied in the specific circumstances.

For example, youth was implicated in various ways; literally:

“You know you’re not ready to have a kid” Rita, age 22.

“You know it’s not going to turn out right, not at 17” Wanda.

“Well I’m 16, I can’t have this baby” Jacqui.

Or it manifested in a lack of self confidence and life experience:

“I didn’t know about the everyday things like finding a crèche and how to work out working hours with having a baby in crèche and just your everyday challenges” Gill, age 28.

The consequences of being single also contributed to the position that the child would be “better off”.

No participant was married at the time of the relinquishment and only two remained in a relationship with the father of the child at the time of the study, although in one case it was severely restricted, being a violent relationship managed through Intervention Orders. While birthfathers are not the focus of the current study they played a role in the decision to place the child for adoption.

In five circumstances the relationship had ended before the pregnancy was known; for two others, the relationship ended once the pregnancy was discovered, and both these fathers approved of the adoption. One conception was the result of a date rape and the father did not accept any responsibility; “he didn’t care” (Kirsty).

Six of the birthfathers wanted the birthmother to keep the baby. Two of the birthfathers offered marriage, however, the birthmother could not invest in a faltering relationship. One birthfather wanted to migrate on the strength of a marriage and child; “he was pleased about it for all the wrong reasons” (Jane). The other offered marriage even though the relationship had been coming to a natural close prior to the pregnancy.

One couple actually moved in together but the relationship did not outlast the pregnancy. Two birthfathers were extremely controlling and violent and expressed intense ownership of the child and one birthfather expressed a wish for the birthmother to keep the child but was not offering any form of support.

In only one circumstance did the birthfather actively support the birthmother throughout the entire relinquishment and they remain in relationship. However, even his influence was minimised:

“He was involved but... he never said this is what I want...It wasn't like he wasn't involved but, I don't know, I kind of looked at it as though he could walk out tomorrow and that would be it. So the final decision had to be mine” Anne.

The consequences of being single that were decisive included money, or rather the lack of it. Six birthmothers cited financial hardship:

“Financially as well I wasn't in any way or form able to take care of a child at that time” Trudy.

“They (my parents) were financially supporting us, my daughter and myself and no, one more would have been too much” Kirsty.

“Also I didn't have any income, the father left and didn't want anything to do with us” Kym.

“I knew I couldn't afford it at the time, you know to give him a good education and a good upbringing and that” Trudy.

Or, more generally, as a lack of resources:

“I couldn’t keep it, because like I said, I didn’t have any support” Kym.

“I couldn’t do it on my own” Sarah.

The consequences of illegitimacy were also evident; be it shame:

“It wasn’t so much that I didn’t want the baby, I didn’t want the stigma was probably more the issue” Jacqui.

“I think there was all the social stigma thing...being pregnant outside marriage...that was an issue for me” Lois.

“It (an illegitimate child) is just like really, you know, doing the worst thing you could possibly do, the biggest thing that you could possibly do, yeah and to do that, how would they accept him? Not my Mum and Dad, but the world around me. Is he going to be one of those that are kicked off? Is he going to be one of those that don’t belong? Is he going to ...that’s horrible” Betty.

Or, for one, the effect on her future prospects:

“No one ever marrying you, never finding someone to love you, because you’ve got a child” Jacqui.

Being single also denied the child a traditional family:

“I wanted the baby to be in a family situation with a mum and a dad and possibly other brothers and sisters and...that’s what it was for me in the end” Lois.

“ I just thought, well the best thing for him would be to have a stable family life and I just felt adoption was the only way to give him that family, that stable family life” Trudy.

“I didn’t want a baby to be born into a family where it was a single parent family” Wanda.

Four birthmothers were already mothers when they discovered the pregnancy. The experience of single parenthood was a determining consideration for three of the mothers:

“I had Jack who was two, I was just 22 and I just looked at the big picture and thought here I am 22, two children, no partner, what’s the prospect going to be...I don’t want to struggle bringing up two children, I want to give them both the best life that I could give them...I just weighed it all up and thought how am I going to do this on my own?...It was a lot of reasons but Jack was a really big one” Jane.

“I knew I would struggle with two children because of the fact that I knew that I struggled with the one child in my care. I actually did feel inadequate as a parent at that time, so I didn’t want him to go through what my child went through” Nancy.

“I knew I couldn’t look after two kids. My daughter, she was around 15 months then and she was quite a handful” Kirsty.

The fourth birthmother, Sarah, had an intellectual disability, was in a violent relationship, and her three previous children had been involuntarily removed from her care.

Three of the birthmothers became pregnant within extreme circumstances, which imposed a compelling argument on the decision to relinquish, decreasing the level of expressed decision ambivalence. Protective issues were activated, and the child’s safety became a critical factor.

One birthmother, Karen, had become pregnant at 15 to her boyfriend who was becoming increasingly erratic, irrational and dangerous. Over the course of the pregnancy he: intimidated her, put a gun to her head, tied her up, repeatedly broke into the family house when no one was home, threatened the lives of her parents, siblings and horse, ran her brother off the road with his car and killed her cat. Once the child was born the birthfather obstructed the adoption and argued for custody in the Family Court. At the same time, he was announcing, “if I get that baby, he’ll be dead in a week. If the judge gives him to me, he’s gone”. For this birthmother,

“we had no choice. If I keep him, he’s going to kill it. I just wanted him (birthfather) out of my life...If he wasn’t psycho, Mum and Dad would have looked after him (her son)...no worries” Karen.

The level of danger was not exaggerated; five years later the birthfather shot and killed his wife, their six month old baby and, after a seven hour stand off with the police, himself.

One birthmother, Trudy, was addicted to heroin:

“I had my own demons to battle at that time...and I didn’t want to be one of those parents – I’ve seen them, you know – I hate to say junkie parents – out at 3 in the morning dragging the baby around...or off trying to score...I didn’t want to go down the route of putting him into foster care and him being moved around...until I cleaned myself up...and if I relapsed or stuffed up, having him taken off me...I just thought that’s too much too-ing and fro-ing...I thought ‘Well, he didn’t ask to be brought into this world’ and ‘He shouldn’t have to suffer because I have my own demons and I have my own problems...He doesn’t need to suffer and go through that’” Trudy.

Another birthmother, Sarah, was intellectually disabled; she had three previous children who had been removed from her care for protective reasons and the birthfather’s violence was managed through Intervention Orders:

“During the pregnancy he was a little bit violent. And he drew a knife. I was a little bit worried and hid in the bedroom” Sarah.

She had learnt that:

“I wanted the best for my daughter and I couldn’t give that to her” Sarah.



For a fourth birthmother, Nancy, her experience of parenting her first child was the central consideration in her decision to relinquish. Her potential for abusive parenting was realised in the aftermath of the adoption, with her first born child, when she was suffering from chronic, untreated post-natal depression:

“I became extremely aggressive towards my daughter, and unfortunately she suffered a lot of abuse; verbal abuse, some physical abuse and also a bit of emotional abuse. There were a lot of times where she was neglected as well, by the fact that I was just sleeping. And when I slept I would go into a deep sleep. There were a lot of times where I just actually locked the door so she wouldn’t get out” Nancy.

While the temporal evidence suggests her extreme response was activated by the adoption, the birthmother traced the aetiology to before the adoption, the hardships of being a single parent and the hardships of her own childhood.

Issues of child protection exist on a long continuum. The supposition that a child will be “better off” starts as an act of child enhancement and ends as an act of child safety.

While all participants believed that the decision to relinquish was in the child’s best interest, five birthmothers also articulated reasons that considered their own interests. However, this represents only one third of participants, and their personal needs and desires were never put forward as the prevailing reason. Rather, it was an afterthought, added on to the child centred reasons.

Generally:

“I just wanted to get on with my life and it was stopping me really” Rita.

“I didn’t want to be on welfare, I wanted to work...I didn’t want to struggle”

Karen.

“You know, the attitude in Ireland is don’t work when you’re a mother, you stay at home with your children and there’s no flexibility...and I was a bit more ambitious than that” Arrabella.

And developmentally, in a desire to continue with their education:

“I knew deep down in my heart that that (keeping the baby) was not what I wanted. I was also studying at the time, and currently am still studying, and yes...I just knew it wasn’t what I wanted” Nancy.

“And I was studying. I really wanted to finish my studies and yeah I thought adoption would be good” Wanda.

The consideration of relinquishment appears to generate psychological defences as mechanisms of coping with a horrifying life decision. As such, the reasons articulated as, in the best interest of the child, may be, in part, a projection of the best interests of the birthmother; reasons that can’t be consciously acknowledged or articulated. Projection, like all defence mechanisms, provides a function whereby a person can protect their conscious mind from a feeling that is unacceptable or repulsive (Freud, 1937). It is the fundamental mechanism by which we keep ourselves uninformed about ourselves.

Two of the birthmothers had been adopted themselves. Both relinquishments had occurred in Asia, due to poverty, and neither experience had been entirely positive. One birthmother, Kirsty, had been informally adopted by her maternal aunt, and the informality and lack of legal boundary impacted on her attitude to adoption:

“Actually my adoption wasn’t very pleasant because my biological father would often get me from my adoptive mother and you know there was sort of, like a tug of war between them so I felt misplaced in some way, not to have a permanent home to stay in and I didn’t want that to happen to my daughter...the second one...so...I wanted it to be a fixed one and I thought to myself once I’d decided on adoption that I would give her to her adoptive parents wholeheartedly. I’d do it 100%” Kirsty.

The other birthmother, Kym, was estranged from her adoptive parents. She reported that her adoptive parents had been emotionally and physically abusive, damaging her sense of herself, ultimately diminishing her belief that she could be an adequate parent. She believes that the abuse was based on their disappointment that she was not their biological child, she could not reflect their values:

“I was mistreated by them...I wasn’t up to their standard... it all came down to disability, learning. They were very impatient and said all these very nasty things to me and I was always blamed” Kym.

Her experience of adoption created a bind; her negative experience of adoption created the need for adoption to be considered when she became pregnant. The resolution of the bind required serious deliberation:

“It wasn’t an easy decision, no. I thought about it and thought about it, and I was thinking of the good side and then I was thinking of the bad side. And the good side weighed up more than the bad side” Kym.

This birthmother ultimately decided that contemporary Australian adoption could “give her (the child) a better life than I had”. Kym has not gone on to have more children.

The unspoken corollary of the position that the child would be “better off” living with another family is that the child would be “worse off” living with their biological mother. Gilligan (1982) in her investigation of women and their ethical decision making (in an abortion decision study) uncovers a relational base to female ethics; that women’s morality does not only deal in absolutes, rather it is attuned to the specific contexts of people’s lives and follows an ethic of care, with the imperative not to hurt others. In this framework, responsibility means an extension of self to protect another from hurt. In this way the decision to relinquish is presented as a responsible and altruistic decision. However it is an extension of self that is dependent on a deeply negative self-evaluation, and hence is associated with complicated and ambivalent stances.

“Better off” is defined by the extent to which it contrasts with the characteristics of the birthmother: be that youth, being single, a lack of money or education, shame, emotional immaturity, danger or a negative adoption experience. “Better off” is understood entirely in terms of the birthmothers’ deficits. As such, the limits of the question are evident; they have answered only one side of the decision question. Models applied to decisions with high ambivalence have defined decision making as a rational process of ascertaining whether the pros outweigh the cons; a balance sheet

approach that recognises the “both-and” dynamic of ambivalence rather than “either-or” (Allanson, 2007). While the ability to itemise decision making variables suggests that the birthmothers utilised a balance sheet style of pros and cons to understand and aid their decision making, it is imbalanced in the extreme. No one offers any reasons for keeping their baby. There are no reported cons. Are they self evident, too painful to think and talk about, and/or are they dominated by the pressures to adopt?

### *Choice*

When asked directly whether the decision to relinquish was theirs, all the birthmothers reported that the choice to relinquish was their own. Eleven of the birthmothers were unequivocal in their response. Answers were short, sharp, unambiguous: “Yes”, “Definitely”, “It was my choice, nobody else’s but mine”. A closed question generated a high level of ownership. Not one participant reported coercion; they demonstrated a unified voice of taking personal responsibility. Taking responsibility for one’s actions stands on the continuum of the psychological position of the grown up and ‘separate self’, which dovetails with the dominant cultural ideology of individualism. Jack (1991) in her work on women and depression observes,

“the view of the self that dominates psychology starts with the premise that ‘man’ is intrinsically separate....In Freud’s drive theory, development progresses from the infant’s ‘oceanic feelings’ of unbounded connection to the delineated autonomy of mature adulthood....Maturity implies self-sufficient autonomy; immaturity means a child like dependence on others” (p.7).

Surrey (1985) points out that the view of self as separate, divides along gender lines, and that assumptions about male development are usually generalized to human

development, and so for all of us “high value is placed on autonomy, self reliance, independence, self actualization, listening to and following one’s own unique dream, destiny and fulfillment” (p.2). These women were clear they were making and owning a ‘mature’ decision.

However, a consideration of ‘choice’ elicited a cohort that expressed an experience of choice that was not simply dichotomous. For five birthmothers, attached to a statement of ultimate ownership were explicit statements that the relinquishment did not feel like a choice at all; that is, the circumstances produced a non-choice or forced choice:

“It was all my decision, but I felt like...no one said anything but in my head it’s just like I had no choice, for whatever reason” Betty.

“It was a forced choice...it was the only thing to do” Karen.

“In my mind...there was no alternative” Arrabella.

“It wasn’t a choice for me it was just...I didn’t want a baby to be born into a family where it was a single parent family” Wanda.

Or an uninformed choice:

“(It was not a choice) in the true sense of here are all your options, here’s a well informed choice” Jacqui.

Or an elusive sense of choice:

“I think back and think ‘why?’ I can’t understand, I really cant and I get so angry...I can’t say that he was taken from me because he wasn’t. It wasn’t forced upon me because it wasn’t” Betty.

Or a passively assumed choice, based on cultural assumptions. For one birthmother from a traditional, catholic, farming family there was only one fleeting challenge:

“At no stage was I asked ‘are you sure this is what you want to do?’ ...The only person who ever asked was a local social worker from the hospital...he was the only one who said in a round about way, is this what you want to do, or do you have to do this. Now that was the only time I ever saw him when he came out to the house for me to sign the final cooling off papers that you have to sign” Wanda.

Not being asked directly, or at all, about what she actually wants carries the implication that this dimension of the process is not available. There is, in fact, no ‘choice’, which may help explain why the cons of the decisions were not considered. The corrupted notion of choice articulated above suggests that the psychological environment in which the relinquishment choice is being made is flooded with feelings akin to entrapment or “blocked escape”; notions which are, in turn, correlated with depression (Brown, Harris & Hepworth, 1995; Gilbert, 1992).

While cultural assumptions may have been powerful for the birthmother from a traditional Macedonian family, her confused and tangential thinking are, in themselves, grounds for professional challenge:

“She (the agency worker) asked this question and I said ‘What if he is cold?’ And she said ‘Are you saying that no-one can take care of him the way that you can take care of him?’ I said ‘I’m not saying that’, but it’s what I thought...I couldn’t tell you everything that was said. I just remember bits of it, thinking ‘Okay, where did that come from, what triggered that off. Did I even make sense when I said that’. I don’t know” Betty.

The qualifications surrounding the decision to relinquish demonstrate that all choices are bound by the context within which they are made. The reasons for the relinquishment shaped the choice to relinquish for all participants. This is apparent whether explicit statements on the nature of the choice were made or not. For example, the consequences of denial limited some women’s range of choice, an anti-abortion position limited others; attitudes to youth and single parenthood restricted the choice for others.

When two birthmothers talked in depth about their experience of ‘choice’ they articulated the powerful function of the operating cultural assumptions:

“I made a choice but the options weren’t clearly laid out... I found him (the relinquishment counsellor) really warm and supportive – but not challenging my decisions at all...there was no ‘these are all your options’...he just went along with my whole belief system...informed choice is a loaded word really. I came with a set of beliefs on culture and found myself in the situation with someone (the relinquishment counsellor) from a similar culture that reinforced what my thinking was...I made a choice but the options weren’t clearly laid out... and it



was only in the hospital when I briefly met the social worker – it was the only time I was ever challenged as to why I wasn't keeping this baby” Arabella.

“Initially it was ‘Oh yeah, that makes sense, I’m only 16, 17, I can’t have a baby. I’ve still got an education I want to finish and I want to go to university and want to travel, you know, I had all these big dreams and basically what was reinforced was if you have this child, it’s all out the window, you can forget about having a life basically...there’s no way you can be successful if you had a child at 17 and I believed that because no-one challenged it...the crap that goes with single mothers at a young age, stuff that people want to believe which can be challenged, now I know that. Back then I certainly wasn’t mature or I didn’t have the life experience to know that that could be challenged... it may have happened (a challenge) I suppose but if it happened it happened in isolation...I didn’t hear it...without my parents being involved in it, I think it was almost useless because I needed them to be there for me, I needed them to say ‘well this is how we can support you’ but they just weren’t part of that whole process, they were never engaged in that whole process...There was nothing there for them, they were never involved in any of the counselling sessions...they were never given any opportunity to explore other options or look at why they felt the way they did...that wasn’t challenged, I think it was just accepted...(but) it’s not an individual issue, it’s a systemic issue...If someone had said to me ‘Have you thought about keeping your child and telling ’em all to get stuffed?’ I would have gone ‘Well, hell yeah, why not!’” Jacqui.

The power of the cultural assumptions is illustrated by the inability of the system, the family, the individual, to challenge them. The deconstructing of the assumptions that informed the original decision is particularly salient to, and painful for,

these birthmothers, because they expressed serious regret about their decision to relinquish.

The ongoing ambivalence about the choice is well expressed in a story Jacqui told. Her relinquished daughter is now an adult. She is talking about a recent conference where she presented on the impact of separation on families:

“But as soon as I got up to talk and start on my speech I was in tears. I thought ‘God, where did that come from?’ It’s just under the surface sometimes but I was in a safe place too, these people who understood and had lost children as well, so you sort of felt ok about it. I was talking about the day I walked out. I think I started the speech something like ‘I can’t believe I walked out of the hospital and left my child behind’, or something like that, so I was in tears because I can’t, I still can’t believe I did that. I can understand it, I can put it into context but in hindsight I think ‘Oh my god’. That just showed me how much I was influenced by those around me that I walked out and left her behind” Jacqui.

A long-term perspective contextualises the relinquishment decision but does not necessarily resolve it:

“Trying to rationalise the decision that my life wouldn’t have been ...couldn’t have travelled and done the things I have been able to do if I hadn’t adopted, if I’d kept her. But in a way it doesn’t matter...nothing compares to being with your child” Arabella.

### *Mother as mother*

An alternative to adoption by a non-related family is care within the birth family, which traditionally has seen the birthmother's mother become the primary carer. The impact on the breadth of choice available to the birthmother is born out in family attitudes and dynamics that have been found to predict the likelihood of a birthmother making an adoption plan versus choosing to parent. Several studies have found that one of the strongest predictors of relinquishment was the preference of the birthmother's mother. Chippendale-Bakker and Foster (1996) found that the biological mother's parents preference for adoption will influence the likelihood that adoption will actually occur, and the inverse, that the involvement of the biological mother's parents exerts a pro-parenting effect; that is, when the biological mother's parents have influence, there is an increased likelihood that parenting will be the outcome.

Within the study only four maternal grandmothers verbally offered kinship care to their grandchild. In only one of these cases was the offer seriously considered. Eventually, the offer was not acted upon because kinship care did not reduce the threat of the violent birthfather.

The remaining three birthmothers were uncomfortable with the offer to the point of rejecting it. The offers themselves reportedly contained the push and pull of ambivalence:

“My Mum would say that yes that's probably the best thing to do (adoption) but her and dad would support me if I didn't want to” Wanda.

“She had very mixed emotions” Rita.

“She didn’t really say what she thought about it...If I asked her something she said she would help me but she never actually said what she wanted me to do” Anne.

While offers were made, albeit ambivalently, the birthmothers assessed the offer as unacceptable, implying a lack of confidence in a kinship arrangement:

“I certainly did not want a baby brought up in an extended family where I would be with my parents. It wasn’t an environment that I had particularly liked growing up in even though we didn’t go without” Wanda.

“At one stage she had offered to take, to raise the child herself, which was completely unrealistic...her financial situation, her physical health, she would not be able to raise a child. I think she did her best to be supportive in her way. We’re not very emotionally close...I think things freaked her out too much. Yeah, she didn’t want to have to deal with that sort of stuff I think” Rita.

“Yeah there were offers but I didn’t really want that...I didn’t really want everyone else to have that responsibility. Why should everyone else be doing that?” Anne.

For eleven birthmothers there was no offer of kinship care. A negative or estranged relationship precluded four of these birthmothers from that opportunity.

For those in relationship with their parents, the reasons were varied. For some it was the grandparents who assessed themselves as unsuitable; aware of their limitations and boundaries:

“We’ll be there for you but don’t expect us to raise your child” Jacqui.

One set of birth grandparents did not speak to their daughter, Gill, for three months when they found out about the pregnancy. After three months they allowed her to visit them, but only at night in an effort to conceal the pregnancy from the community they lived in. Eventually they assessed that they were too old to parent their granddaughter, but offered their daughter a flat to live in.

One birthmother, Kirsty, was already living in an extended family arrangement with her first-born child and they could not afford to care for another.

One birthmother, Jane, felt that her father was unforgiving therefore limiting her mother’s options.

Three birthmothers felt that their mothers had remained silent not wanting to ‘interfere’ and ‘influence’ the decision, which is congruent with the notion that an independent and autonomous decision is the best type of decision. However, family support is a highly influential factor. For one, the silence created a vacuum within which relinquishment became possible. On visiting her son in foster care at three weeks old without her mother she said:

“I was hoping that I could take him home. I was wishing that my Mum would come there, because I knew that if she was there he would have come home with us...she admitted...’If I’d come here, I’d have brought him home, what would I have done?’ I said ‘My God, Mum, I begged you to come with me so we could

bring him home, that was the whole point'...To this day I think we've got tension between us" Betty.

Regardless of the fact that no offer was extended, a number of birthmothers were also clear that they would not have wanted their child in their mother's care, and the reasons echoed those voiced by the birthmothers who had been offered kinship care; a lack of confidence in the family:

"My mum's depressed, pretty bad.

*That's really sad. And she would not have been able to help you?*

No

*Did anyone ever offer?*

No. Most of them are depressed" Sarah

One birthmother did not give her mother the opportunity to offer. She did not tell her mother until after the birth. She had not wanted any offer made because:

"My mother was 19 when she had me ...it was coming from my experience of her struggling to cope with five children...she wasn't emotionally available"

Arabella.

The stories are congruent with the results of the ACE inventory, and a pervasive level of abuse and dysfunction in the families of origin, which shapes the birthmother's evaluation of kinship care. The stories suggest a mutual assessment that kinship care was an unexplorable, irreconcilable or impossible option; they describe a context where an autonomous decision needs to be made because one will be alone with the consequences.

### *Effect of childhood experiences*

In addition to asking directly about the influence of childhood experiences on the relinquishment decision, the study administered the ACE inventory, which itemises concrete events that define abuse and household dysfunction during childhood. In the following discussion of the narratives the triangulated ACE score will be included. The scores range from 0 to 24, with only two birthmothers reporting no incidence of childhood abuse or household dysfunction.

Two birthmothers could, in hindsight, make psychological links between the pregnancy and an adolescent reaction to negative childhood experiences. These responses were not conscious at the time of the relinquishment, and both birthmothers were emphatic that they had not become ‘deliberately’ pregnant. However, for Kym (ACE 2), who was adopted herself and became pregnant at age 16:

“Because I wasn’t loved by my parents and they never once said to me ‘Oh we love you as if you were our own daughter’. Not once did they say that. So that’s why I fooled around, ...like you do as a teenager, sleeping around and trying to make yourself feel good...I just wanted to be loved and to be noticed and to be valued, you know...and that’s how I became pregnant” Kym ACE 2.

And for another 16 year old birthmother who had contemplated suicide earlier in her adolescence:

“Don’t ask me why (I became pregnant). I have many times thought why. It was virtually a dare and I was the one that placed myself in that situation.

*Your own internal dare?*

Yeah...I think it was me looking for something” Wanda ACE 2.

The influence of the familial psychological context was more obtuse for a third birthmother, who became pregnant the first time she had sex, but whose “strict, catholic” father had already demonised her as a rebellious, risk taking teenager who was certain to get into trouble:

“I assumed that as soon as I got pregnant he was going to say ‘see I told you so, this is what you’re out doing, screwing around’ you know, and I wasn’t. I was just getting out because that’s what teenage kids like to do, they like to get out with their mates kind of thing and I certainly was not getting up to things when I was out... You know, it was almost like I was confirming what they were thinking of me anyway which was far from what was really happening... I had done exactly what they suspected I would do, you know, go and do something like this” Jacqui ACE 10.

Eleven birthmothers were able to acknowledge the formative influence of their early childhood experiences on their decision to relinquish; that is, in answer to a direct question, they explained that how they had been parented had effected their decision to not become a parent at that time, under those circumstances.

Of the contributing experiences, ten fell along a negative continuum, starting, most benignly, with the influence of their family’s values:

“Yeah, yeah. I think the background, yeah, like just the European background, it was, oh, this is wrong and this is right” Betty ACE 17.



“Most of it is really my cultural experiences that influenced the decision...I was a child of that culture and the belief system of my parents” Arabella ACE 1.

“Perhaps my experiences were a bit limited...I wouldn't have had a lot of contact with single parent families. There was all this religious background, which probably made a difference. I was always brought up in a two-parent family and that was I suppose the ideal...that's what families were” Lois ACE 0.

Then, moving toward the influence of more specific experiences of being parented:

“Mum was on her own when we were small and we were always being looked after by Nana or my Uncle which...there was nothing wrong with it but I guess I always thought that if I did have kids I would be the one looking after them...and they wouldn't be shipped one day here, somewhere else the next” Anne ACE 1.

“Maybe subconsciously...I grew up with a very emotionally vacant father who then left when we were fourteen so Mum was left and she was the breadwinner...and she struggled financially...And Mum has told us that my twin and I were an accident and that she was really, you know. In fits of anger she would tell us that we weren't wanted and it was our fault that she had no money and stuff like that, so I guess that was another reason why I didn't want to raise an unwanted child really. It's not fair on him to be raised in that environment” Rita ACE 6.

“It was coming from my experience of her (my mother) struggling to cope with five children...and my whole experience of my mother wasn't that...she wasn't emotionally available” Arabella ACE 1.

Culminating, most tragically, in experiences of abuse:

“I think a lot of my childhood experiences contributed to it...Because of the fact that I was severely abused as a child...by both my parents, except that the sexual abuse was by a friend of the family. Because I had a lot of issues associated with this...especially regarding anger” Nancy ACE 9.

Only one influence was reported as positive and this was expressed by a birthmother who was an adopted person herself:

“But with me I knew that adoption is a blessing and I knew that I'm always better off with my adoptive family than my biological parents” Kirsty ACE 3.

The other adopted birthmother reshaped her negative abusive experience into a projected future where a positive reworking of adoption allows for identification between herself and her relinquished child and a happy ending:

*“Do you think what happened to you as a child had something to do with why you might have relinquished your daughter?”*

Yeah, yeah, it has, because I wanted her to feel the same way as I did, but in a different way, like I wanted to give her up for adoption so that she could have a better life but not how I had it. So I wanted her to be adopted as well as

me...It's weird I guess...Like I was adopted, so I wanted her to be adopted so she can understand how I felt.

*Like a bond between you?*

Yeah, so we can share this information with each other and discuss it" Kym ACE 2.

*How* early childhood influences the decision to relinquish was not explored, but three birthmothers spoke about repeating the behaviour of their mothers. Their words suggest an identification with their own mother's experience and/or the ongoing power of an internalised negative mother:

"My mother was 19 when she had me...she wasn't emotionally available and I was scared that I was going to be like that with my child...If I manifested a parenting style that my mother had this child was going to be isolated, hurt, disconnected...I was afraid of that...that I would damage her" Arabella ACE 1.

"Yeah, my Mum put me down and I thought maybe I would do the same, history repeating itself" Sarah ACE 3.

"(My mother) didn't really want to be a parent at all so I guessed I didn't have very strong parenting desires myself" Rita ACE 6.

The four birthmothers who rejected the idea that there could be a connection between their early childhood experiences and their decision to relinquish present a less cohesive picture. These women described their childhoods as "fairly normal" (Jacqui) or "not bad" (Gill) or their families "close" (Trudy). However, the ACE provided a different picture with Jacqui scoring 10, Gill scoring 3, Trudy scoring 4, including drug

use and sexual abuse and Karen scoring 8, but not entering on the ACE the circumstances of physical, emotional and sexual abuse she received from the father of the child, who was two years her senior. In answer to the question these birthmothers focussed on the contemporary circumstances that were decisive. However, two described circumstances (notably minimised) similar to those cited as significantly influential by other women; that is:

Family values:

“No, not childhood experiences, it was more about what was going on at the time, more about family values” Jacqui ACE 10.

Childhood sexual abuse:

“We were all pretty close so it wasn’t anything to do with you know the way I was brought up or anything like that...there were certain things when I was growing up that I felt that I couldn’t deal with and that’s what started the drug use...I was molested when I was a child, not by a family member or anything. By a neighbour ” Trudy ACE 4.

The third birthmother stated, “Did I have a bad childhood? No. Oh no, it had nothing to do with it” (Gill ACE 3). However, this birthmother presented, at the interview, in a disturbingly chaotic and punishingly unclean home environment that belied her words. Her ACE indicated that a parent had suffered from a mental illness and she had been emotionally and physically abused. She also reported repeated episodes of severe clinical depression requiring hospitalisation throughout her adult life, pre and post relinquishment.

The frighteningly immediate circumstances of the fourth birthmother's (Karen ACE 8) relinquishment obfuscated any reflection on the influence of childhood on her decision to relinquish. Moreover, the perpetrator was a peer and, as such, stands perpendicular to childhood. She remained focussed on the protective concerns, and believed her parents would have become the primary carers if that had solved the threat of the extreme circumstances.

It appears that these birthmothers did have enormous difficulties in their childhood, but in interview they were either, unable to acknowledge them generally, or unable to acknowledge their impact on the decision to relinquish, specifically. There is a disconnect between childhood experiences and the relinquishment.

### ***Emotional response to the birth***

Generally, adoption is a decision that is first considered in relation to an unborn child, yet is realised upon a newborn baby. Delivering a living baby complicates the decision to relinquish, forcing the birthmother into a concerted process of separation. Under usual circumstances, separation/individuation happens naturally and incrementally within a significant relationship, throughout childhood and adolescence, and is usually driven by the child.

Some were confronted with separation immediately after the birth. The mirroring of the impending, ongoing separation may have magnified the degree of distress:

“I was all right until they took him away. (Immediately after the birth, he needed some moderate medical attention). And then everyone just left and I was ‘Oh no,

someone come and help me, what's going on?' ...After that I was a bit lost.

Didn't know what was going on" Anne.

"The birth itself was great...It was probably the separation immediately after the birth that was, you know. I remember this kind of conflict in me and conflict with the staff about what to do and 'do you want to hold the baby?'...So every process...that felt natural, there were questions being asked about it and whether this baby's up for adoption. (I felt) they're going to take the baby away and I didn't know where she was. It was horrible" Arabella.

(crying/a break)

*"What were you crying about?"*

Just the ache, the emptiness. Not so much the decision...but just going from 9 months of having her with me to absolutely nothing. And probably the silence of everyone else" Wanda.

The degree of distress may also have been magnified by the silence imbuing the birth stories which was perpetuated by the professionals, who did not know what to do, did not know what to say, or left.

For one very young birthmother a protective dissociation continued after her baby was born:

"It says in there (the agency records) that I was really nonchalant about it. I just kept talking about my horse and irrelevant stuff...I've still got that horse. It's not irrelevant and he was like my best friend. I was 15. I was trying to avoid

thinking about what was going on and just think about him because that was all I had to keep me going” Karen.

For another young birthmother, it wasn’t until the birth of her child that she could begin the concrete processes necessary to relinquishment:

“I never contacted the adoption agency until I was in the hospital having her...when it came to the crunch, it wasn’t until she was actually born that I could let go. Up till that point she was with me and she was mine, I could take care of her and I could keep her safe” Wanda.

Two birthmothers spoke candidly of their struggle with denial and the effort to link themselves and their decision to the very real baby in their arms:

“Eventually I had the guts to ask one of the nurses and she brought him up and I held him.

*Can you remember how it felt?*

Really weird....It took a long time for me to actually accept that he was mine. I remember just feeling really numb and just trying actually to connect with this baby...I think I was really determined to sort of get it in my head that this was real and that he was mine and I wanted to do the right thing (and continue contact)” Rita.

“Because it’s different being pregnant but when you’ve got this baby in front of you, you have all these feelings...and you just don’t know what to do...It wasn’t much fun. It was just a bit lonely...(seeing her felt) a bit unreal” Gill.

While the struggles of the above birthmothers were a continuation of the avoidance they had called on to manage the pregnancy, one birthmother who was a single parent and had not denied her pregnancy, also struggled with reconciling the baby in her arms with her decision to relinquish:

“Once he was born it was a lot harder, yeah a lot harder...I had to keep reminding myself that he was mine because I’d put myself in such a mental state so that I could do all the right things...even though I felt connected to him when I was carrying him, you still think ‘yeah, right, I can do this.’ But once you’ve got this little baby there you just think ‘oh my God’. So you see a little person and I had to keep thinking ‘that’s my son.’ I had to keep saying that to myself” Jane.

All the birthmothers to a greater or lesser extent (no information was gathered for one), confounded one of the assumptions of closed adoption practice; that is, that contact after birth would confuse or obstruct the separation. All the birthmothers in the study spent time with their baby, the majority actively cared for them, and the days in the hospital, immediately after the birth, were generally evaluated as positive:

“I would want that contact if it were to happen again. I would want that still. I think for me I would have been worse off if they had just come and taken him away and that would be it. So for me I wanted and needed that time with him...just to know he was alright and just to know I have spent time with him. I didn’t know what would happen, the adoption or contact or any of that, at that time, so to know that I had spent some time was something” Anne.



“I think I realised quite quickly that I wasn’t going to be able to just give him away and not ever see him again. I realised that wasn’t going to work for me”  
Rita.

“Yeah, I got time with her. Spent a few days with her. That was really good”  
Sarah.

“I would be bathing him and feeding him and the priest came one day and he said ‘You shouldn’t be doing this’ and I said ‘Why?’ and he went and spoke to (the worker) and said ‘This isn’t the right thing for her to be doing and how’s she going to make this decision’ ...and I said to him ‘This is the best thing for me to do’ and even now I think it was the best thing I could have done at the time is to have that week and I wouldn’t swap that for anything” Jane.

Winnicott's (1960) understanding of individual development lends itself to the birthmothers’ experience of relinquishment and, perhaps, puts it most poignantly. "At the beginning of life there is no such thing as a baby. There is instead a mother/baby, an emotional, psychological, spiritual unit, whose knowing comes from intuition. The baby and the mother, although separated physiologically, are still psychologically one" (Verrier, 1993, p. 17).

One birthmother discharged herself from the hospital to get hassle free access to her daughter. She did so 12 hours after the birth and returned daily for the next six days to spend time with her baby in the nursery; “that was beautiful” (Arabella). One of the difficulties she experienced while an in-patient was also with a priest who was unable to reconcile her wishes as the birthmother:

“I wanted to have a Christening with her or some kind of ritual before the adoption and the nurses didn’t really know and they said they’d get the priest in...and he was just horrendous and he called me selfish and said I had no right to have a Christening with her...so after he gave me a good old dressing down about I had no right to do this, he said ‘Well I’ll bless your baby’ and...he didn’t ask my permission, and he went to touch her and I just lost it and I said ‘Don’t you lay a finger on her’ and chased him out of the ward...and the nurses had obviously had bad experiences of this guy because after I walked back after chasing him out of the ward they were clapping at the nurses station, ‘well done’” Arabella.

Several birthmothers described post birth responses that, while ultimately positive, contain some of the bittersweet duality of relinquishment:

“A bit difficult ...because of the fact that I knew I was going to stand by my decision to adopt him. But on the other hand it was good to see him and know that he was safe and that he’s thriving physically.

*So did you hold him?*

The first day I saw him I couldn’t but after that yes, I probably held him 3 to 4 times during the day. And usually those times were quite long. That was pretty good. Yes that was a special moment for me now that I think about it...I also felt an instant sense of loneliness too at that time” Nancy.

“It just seems like yesterday. I can still see her face and I’ve got photos of her...it’s recreating that whole, and you do, you try and hang onto those sweet memories from before your child wasn’t yours” Jacqui.

The above also contains a descriptive quality associated with traumatic memory; that is, the traumatic event is encoded/captured whole and seared into the psyche with no temporal distinction between now and then, only a continuous present where the traumatic event resides.

For one, her post birth contact generated a melancholy closeness, and an opportunity to begin to reconcile her guilt:

“Ten days she was with us. I didn’t expect that I would build a bond with the baby because I knew in my heart I’ll give her up for adoption and I really made up my mind. But you know ten days. She’s my daughter, she came out of me and I felt really sad...For me it was making up to the baby for those nine months that I haven’t looked after her” Kirsty.

Only one birthmother reported breast-feeding her baby, albeit, briefly. None of the remaining birthmothers breast-fed. One birthmother explained that not feeding was an attempt to moderate the attachment:

“The only thing I didn’t do was breast-feed...that was because I was giving him up, that the bond was going to be broke so I sort of felt it would be easier”  
Trudy.

For another, hindsight, had shifted that perspective:

“I didn’t feed her. I wish I had now but at the time I was thinking ‘If I feed her I’ll get more attached’. But no one tells you that you can’t get more attached than you already are. You just are attached” Jacqui.

While some descriptions have an abashed, tentative quality, the notion that a mother is bonded appears self-evident, yet, at times, over-looked or quashed by a surrounding authority figure like a priest or health professional, who appears to believe that if actions like seeing, feeding, bathing a baby are eradicated, then attachment, and therefore the pain of loss, can be avoided. While it is highly probable that closed adoption practice was, in part, predicated on this belief, it does not recognise the operation of attachment and/or that attempts at avoidance can be painful in themselves.

Interestingly, within the post birth stories there is a notable lack of vacillation about the decision. While the stories incorporate the pain, loneliness, turmoil and difficulty of relinquishing a baby, no one talks of periods of seriously considering changing their mind. Unlike some of the professionals, the birthmothers themselves were able to emotionally hold and act within the opposing forces of relinquishment and their maternal feelings of attachment. A typical comment:

“I kept saying to her (the worker) ‘ No this is what I want to do but I just emotionally am finding it really difficult’” Jane.

### ***The effect of open adoption on the decision to relinquish***

In discussing the decision to relinquish, eight participants spoke spontaneously about the influence of openness:

“Because one of the reasons that I chose adoption was I always thought I’d have some kind of contact with my daughter so I’d have a link with her so she wouldn’t be completely lost” Gill.

“The good side weighed up more than the bad side, because at least I can see my child as much as I want and keep in contact, and the progress and everything”  
Kym.

“When it was explained to me, not just about the visitation and the letters and that, that I would also have a say in what kind of family I wanted him to be in I suppose that that really put my mind at ease” Trudy.

“But the open adoption I thought it was good because they wont take the baby away from you completely.

*So that made you feel better about the decision?*

Yes, yes” Kirsty.

However, openness was not necessarily a decisive factor. The perceived inability to take care of the child adequately was more pressing. For example, when asked if she would have proceeded if adoption practice were still closed in structure, one birthmother said:

“I’d still go for it...because I knew I wouldn’t be able to support it, the baby”  
Kirsty.

The above suggests that for some of the birthmothers the reality of separation was ameliorated by the notion of open adoption and contact. However, it was a far from universal phenomenon, with just under half the birthmothers failing to mention openness as a factor in their decision making.

## *Saying goodbye*

Fourteen women were asked if there was a point during the relinquishment at which they had said goodbye to their child. The responses were fairly evenly divided.

Of the seven who claimed that there was no conscious moment where they had said goodbye to their child, six cited open adoption as the reason:

“Isn’t that what open adoption is for?” Arabella

“I don’t know that I did. It was probably more open ended because I knew I would be having contact” Jacqui.

“There was never a moment where I thought that was going to be the end...(because we have open adoption) it never actually got to that” Anne.

*“Was there a point at which you said goodbye to her?”*

No

*Do you feel like you are still in her life?*

Yeah” Sarah.

The adoption process itself played a role:

“No not really. Because when you’re doing foster care monthly it was really gradual. There was no sudden point where I handed him over...I knew I’ll see him again” Rita.

“No I don’t think there was a defining moment you know like I suppose because he’d been in the hospital to foster care and he went straight from foster care to the adoptive family there was no sort of like gut wrenching goodbye or anything” Trudy.

The remaining birthmother did not cite open adoption. She admitted that she did not say goodbye because of avoidance:

“No, no that’s not what happened. I don’t feel that I ever did, only because at one stage I sort of denied everything and I didn’t keep in touch with the agency” Betty.

For seven of the birthmothers there was a consciousness around the relinquishment process, which openness did not modify. Even Lois and Kirsty, who indicated that the availability of openness had been a factor in the decision to relinquish, described a process of saying goodbye, of ending the relationship. In contrast to the women who did not say goodbye, their descriptions are rich, vivid and detailed suggesting they are important, significant moments, and, as such, are presented here in their fullness.

Transitions appear to hold the moment of ending; either the birthmother leaving the baby in hospital and returning to her life:

“In some ways I didn’t have to because it was going to be open but...I think in hospital there were times you’d have him with you and you’d just, you know you’d just kind of look at him and you’d just be rethinking about everything...and probably it was just...it was the day of leaving hospital really

when I left him behind in the hospital I think that was the day when I said goodbye...you knew it was the day and you knew that it was happening but it's never really quite the same until you're actually doing it and walking away...I'd done the goodbyes and it was the actual walking out that was the hardest part, you want to just be, well I suppose you want to just not be walking out, you have one more look and you have one more look and you have one more look and you can't keep doing that forever and you just have to go. That was probably the hardest time I think, even though I knew I would be seeing him again in foster care...when we went to visit him in foster care it wasn't quite the same leaving him in foster care as it was leaving him in the hospital...that was my point of no turning back" Lois.

"I had a lot of time with him for the first week when I was feeding him and bathing him and we had a lot of time just the two of us then...I was on the third floor and then we went to the lift and he was in his little bed and oh, in the room beforehand, I'd fed him and bathed him and changed him and then we went down to the lift and I was just going to go and she...wheeled him out...I didn't want to make it a real big sort of going out to say goodbye to him parting. I just remember her getting out of the lift and that was it...it was terrible when I just watched her wheel him out and I held it together and then I got in the car and I could just feel it all coming and...when I got home I could just let it all out. I cried for a few days" Jane.

Or when the child goes into foster care:

"At the hospital...I actually kind of verbalised it to him, because I knew that I would have access to him but I just knew at that point that that was it.



*So once he was out of your body you felt your role was over?*

Yes...actually there were a couple of days where he was still under my wing if that makes sense. Although I knew my focus was to adopt him out, I knew that I had an opportunity to make certain that that was what I really wanted and then it wasn't until the day I was informed that the foster care parents were coming in...that's when I spent a lot of my time with him, just basically emotionally letting him go.

*And do you feel you were successful in doing that?*

Yes" Nancy.

Or when the child moves into the adoptive home:

"When she was in foster care I would call the foster carer and ask how she was doing of course, but every time you'd hear her crying I'd just burst into tears and I don't want to hear her voice because I knew the care they were giving her was not like a parent... When I chose the parents I knew already I was getting close to saying goodbye to the child, so when the adoptive parents were already visiting her and eventually got her from foster care that was it" Kirsty.

"That was the hard part. You know, having a baby and then you don't...It's like 'okay where's she gone?' That was the hardest part, saying goodbye.

*And when did you do that?*

When the adoption agency rang me up and said they'd found two people who were interested in adopting a child

*You knew it was coming?*

Yeah. I was ready for it, so I wasn't going to act stupid and think nothing's happened.

*And did you actually do anything to say goodbye?*

I hugged her and kissed her on the cheek and that, holding her for the last time, so yes” Kym.

One of the birthmothers who relinquished under extreme circumstances did acknowledge the separation but without the emotional content:

“Oh God, probably when I saw him that time (in foster care) when he was eight months old I would have (said goodbye), but I would have said it at the hospital too. But I wasn’t upset about it” Karen

Consciously saying goodbye appears to have been an important touchstone in the relinquishment process. Open adoption has not obfuscated the reality of separation and the transformed relationship. Three of these women had a toddler in their care, and four fell into the category that had not denied the pregnancy, suggesting these factors may produce a general consciousness about pregnancy and motherhood and this, in turn, contributed to their capacity to be conscious of the loss inherent to relinquishment. However these factors are not fully explanatory. Another three birthmothers, or nearly half, were not already mothers and had denied their pregnancy to some extent.

### ***Understanding the consequences of the decision***

Thirteen of the birthmothers were asked whether they had understood the consequences of their decision at the time of the relinquishment. Eight felt that they had not fully understood what the consequences would be of this enormous action; that this was not completely possible due to the unforeseen effects of time:

“I don’t think anyone could...I think there is so much that pops up and it changes too but you could never know how it was going to impact on you” Wanda.

“I knew what it would mean in terms of you’re not being her mother anymore...whilst I understood what it meant, I don’t think I really understood, and I don’t know if you possibly can unless someone tells you just what it can be like, it can be a profound grief over the rest of your life” Jacqui.

“Is it possible to fully understand?” I don’t think so. You don’t know until you do it I guess. People can tell you what’s going to happen but who is to say that this is what will happen. No, I didn’t know at the time” Anne.

“I think that to the best of my ability I did. I didn’t know how it would affect me down the track. I didn’t really know what differences it would make to my life...you can’t know the future. I tried to. I spoke to people” Lois.

“No. Did anybody at the time? ...I was thinking that you give up your baby for adoption, it’s all over and you move on with life and there’s no impact, so I probably went into it thinking that” Arabella.

For two of these birthmothers the hard reality of the consequences did not need time to form; it was apparent immediately:

“(I didn’t understand), no way, absolutely not. I remember the first year. It was so hard” Betty.

“Probably not because the first year was a bit difficult for me. I was, you know, the contact and all that” Kirsty.

Five of the birthmothers did feel that they understood the consequences of their action. However their responses do not reference the personal consequences of the decision, suggesting they heard the question differently from the women above. One believed her understanding was based on thoughtfulness:

“Yes, definitely, yes. And I’d spent a great deal of time with Heather going over it and she really made sure that I was definite about it before I did anything about it. And I was given the opportunity to back out. I had that, but yeah, I understood for sure” Rita.

For another it appears based on a determined attitude rather than complex thinking:

“Yes I did see the consequences because I knew what was going to happen and I could accept it and that’s it...I didn’t have much information to think over that decision. I just had it in the back of my mind ‘Right this is it, this is what I want to do’” Kym.

For another her response was focussed on the consequences for the child:

“Yeah, totally, I realised...I did understand that you know he would be going to a good home” Trudy.

The remaining two birthmothers had external restraints:

“Yeah I knew...Our lives were really in danger. Chris would have been dead, yeah, so would I. It makes it easy, doesn't it?” Karen.

“My worker wrote a letter to the psychiatrist asking her to write a report to see if I understood” Sarah.

### ***Mental illness***

Seven birthmothers, or nearly half the sample, spoke of experiencing mental illness as a result of the relinquishment. Two spoke of “feeling depressed” but did not seek assistance; “I didn't believe in it. I didn't think it would benefit me” (Jacqui). However, five birthmothers required psychological or psychiatric interventions including medication.

Three birthmothers described episodes of depression at the time of the relinquishment. However, these three women also reported bouts of depression that preceded the pregnancy and birth; a history of depression increasing their vulnerability to future depression when under stress. Their K10 score, current symptoms of depression and anxiety, is included after the quote; 0 - 15 subclinical, 16 - 30 moderate and over 31 severe:

“I was depressed all the way through the pregnancy...just not being able to make decisions and crying all the time...(I knew it was depression) because I'd had depression before, obviously” Gill K10 16.

“Because I had suffered (work related, back) injuries. I was already suffering from depression at the time...and before the birth of the baby...But after the

adoption, the relinquishment, it was three times worse, when you suffer post natal depression for 3 years. Because I slept most of the time, I was just feeling really depressed and struggled to understand why I was feeling depressed. I wasn't aware I was suffering from post-natal depression" Nancy K10 43.

"After a couple of months I went to a psychiatrist from the Women's Hospital to prescribe me some anti-depressants.

*Cos you thought that you might be depressed?*

Yeah...Just being down and yeah...(and) I was dealing with the other two, losing them" Sarah K10 23.

Two of the three birthmothers who had no face-to-face contact with their child also required psychiatric intervention. One began experiencing some anxiety symptoms approximately five years after the relinquishment when the father of the child killed himself and his family. Up to that point it appears that she had successfully distanced herself from the impact of the traumatic circumstances. However, it was not until she was reunited with her son when he turned 18 (they had had no previous face-to-face contact) that she required medical support:

"When Chris came. When he came back, because I couldn't handle it...anti-depressants or something. Don't know. And then I had some other stuff that if I had a panic attack, it just wiped me out...it was a pretty shitty time when he came around. And I felt so guilty for Chris that he would have to suffer for what his Dad had done. And trying to say when you're freaking out...its okay that you're here...when you're having a panic attack and they know that it's because they are here" Karen K10, 23.

The other birthmother who had no face-to-face contact also experienced a difficult period around the time her daughter turned 18. This birthmother has still not met her adopted daughter:

“My poor husband and poor kids. I can’t imagine what I put them through. I went into a deep depression. Hated everything that I did. At work I was ok and my kids I tried not to affect them but I know that I did. I was terribly sad at times. It was at the end of that that John said to me we need to get help and I went to the doctor and went on anti-depressants...Anti-depressants are amazing! (laughter)...Pretty much all my life I remember going up and down. Occasionally going well but then up and down again.

*And Emily was 18?*

Yes. Not that I ever thought that she would pick up the phone and make contact but I think it was the realisation that she didn’t if that makes sense” Wanda K10 18.

With childhood legally over and the constraints of the Adoption Order removed, turning 18 is disturbing (particularly for those who have had no face-to-face contact), holding as it does an irrevocable ending; once relinquished the child can never be yours, and the possibility of beginning a relationship at this point is re-traumatising or unrealised.

### ***Choosing the Family***

Contemporary practice provides relinquishing mothers with a set of profiles (usually 3) of adoptive families that best fit a general list of preferences that are

gathered during the relinquishment counselling. Only one birthmother did not choose the adoptive family for her baby:

“I can’t make that decision because no-one could be as good as me anyway at being his mother. I can’t pick another mother so I said ‘You’re trained in that, I don’t want to have a part of that’ because I didn’t want to perhaps think down the track ‘I picked her’ ...and perhaps ‘I should have picked her’ sort of thing”  
Jane.

Several other women also noted the position of responsibility choosing a family for their baby put them in:

“I felt the responsibility being put on my shoulders” Kirsty.

“There was a huge sense of responsibility. Being very careful of reading between the lines, what people were trying to communicate...It was a challenge”  
Arabella.

But it was also experienced as positive:

“Part of it was exciting” Arabella.

“That was good fun, I reckon, because you got to read all different stuff” Karen.

“That was kinda fun...it was great. I think by that stage I was just so focussed on him getting placed with a family and really wanting him to have that” Rita.



And positive because the responsibility was shared:

“I thought it was good, because it didn’t put me under a lot of stress trying to think *I* had to find a family to look after Nina” Kym.

And the responsibility was empowering:

“And it sort of made you feel like you weren’t just chucking him away; you were making a decision to make sure he was all right” Karen.

Eleven birthmothers expressed preferences around the subject of siblings. Five of these wanted their child to move into a family that already had children. Three of the five said the existence of siblings had been their deciding factor; a replication of ‘normalcy’:

“M & N had already adopted a little boy, S, so that was my deciding factor cos chances are that if she went to a family that had no children the chances of them adopting again were so remote and I desperately wanted her to be in as a normal family as possible” Wanda.

That the siblings also be adopted was important to three of the five birthmothers:

“The main stipulation I had was he wasn’t an only child...I suppose because my brothers and sisters were so much older than me I was an only child and I really feel I would have loved to have had a brother and sister closer in age to me....(Also) that they didn’t have children of their own...I didn’t want them to have biological children and adopt” Trudy

For six birthmothers it was equally important that the family did not have children. This was explained in terms of the perceived place of their child within the family; a centrality:

“Someone to love her, give her what she needed, yeah and someone who didn’t have children

*Why was being childless important to you?*

They could give her a lot of time” Sarah.

“I wanted...a couple who doesn’t have any kids because I wanted them to give her their 100% attention which the child actually needs I believe” Kirsty.

“I didn’t want him to feel left out or less favoured over another. Also I wanted him to feel special as the only child... I actually had a lot of fear in regards to that, fear of them neglecting Daniel

*So if they were going to adopt another child?*

I could handle that

*But he needed to be the first?*

Yes” Nancy.

Biological children raised fears similar to those expressed by birthmothers who wanted children in the adoptive family:

“One of them (potential adopting couple) had a biological child so I didn’t want them. I was just too scared of the difference between an actual and adopted ...I think if you have a natural and you adopt there may be trouble. That scared me” Betty.

The perception that adopting a child is different is evident in the presence/absence of other adopted children and the attitude to biological children. As far as I know none of the adoptive families have biological children.

It could be said that the motivation that the child will be “better off” is operationalised when a birthmother chooses a family for her baby. Why did they chose *that* couple? The reasons the birthmothers reported in the interview involve some level of identification with the adoptive family, and the implied sense that, while seemingly superficial, the similarity will provide some building blocks to develop the relationship between relinquished child, adoptive parents and relinquishing mother.

For one it was a direct parallel to her experience:

“Similar to my own, two parents, siblings, country area” Jacqui.

The identification appears based on recognising within the adoptive family a version of themselves, albeit, an older self who is developmentally ready to look after this baby:

“This particular family fitted in with an idea that I had in my head that I wasn’t game enough to actually say...they were a bit older, they had married older which I quite liked, they’ve both spent time travelling, had tried different careers...there are so many things I want to do with my life...and it seemed that they had already done it all...they were further down the track from me and we just had similar interests” Rita.

“I was trying to chose for him all the things that I wished I could give him and that I couldn’t right at that time. I may have been able in the future but that was unsure so I was wishing for him all the things that I suppose I would want to give him” Lois.

For five birthmothers, the identification involved an alignment of faith; a match with their Christian identity was important:

“I also wanted a family who would apply or implement Christian principles and values into his life” Nancy.

And for the three inter-racial children, identification involved ethnicity and a racial match was requested:

“We wanted some aspect of where he came from and Sri Lankan culture” Anne.

“I wanted obviously for them to try and fit colouring and things like that.

*Because it’s inter racial?*

Yeah, and I said ‘I wanted them to try and get that as much as they could’ but it wasn’t an option” Jane.

For one, the choice of adoptive family was an attempt at an anti-identification:

“What I thought I was looking for and what I actually picked were two different things...Initially I went for everything that I didn’t have...not to be the oldest child...I didn’t want her to have the responsibility of being the oldest child. She

is the oldest child. And I didn't want her to live in a rural community and she does.

*So you were the oldest child and lived in a rural community?*

Yes" Arabella.

Arabella herself questioned the usefulness of the 'facts', which usually make up the bulk of the information provided to the birthmother. "Does being the first child in a rural area matter if these people are warm, affectionate and honest?" (Arabella). Her 'sense' of the couple's personhood emerged as the most important guiding principles.

The attitude of the adoptive couple to openness was central for four birthmothers:

"The fact that M & M had already experienced it, they had already had a semi-open adoption...he had already been introduced to the fact that he had been adopted. They had a very good projection of how they had done that with him and how they would deal with that with another baby" Wanda.

"A family who could respect and accept the fact that I am his biological parent and that he does have a half sister and also include us for visitation, access and in his life" Nancy.

"That this family would have some understanding, to understand how I was feeling and agree to an open adoption" Gill.

For one birthmother the attitude to openness ascended to the highest priority in hindsight:

“In hindsight I don’t care whether they’re fat or thin or 45 or 26. Those things don’t even matter. It wouldn’t have even really mattered whether they were financially, I mean financially stable, but in hindsight it was probably more about picking a couple that could work with me...I would want to know more about their beliefs on me, my role, the openness, how comfortable they felt with that, like all those questions that were going to have such a huge impact on my ongoing relationship with Emily” Jacqui.

Nearly three quarters of the birthmothers did not report any consideration of the adoptive parent’s attitudes to openness, despite it being the principle condition of any ongoing relationship.

## Qualitative findings – Contact

### *Contact*

Table 18: Birthmother contact details from birth to 18.

Birth mother & year of r/ment	Face to face contact 1 x year	Face to face contact 2 x year	Face to face contact 3 x year	Face to face contact 4 x year	Info & Photo 1 x year	Info & Photo 2 x year	Info & Photo 3 x year	Info & Photo 4 x year	Agency Mediated	Independent	In Order
Wanda 1985					<b>3-18</b>	<b>0-3</b>			self imposed interruptions	No adult contact	
Rita 2003				<b>0 -18</b>				<b>0-18</b> exchange @ contact		BM rings	<b>X</b>
Anne 2003				<b>0-18</b>				<b>0-18</b>		Mutual and flexible	<b>X</b>
Sarah 2006				<b>0 - 18</b>					intellectually disabled		<b>X</b>
Nancy 2003				<b>0 - 18</b>						Both ring	<b>X</b>
Kym 1991			<b>0-18</b>							BM activates	<b>X</b>
Betty 1996				<b>0 - 18</b>		<b>2-18</b>		<b>0-2</b>		Contact breakdown @ 6	<b>X</b>
Karen 1989					<b>0-18</b>				<b>X</b>	Adult contact independent	<b>X</b>
Jacqui 1987		<b>0 -18</b>			<b>0-18</b>				Cease @ 10, recommence @ 13	Adult contact independent annually	Family Court Order
Jane 1987						<b>0-10</b>				No subsequent contact	<b>X</b>
Gill 1985	<b>0-18</b>					<b>0-18</b>			<b>X</b>	Contact breakdown @ 6	Verbal agree/mt
Lois 1986		<b>0-18</b>								Mutual and flexible	<b>X</b>
Arabella 1989				<b>0-18</b>						Mutual and flexible	<b>X</b>
Kirsty 2004				<b>0-18</b>				<b>0-18</b>	Had one temporary interruption	Mutual and flexible	<b>X</b>
Trudy 1996				<b>0-18</b>				<b>0-18</b>		Contact ceased @ 5, voluntarily	<b>X</b>

The table is complicated, demonstrating a variety of patterns that differ in both duration and frequency over time, reflecting the complexity and changeability of contact.

Thirteen birthmothers had their contact arrangement written into the Adoption Order, while one had the arrangement written into a Family Court Order after contact had ceased between ages 10 to 13 approximately. Nine birthmothers described contact experiences that followed the statutory arrangement. Four birthmothers described an arrangement that went beyond the statutory minimum; that is, contact was independent, flexible and inclusive. For three birthmothers contact had broken down at the time of the study.

Three birthmothers in the study had no face-to-face contact written into their Adoption Order. Eight birthmothers had four face-to-face contacts annually, one birthmother had three face-to-face contacts annually, two birthmothers had two face-to-face contacts annually and one birthmother had one face-to-face contact annually. Two of these arrangements had changed category after infancy, but were only counted once reflecting the category of longest length.

Five birthmothers had no separate information exchange arrangement, but all five had face-to-face contact where photos were taken and information was exchanged. Four birthmothers had four information exchanges annually, three birthmothers had two information exchanges annually and three birthmothers had one information exchange annually.

Seven birthmothers had independent contact; that is, contact was organised directly between the birthmother and the adoptive parents. Five had contact that was mediated through the Agency. Contact had ceased at the time of the interview for three birthmothers. Before contact had broken down it had been mediated by the Agency. Of the four birthmothers whose child was over eighteen at the time of the study, two had



independent contact and two had no contact with their child, although one of these was beginning the search process.

Legislated access to the relinquished child is the distinguishing feature of adoption practice in Victoria, Australia: a working toward an integrated, inclusive system; an antidote to the exclusion and impotence of closed adoption. However, the lived experience is multi-layered and complex, not easily reduced to a simple axiom.

Within their individual stories of contact many birthmothers expressed contrary, ambiguous, dynamic experiences. For example, a two-fold attitude was externalised throughout the system surrounding one birthmother:

“I would get messages that perhaps I should just leave them alone to get on with it and not interfere.

*Who was giving you those messages?*

The adoptive parents. There were lots of people, friends, family when I eventually told them. My family would say ‘just leave them alone, that’s too hard to keep having access and walking away. You’ll destroy yourself. Just let them do it, separate yourself, get on with your life’ which is the old attitude.

The adoptive parents would give me that message as well, subtly. I mean they were actively including me but giving me the message that perhaps I shouldn’t be there” Arabella.

However, most descriptions containing a conflicted, contrary response reflected the internal feeling state of the birthmother:

“Some days it’s hard enough for Simon and I going there and then other days it’s not” Anne.

*“How does it feel when you know you are going to see her?”*

I get sad. Sad and happy.

*Mixed?*

Yeah” Sarah.

“I loved it, I loved it...(and) when they were with him they seemed like always playing and everything, but it hurt more because that’s what I am not doing, like, you know, they go home and do this. I go home and I don’t see him. But it was good. It’s better to be happy and hurt than hurt and not know about it” Betty.

Even when contact was in the form of information exchange only:

“I thank Lisa’s adoptive parents for writing such in depth letters...I think we are very lucky...but it is also very hard. I know it has always been very hard for me. I don’t know when how much information is too much” Wanda.

“Every Christmas we’d exchange letters and photos and gifts for the kids so that was good and it was a Catch 22. It was great but at the same time I’d think ‘Oh look at him’. But that might be 10% of it, but 90% of it was really excellent” Jane.

While feeling descriptions incorporated divergent emotions, the concrete act of contact appeared to provide a unitary, evidentiary place of reassurance; the decision to relinquish was a good decision because the relinquished child is seen to be ok:

“And I say to myself that ‘I have done the right thing’...She is doing well, developing, she’s happy. For me I know they are taking care of her. They are not abusing her. How do you know until you see it for yourself?” Sarah.

“Also seeing his developmental growth in all areas...and observe him. I guess I’m also concerned about whether I made the right decision, because during access visits I can actually see how he behaves and how he treats other people so it shows me that they’re doing quite a good job” Nancy.

“I knew what sort of life he was having, I knew he was having a good life. It reinforced the decision...Overall, I think it was a reinforcement of the decision” Lois.

*“And how does it feel to see her with Christine?”*

I think it’s good actually, because they’re happy, so it makes me happy.

*So you can see that it’s a good relationship?”*

Yes definitely. They’ve grown up together; they’ve got that special bond between each other, and having me there to see it is even more special” Kym.

“I loved it, I loved it. I just felt like I knew where he was, like what was around him, what he did on a daily basis” Betty.

This function was evident even when contact was in the form of letters and photos:

“I could see that he had opportunities that I could never have given him and he had a great family and he’s got a brother and I was really happy with the

placement and who they were and the fact that I could think ‘Yeah, I made the right decision’ and I had proof” Jane.

The act of contact also provided a circumstance where emotional states are processed; contact provided a positive place to grieve and heal:

“(Contact) is fulfilling an emotional gap within me, also enabling me to recover, speed my recovery...Just the fact that I’m allowing myself to go through that process where I know that if I did not see him at all I would probably be a mess. Because of the fact that I saw him I can get through it” Nancy.

“I don’t remember any blackness or depression...It was a more positive feel. More of a fulfilment, you know, a satisfaction... It completes me...It enables me to be my full self because I don’t think there’s any part of me that gets buried away or not dealt with” Lois.

“I think it (contact) allows me to face the situation and deal with it because if I didn’t see her in the first two years after the adoption it would have been...more difficult for me. But I saw her growing up from an infant to a toddler and so it was easier...I dealt with my emotions head on...instead of denying everything...and I wanted to deal with and face that emotion right from the start and I think it’s a very healthy thing to do” Kirsty.

In contrast, the three birthmothers who did not have face-to-face contact had powerful stories of the relationship with the relinquished child that included raw, unprocessed responses. For one, the relationship appeared founded on fantasy and symbols, which was ultimately destabilising:

“I remember reading the background information and choosing the family she went to and for years and years and years assuming that she was in an outer suburb of Melbourne and I was ok with that cos I knew Melbourne. And I don’t know why I noticed it...I had a photo and she is in the kitchen and there is a rate notice on the fridge and she is actually in Sydney. I remember getting a magnifying glass out and looking at it pretty hard and it was probably one of the worst times of my life. It was the fact that I didn’t know Sydney. Sydney was foreign to me...I went into a deep depression” Wanda.

The reasoning seems to be that knowing where her daughter was equalled knowing how her daughter was, that she was ok.

Or:

“Initially at every birthday I would buy a charm and I thought I would give it to Haley when she turned 21. I would be able to give her this most amazing charm bracelet. That lasted till she was 10 but then I thought this is ridiculous. The pressure of when she is 21 and I give her this. It was based on information that was in the letters, like if she achieved something. And I think that was the first time I contacted the Agency and said ‘Can you hold the letters for 12 months?’ I needed distance. And I think I have done that three or four times. The last time was just after she was 18” Wanda.

Another birthmother who had no face-to-face contact, described a circumstance where for an unidentified reason she actually met up with the adoptive parents for a second time, without the child, six years after the relinquishment:

“It was still so surreal. I’m sitting there and they are showing me these books and I just have to keep saying to myself, ‘this is my son, biologically. This is my baby that I had’ and it’s just really confusing...I look at my kids now and I couldn’t imagine them not, you know, knowing everything about them and for someone to sit down and tell you all this thing, and yeah, I just had to keep saying in my head ‘this is my son’” Jane.

And for the birthmother who had been terrorised by the birthfather, a fresh, raw response to the trauma of the relinquishment circumstances is triggered 18 years later, when face-to-face contact began. Her response suggests the circumstances of the relinquishment, and no face-to-face contact, have resulted in an unprocessed trauma where the child has become identified/fused with his violent father to the point that she reports no identification with herself; he is all his father and nothing of his mother:

“It’s hard for me with Chris, though, because it’s too much of Joe (birthfather). I have panic attacks when he comes and I never have them any other time. It’s just stupid. I don’t know. I can’t help it. It’s scary for me” Karen.

While the various responses might be evaluated as emotionally unprocessed, all three birthmothers agreed that they had not ‘missed out’ by not having face-to-face contact. In fact, they maintained a belief that contact would have made the relinquishment harder:

“I just said that I wanted to be able to send him birthday and Christmas presents and be able to write to him once a year...I did it all at once, like just before his birthday. Mum and I would go shopping we’d get a birthday present, a Christmas present and we’d write a letter

*And what about face to face contact?*

No, I didn't want it...I don't think we were even offered it...well we didn't take it if we were offered it

*You wouldn't have?*

No I don't think so, no

*Do you know why not?*

I wouldn't have wanted to. I just reckon that would have made it harder...I don't know. I think it would have been hard to see him, because he would have been asking and we wouldn't have been able to say anything" Karen.

"For me I needed to not know where Lisa was. I needed that distance... and I would be quite happy if she never did (make contact). And I don't know whether that is because if she did I would let her down, disappoint her...being disappointed that that was the choice I made, her not having the life that has been portrayed and I guess that triangle, a child trying to do the right thing by both. I would never like to think that I would put her in that situation. I've already done that by giving her up for adoption...I don't want to complicate things...I actually don't have a relationship with Lisa. Had I had a relationship with Lisa I think that would have been terribly hard to deal with" Wanda.

"That was good the way I did it, not having the personal and even looking back now I wouldn't want that...I just thought this is the way it is, what has to be, just get on with your life and bringing up your kids...just live with it which was ok because I was really comfortable...I never thought 'Wish I could call or wish I could hear from him, or see him'. It was never something I thought 'I have to find him'. It was not a big issue for me and I just wrapped myself up with my kids" Jane.

While the mothers with no face-to-face contact, echoed the assumptions of closed adoption, that is, that the pain of loss can be avoided, they also embodied the unacknowledged cost; that attempts at avoidance can be painful in themselves. Two of these mothers suffered recurring episodes of mental illness requiring medication, which they themselves linked directly to relinquishment triggers.

Inevitably, open adoption was not described by all as a panacea for the difficult feelings associated with contact:

“Contact is bloody hard, it’s traumatic and at the end of the day you sometimes go ‘Why the hell am I doing this?’ because I really believe that in some respects in those early years you are doing it for the child more than for yourself...Contact is often more work than it is rewarding because I wasn’t allowed to develop a relationship because getting 2 hours or 3 hours twice a year ...I said ‘I’d rather a phone call once a week with her than seeing her twice a year’ because it wasn’t normalised, because it was totally taken out of a normal context...Look it was nice and I certainly enjoyed seeing her and being with her but it’s an artificial event I suppose. I really wanted to normalise it...Not that it would have made any difference but there were quite a few contacts that he (the adoptive father) didn’t come to which spoke volumes as well to me. It wasn’t about trying to get to know me, it was just going through the motions” Jacqui.

“But the consequences of open adoption are probably harder than closed adoption. Well you can’t compare them...(there are) particular difficulties associated with open adoption and ongoing contact” Arabella.



Some birthmothers spoke spontaneously about their fantasy of kidnapping their relinquished child. Open adoption did not exorcise the manifestation of a kidnap fantasy and its representation of powerful needs not being satisfied in the contact event. The kidnap fantasy implies an experience of something being taken away, now needing to be taken back, but this need is expressed transgressively, by kidnapping:

“Well there were plenty of times during access visits and all the rest of it I just thought, ‘I’m just going to grab him and run’, you know, and then I think about it and it’s like ‘Where am I going to go? What am I going to do with this little one? That’s just silly’ but, you know, when I’d see him and he looked so cute and that I just wanted to take him home with me” Trudy.

“(I wanted to) kidnap her and take her back to Ireland, which I was tempted to do” Arabella.

Four birthmothers described circumstances where the contact had begun reasonably enough but had deteriorated over time to the point that contact arrangements had broken down (one temporarily). Two factors were common to all four stories: issues of boundary and the age of the child. The point at which contact was discontinued was between five and six years of age, suggesting a point of developmental vulnerability to the maintenance of contact.

For one birthmother the introduction of the birthfather, whose existence had been denied until the child was five, was a catalyst:

“I had very good contact at one stage...He would call me when he was happy, he would call me when his dog passed away, he would call me when he felt he

couldn't sleep at night...he was really good at one stage. I had that relationship with the adoptive parents...it was all ok and then when Kevin came into the picture...their attitude started changing...suddenly I couldn't. I mean I could talk to him and then bit by bit it sort of all blew up and I think there was too much tension there and I think more from their behalf because of Kevin being in the picture. Now, first I understood that ok, they will feel threatened, natural reaction for anybody because this new person's coming in, but I didn't see any harm cos I knew there was no threat. But now Kevin wanted to spend time alone with him. Not as in pick him up and taking him to a park, alone with him at the Agency so he could talk to him properly. They wouldn't agree which was fine because at the end I want what's best for Brett...it kind of went downhill from there and then Ilana and I exchanged some words. It wasn't very pleasant...something kind of changed but to me there's pieces missing that I can't really fill in. All I know is that since Kevin came back into the picture it slowly just changed and now I haven't seen him since two years, closer three, and that's because now they're saying that Brett doesn't want the visitations any more" Betty.

For another birthmother her needs grew as the child did. When her relinquished child was around five or six, she started to push up against inflexible boundaries:

"I started to want more...It wasn't good enough to just go and see her with them in a room or at a playground... I wanted to know her I suppose and I didn't have the skills... That's when the issues started because I started to say, well not directly to them but through the Agency, 'I'd like to know where she lives, I'd like to know their name and it would be really good if I could have the odd phone call' and that's when they started to back off, they started to feel

threatened by me...they still wouldn't disclose and I'm talking five, six, seven years down the track...they were sticking to twice a year in a park, there was no progress. They felt they had to take ownership of her ...I couldn't just let it go...it was really important for me to show her that I loved her so I sent her letters and talked about how I felt and I sent her presents and all that because there was a sense of guilt as well...I don't want my child to be one of those kids that says she was rejected, so you're trying twice as hard and the harder I tried the more they locked up" Jacqui.

Secrecy played a part in the breakdown of contact for one birthmother who, in 1986, had arranged yearly contact by verbal agreement only:

"I saw them in Oct '91, I got pregnant in '92 then I had ante natal depression and then I thought 'I'll wait until Phillip's (second born child) 1' which was '94 and then when I got the Agency to contact them to see whether we could have a visit they didn't want to and then they stopped writing...they didn't want to because they hadn't told Kate she was adopted and they'd been saying in those first six years that I was a family friend" Gill.

One birthmother made the decision to stop contact herself. Having relinquished, due to heroin addiction, at the time of interview she is sober and in a loving relationship and the original restraints are no longer applicable:

"I find it very hard to walk away and I feel like I just want to take him with me, especially now that I'm in a relationship and I'm stable and all the rest of it. You know it's like 'I'll have him back now thanks. Thanks for looking after him for the last eight years but I'll take him now', and I know that I can't do that but

I suppose there's a little part of me that really wants to...I've stopped it myself and I suppose maybe in a way I am being extremely selfish but...I find it very difficult to walk away. It's extremely painful to see him doing so well...He's such a great kid and to have to hold back from wanting to grab him and hug and kiss him and say to him 'You know, mummy loves you because I'm really Mummy'. I'm his biological Mum but I'm not Mummy so I suppose I find that difficult to deal with" Trudy.

She is the mummy who isn't mummy, whose love involves loss and the very difficult and painful experience of walking away. This birthmother ceased contact when the child was five years old, three years before the interview. His age did impact on her decision:

"I probably saw him a bit over a dozen times before and I suppose...he was littler and it was easy to play with him, so the physical contact was really there and of course he's getting older and he doesn't want to do that so much and I suppose that's what I want to do, to cuddle him. I want him to sit on my lap but he's just like 'Well, who are you?' sort of thing. 'You're just a friend. I don't know you that well'. So I suppose I found that hard to deal with" Trudy.

At five years of age a child undergoes a critical developmental transition. In Freudian terms the child has completed their psycho-sexual tasks of the oral, anal and phallic stages and is entering latency. At five they enter the formal education system and establish an environment of safety outside the home with peers. Their cognitive development is at a stage where they recognise relationships, have a hierarchy of attachments and the personhood of the birthmother can no longer be totally evaded.

Grief also influenced the quality of the contact process. Grief was a force that was provoked by contact, exponentially increasing desire, arousing boundary-crossing behaviour. Desire propels the birthmother across the boundary. Moreover, the expression of affection through physical contact is reframed as something almost monstrous; it needs to be stopped, it crosses the 'line' that has been imposed:

“Also I think it was something to do with my Mum. My Mum probably hugged him too much or kissed him. As far as she’s concerned she’s his grand-mum. She doesn’t have him, so that every moment that she gets him” Betty

“I think I thought at the time that the worst time would be letting go, but it actually got worse over time. As the years went by it got worse, it got harder and maybe that is because of the relationship that I did or didn’t have with the adoptive parents, but also the realisation of what you’ve lost...Initially it’s a real raw grief but then over time it becomes a real profound sort of grief where you go, ‘Oh my God, I haven’t just lost my child, my parents have lost their grandchild and my siblings have lost their niece and my current children have lost their sibling’ and you just realise the enormity of it...You don’t just lose them until 18, you’ve lost that role forever and you can never get it back”  
Jacqui.

This birthmother’s growing realisation of the breadth and irrevocability of her loss, amplified by the boundaries of her contact which contributed to a three year contact breakdown, challenges the central claim of open adoption; that is, that you have not really lost them because you can continue to see them.

Sadly, Trudy's sobriety, which began when the child was five years old, impacted on her ability to manage the grief that contact aroused. She lost the numbing protection and emotional distance provided by chemical dissociation:

"I suppose for me like getting clean and that took a lot of time and effort...with the drugs it blocked out emotions so I suppose it's taken me a bit to learn to deal with my emotions and my grief whereas before if I was upset about something or depressed I'd go and use, and everything just melts away into the background" Trudy.

These stories of breakdown posit potential vulnerabilities in the form of unresolved grief and boundary issues that emerge around the transition into middle childhood. Contact with a relinquished child is subject to developmental stressors. These stories suggest that, while there are examples within the sample of the more recent birthmothers having positive contact (of note, the children are under five and it is not universal), there are continuous developmental changes, which, in turn, require continual monitoring and processing.

Two birthmothers, whose relinquishment had occurred over 18 years prior to the interview, relayed narratives that contained the benchmark of successful open adoption; enduring, flexible boundaries between all members of the adoption triad. However, the descriptions are rich in contrast and a comparison of their experiences over the 18 years may help refine the factors that best support positive openness.

The circumstances that were described in the most positive terms were by Lois who had twice-yearly, face-to-face contact written into the Adoption Order with her relinquished son, Mike, and his adoptive mother, May:

“We had that day where we handed the baby over and they took Mike and that was probably a little bit hard...but, you know, it wasn't the ending, it was only just the beginning...(Initially) the Agency organised it and there was the supervisor there and we arrived and there was that whole feeling you were kind of holding back all the time. Well, I was sort of holding back all the time because I didn't know May well enough, didn't know what they felt comfortable with...In the early ones I always just wanted more. It was never enough in the early supervised ones and even the early unsupervised ones in those first few years. I was always...the going was always hard. I always just wanted it to just go on like it was” Lois

After 18 months they met at a family adventure park and independent contact was established:

“I think that was the first time we'd met without supervision and Mike was two...I can remember how we talked about how relieved we were not to have the social workers there...They were so open. They never ever...I could have asked for anything, you know. She was just terrific...The letters were kind of always going back and forth in the early years...As Mike got a bit older we tended to do it a bit more often. They would usually be in touch, 'Well, yeah, we're going down to Phillip Island' so we might catch up with them while they're down there or I would go to their place in Gippsland and stay for a while. Mike came for holidays with us...he would have been around 13 or 14 and they were willing to let him come on holidays with us...They were just so good...It was lovely, it was just wonderful. May was so inclusive...The more that Mike could have to do with us the better, I think was what May thought because she had some sort of understanding that it would prevent so many

problems later in life. He would know me. He would not have the nagging questions perhaps that kids have” Lois.

The relationships that developed in the other open circumstance were not premised on appreciation or gratitude on being included. In the other circumstance the birthmother remained the mother:

“It took them a long time to accept that I was the mother of the child. They were calling me aunt...they were telling me that we believe environment is more important than hereditary factors and comments like that...Maybe it’s true...do I really need to hear that? And they had to believe it to be able to continue to do what they were doing...it took years for them to be able to say ‘Well, it’s your daughter’. I remember the moment it happened...We were having a conversation at their house and something to do with a friend of mine and I said ‘my daughter’ and the adoptive parents stopped me. The father, he said ‘What do you mean your daughter?’ (And I thought) ‘What do you think I have been doing here for the past so long?’ and the whole afternoon he just kept walking around going ‘your daughter, your daughter’, like it was something new he’d just learned...

*How old was she?*

Eight or nine...I think they very clearly got to the point where the heredity factor was the overriding one in this situation. She looks like me, she’s got all of my mannerisms, she thinks like I do, she’s interested in the same things and we’re very connected, very similar people...So she does feel very attached to me, yeah, yeah. Now I’ll cry. Yeah. It’s great, our relationship. She kept her stuff here, she’s done Year 12, she lived here, she did her study...In the past five years I’ve been the facilitator of a process of not disturbing them too much but



also moving away from them...There's some flexibility. They have mixed feelings about it. When things got too rough they would ring me and send her. 'Can you intervene? Can you talk to her? Can you do this?'" Arabella.

Very sadly, in the other open adoption circumstance, Mike, at age sixteen, died of a non-hereditary disease. This tragic circumstance and the grief process crystallised a point of difference between Mike's two mothers. During his illness Lois spent three weeks with Mike, when May needed a break and returned to her rural home. About his death she said:

"(A friend) she said to me 'Oh this is the second time you lost him' and she was really upset...but it was different because in a sense there was more of a closeness. I suppose that's the religious side of things. You knew then that he was everywhere...It wasn't as though you got to see him but it was different...It's so much harder for her (May) because she lost such a part of her life and I dealt with that loss when I had him adopted. I dealt with it then and everything after that was a bonus for me and he wasn't so much a part of everyday life...I can't comprehend her loss. It's different to my loss because you didn't have the whole life. That there was a short time where you'd had the baby and you know that baby was part of you but not like you develop – not like your whole lifetime with that person. May was just...she was so lost and so devastated and I felt guilty because in a way I felt a bit closer to him, you know? I felt that he was always just right there now. So I felt guilty about that" Lois.

Her response to Mike's death suggests that Lois experienced some form of real separation and finality with the relinquishment. Her belief system allowed her to transcend the physical relationship; clearly, after his death, but possibly as a part of her

original process around the relinquishment. She did not grieve like the mother.

Openness had been utilised as an opportunity to process her original loss and establish honest relationships within the triad.

In contrast, for the other birthmother, openness was predicated on being closed:

“In order for her to have a good life and a smooth life with the adoptive parents I had to hide. I felt like I had to go along with things, hide a lot of my feelings, probably manipulate the system as well. ‘Yeah, I’m part of your family’ ...I had to cover up a lot of things. I had to cover up my feelings” Arabella.

And openness did not assuage her grief:

“I have it all and I’ve had it for a long time.

*What do you think that has done for your grief?*

I had to go through more grief to get that. I wouldn’t have that if I didn’t work on it and work hard on it and suppress all that grief. Part of the grief and it is historic grief but it has never come out because I still have to do it, you know” Arabella.

While achieved through qualitatively different mechanisms, the organising factors are the absence of the pain and grief of relinquishment during contact, and the adoptive parents’ recognition of the value of the birthmother in the life of the child.

Later on the day of the interview for this study, over ten years since his death, May, Mike’s adoptive mother, was visiting Lois. They were still having ‘contact’. The

connection between the two women was alive and important. Not only had they acted in the child's best interests they had agreed on what that was:

“Contact is a little bit like having your cake and eating it too. But you can. And I think that when the child is the focus and I think that was the thing with May and I, it was always Mike who was the focus and he was always at the forefront of our minds and it was always what's best for Mike...I knew that was what was in May's mind and it was most definitely what was in my mind and it just went so easily from there” Lois.

### *Open adoption and power*

Themes of power emerged as the birthmothers described the establishment and maintenance of contact. By definition, contact assumes a level of entitlement and requires reciprocity. However, for some birthmothers, that was severely reduced and a lack of entitlement was directly articulated as a belief that they did not “deserve” contact; expressing a dark, shameful underside to altruism:

“I thought that once I had chosen to give her up for adoption I actually don't have the right now to interfere (crying)...don't deserve to meet cos it was my choice to relinquish her” Wanda, who has never met her now adult relinquished daughter and has no search mechanism in place.

“I felt I didn't have the right to that. I didn't deserve to, that I'd made this mistake and I'd made the decision to give him up and I couldn't take the best of both worlds. Punishing myself” Jane, who has never met her now adult relinquished son but was beginning a search at the time of the interview.

Issues of entitlement were influential when deciding on the parameters of ongoing contact, with birthmothers being highly sensitive to the perceived needs of the adoptive parents, to the point that some formed their preference around that perception. This was expressed as a reduced presence of themselves. A birthmother does not 'fit' into a family; her presence is a form of crowding. Her self and what she wants will, almost by definition, be construed as 'too much'. The best she can do is minimise herself:

"My plan was I wouldn't get too attached to the child. I would give them their space which they need and if they want to see me that's good but I won't demand from them...(my adoptive aunt) kept telling me...they have the right of the child and I don't have the right to demand" Kirsty.

"I expressed what I was interested in ...but then I didn't want it to be hard and fast...I needed to know what the parents would be happy with because I didn't want to force in too many issues with them...I was always really careful to make sure that I didn't say the wrong thing. 'Oh I have got to be careful about what I am saying because I don't want to compromise any sort of situation'. I was probably worried that they might think that I might try and take things over or you know become more a part of their lives than they wanted. I didn't know what they wanted at that stage and I didn't want to be a burden, be an imposition, be anything that would make them feel uncomfortable" Lois.

Or this birthmother who only asked for information exchange and only for the first ten years of the adoption:

“I didn’t want to ask for too much...I just didn’t want to be an intrusion in their lives. I just didn’t want them to think ‘Oh we’ve got this person that has to be here.’ I just didn’t want that...I thought that I can’t have both, I can’t give him up for adoption and then expect to have, to encroach on their lives and be a part of it so I just wanted to keep the contact for a certain amount of time and see that he was happy...and then just let them be basically... I remember thinking that he’ll be 10 and I’ll be 10 years down the track and thinking there had to be a cut off time for both of us.

*Like you’d somehow be over it?*

Yeah, moved on to a degree and just let them get on with their life and me get on with mine...when the time came I thought ‘Why’d I do that?’ and asked for the Agency to try and contact them to see if we could keep it going, and never heard anything back” Jane.

This experience echoes that of others; a painful, inverse relationship between developing a deeper understanding of the consequences of the relinquishment and what one truly wants, and there being progressively less that can be done to realise that.

While three other birthmothers were also sensitive to the needs of the adoptive parents and felt the need to minimise their presence, they were also able to recognise the needs of the triad and the necessity of their presence:

“Deciding about access and how often I wanted access, that was the most difficult decision I think. I guess because access was such a new concept to me and to actually figure out what would be right. I thought four times a year (but) I don’t want to overwhelm them...maybe twice a year isn’t enough for him (her

son) to know who I am...It was really hard to decide...I decided on four times a year and...you can always drop it back” Rita.

“If I can remember correctly, there was a stage where I wanted to make it easier for the adoptive parents, and so I chose, I think it was once or twice a year.

Then I did actually hand that in but then not long after that I changed my mind because I saw it from my daughter’s point of view, and also the fact that I knew I needed to heal myself and see her develop as a person so I changed it to four times a year” Nancy.

“Especially during the first year, then it was hard for me to see her. When I knew that they had the need to see me I would still do it because I was doing it for them more than for myself...But I did that so they could look after the child the way they would want to. Because, of course they couldn’t know the child without knowing me as the birthmother” Kirsty.

For some the diminishment of themselves was expressed through a presentation that was easy, ‘together’, uncomplicated and non-threatening:

“I had a massive car accident the night of the adoption, the night I met them, so I was quite debilitated for a long time and trying to hide that...because for whatever reason I just wanted to present myself as somebody that was together and wasn’t going to cause them any problem” Arabella.

“I wanted them to know that I was freely giving them this child so that they weren’t, so that they weren’t afraid...that they didn’t have to be scared about me

wanting to take him back or stealing him from them or all those crazy things”

Lois.

The experience of a ‘less than’ sense of entitlement was openly articulated by various birthmothers as the consequence of an unequal power relationship; the adoptive parents hold the prize:

“To me I was fighting for my relationship with Emily. I knew she had a good relationship with them...I didn’t see that I was in a competition with them because I knew damn well I was on the back foot, especially while she was young...you are the powerless one in this relationship, there’s no doubt about that, they’ve got the power...you can’t have a trusting relationship with someone if something’s being withheld ” Jacqui.

“Well I guess Kate’s been under the influence of her parents and if they are negative about me she mightn’t see any need to have contact with me” Gill.

The effect of a ‘less than’ sense of entitlement appeared to persist beyond the establishment of contact, and continued to influence the ongoing negotiations of contact and its boundaries, even in ‘successful’, open contact arrangements:

“We’ve never stepped on their toes...The only thing Simon (birthfather) and I have ever done is that we have never asked them for anything. Because we don’t want them to think we’re...Given how good it is I don’t want them to go backwards, but they ring whenever they want. It’s something I’ve never been able to do. I don’t know why. I don’t want them at any point to think that we are

trying to become too involved. And if I just started ringing them up. Surely there has to be a line somewhere where they feel comfortable

*It's almost like you keep a more rigid boundary than they do?*

Yeah

*And is that the way it should be?*

For me. I don't really want them to go backwards, for them to start having boundaries like when it comes to us. If I push them are they going to stop the way they are? So for that, I am prepared to follow them" Anne.

"I was always careful of not overstepping the mark...A lot of times May might have actually instigated (contact) because I think I was always a bit hesitant and certainly in regards to them coming that time (a visit) I don't think I would have been game enough to say would you like to come and stay...and then gradually I felt comfortable or perhaps I felt that she felt comfortable enough with me making suggestions...But yeah, I was conscious of that for a long time. I didn't want to push because I was scared of pushing them away... Mike and May have a great openness and they always talked very openly about me and where I fitted in, but I'd always been quite reserved in what I shared with Mike, particularly if May wasn't there...I always made sure May knew if I was going to be contacting Mike. Still always felt that. She would have been more than happy for me to be making direct contact with Mike but I guess I didn't want to overstep the mark and not wanting to overstep the mark with him either" Lois.

And the inequity determines the behaviour of the birthmother when she is having contact with her relinquished child; she must hold herself back:



“There’s a whole sense of feeling powerless in this relationship, that the adoptive parents dictated when things happened and how things happened...it was the timing of when it was ok to connect with her and when were they going to hand her over. It was kind of driven by them and I got a strong sense that if I was too active in wanting to hold her that they would withdraw their contact”  
Arabella.

“She (birthmother’s adoptive mother/aunt) keeps on telling me that whatever happens even if I have a disagreement with the family just to let it go...(she) would tell me ‘when you see her just don’t get, you know, too carried away’. So I’d limit my cuddles and kisses to the child” Kirsty.

The birthmother must be ‘good’; being ‘good’ will be rewarded. However, being ‘good’ also involves camouflaging herself and what she feels or wants:

“I had the attitude that the less problems I caused them the more likely it was that I was going to get more access and I played that game for a long time...A lot of the work is trying to get respect from the adoptive parents...there was a lot of judgement...it was almost that you had to prove yourself to be a fit mother to have access...I had to basically replicate their life if I wanted to have her”  
Arabella.

She should not create waves:

“I guess I fear creating conflict and...I guess my role is to try and maintain the peace within the realms” Nancy.

One birthmother prioritises the perceived needs of the adoptive family and keeps access short:

“It’s not a long day, like we don’t spend a long day with each other, so it’s three hours. More than that and it gets too much, so we keep it short.

*What do you mean by too much?*

I don’t want it any longer than that. It’s not because I’m getting emotional or anything, it’s just that I’m thinking of them because they want to do things”

Kym.

Another states, more directly, that she has to ‘look after’ the adoptive parents:

“A lot of the work in the visits was making them feel good and I was doing that work” Arabella.

The narratives describe a power differential that produces a contortion of self. In her seminal work on women and depression, Jack (1991) makes uncanny parallels with the experience of relinquishing mothers:

“Inequality mutes her ability to communicate directly about her needs. She does not feel entitled to have her needs filled, nor does she feel they are legitimate. Explaining how she must bury part of her self...(she) reveals the activity required to suppress the self, to try and live up to self-alienating images of the autonomous adult” (p. 5).

In contrast to traditional understandings of attachment and loss in terms of ‘the separate self’, Jack’s (1991) work found that a female orientated, relational sense of self

(where the self, in both women and men, is part of a fundamentally social experience), was a better fit to explain the experience of depression in her female subjects. Striving for relatedness replaces sex and aggression as the motivation for behaviour. The primary importance of relatedness with others explains why a person will go to any lengths, including altering the self, to establish and maintain intimate ties:

“As depressed women talk about their relationships we hear a pattern in the ways they try to overcome distance in order to connect intimately with their partners; a pattern of *compliant relatedness* ...characterized by restriction of initiative and freedom of expression within a relationship...to keep outer harmony, to preserve relationship” (Jack, 1991, p. 39).

Living as an inauthentic self produces depression:

“The clinical literature says depressed women have a problem with separation and self-esteem because they are dependent on their relationships; the women (in Jack’s study) cast their problems as one of establishing and maintaining connection. Women describe their depression as precipitated not by the loss of a relationship, but by the recognition that they have lost themselves in trying to establish an intimacy that was never attained. For most depressed women the sense of hopelessness and helplessness stems from despair about the possibility of bringing their own needs and initiative into their relationships, and from their equation of failure of attachment with moral failure” (Jack, 1991, p. 27).

The birthmother narratives describe varying degrees of an impotent self; a silent self within a silenced social environment, that is enacted in the establishment and maintenance of contact over time.

Overall, the birthmothers have elevated levels of current depressive and anxiety symptoms as compared to the general female Australian population. However, the aggregate score is sensitive to skewing and those with the three highest scores of depression and anxiety (1 high moderate, 2 severe) were also the women who had experienced sexual assault (two also reported other forms of childhood abuse), which has an independent relationship with the onset of depression in adult life.

One cannot factor out such profound experiences. Rather, one can factor in that such events organise subsequent trust experiences and affect negotiations of proximity and distance. All three reported 'mixed' satisfaction with contact, one had voluntarily ceased contact, and the other two described an unequal power relationship with the adoptive mother that resulted in reduced connection during the event.

Those in the moderate range present a mixed picture. For example, two birthmothers, who only reported moderate current symptoms of depression and anxiety, also described histories of debilitating episodes of depression, which they connected to relinquishment triggers. They both required medication; one required long-term hospitalization. One of these women had a breakdown in contact and was 'unhappy' with contact; the other had never met her daughter and rated satisfaction with contact as 'mixed'. Two others in the moderate range were pregnant at the time of the interview and were planning on keeping the child. Both had struggled with contact; one had a complete breakdown, the other had recently put contact on hold as she was experiencing intense, confused emotions about the adoption of another child by the adoptive parents. Both rated satisfaction with contact as 'pleased'. The remaining three birthmothers experiencing a moderate range of depressive and anxious symptoms were currently having contact, but their histories contain abusive relationships with the father of the child (Karen and Sarah; this was the reason, wholly or partially, for the relinquishment),

familial depression (Sarah), or family of origin breakdown (Rita); all experiences that could affect trust and emotional availability in relationships. Yet satisfaction with contact was rated as 'delighted' for two (Rita and Sarah; they really enjoyed seeing their child) and 'mostly satisfied' for one (Karen; contact caused major anxiety requiring medication).

Five women reported subclinical symptomology. The youngest woman relinquished in 2004 and had quickly established independent and open contact. The remaining four had relinquished children who were over 18; three of whom were having independent contact (including Lois who had independent contact till the death of her relinquished child at age 16). The fourth had ceased information exchange when the child was 10. She was considering registering a search, and had two other children. She also did not answer the satisfaction with contact question stating that, "contact was a process". For the other four, satisfaction with contact was divided along lines of ease; two described easy and respectfully open contact and were 'delighted'. Two had histories of having to earn their positive contact conditions and rated satisfaction with contact as 'mixed'.

Subclinical symptomology is largely associated with independent and open contact. High levels of symptomology cannot be extracted from complex contexts where boundaries and trust have been violated. These contexts could affect the experience of contact as it continually revisits the negotiation of boundaries and capacities to connect. In this context one would expect ambivalence.

Jack (1991) suggests the antidote to the experience of loss of self are the conditions of mutuality and reciprocity; that meeting needs is a negotiable interchange

with both parties attuned, so evident in the story of Lois (subclinical depression and anxiety, no adverse childhood experiences), May and Mike.

There are examples of the positive affect of the perceived interest of the adoptive parents in the birthmother. These are relinquishments of children under five years of age at the time of the interview:

“You know I just thought that when you had access you just went there saw them and that was it whereas even now they make an effort to see what’s going on. They know if I have exams or like birthdays, stuff that doesn’t fall within the time constraints...they don’t have to do it. For them to go out of their way was unexpected” Anne.

“It’s great fun, yes, it’s really great fun...in my mind they’re the family and I’m somehow part of that...we could be hours. We gasbag the whole time...there’s so much to talk about and they’re just really interested in what’s going on in my life and what I’m doing and what I’m wanting to do” Rita.

However, even the mechanics of being interested and relating, that is, talking, can be experienced as a form of control or having power. For Nancy, the ‘interest’ of the adoptive mother obstructs her connection with her relinquished child, who is also under five years of age at the time of the interview:

“During the session most often it’s the wife I talk to. We talk a lot to one another and the father would go off and play. Often I feel there’s a way to interact with him (her relinquished son) more but I feel a bit rude if I walked away from the discussion...She puts up a wall to prevent me from having

physical and verbal contact with him ...I've actually decided to create some boundaries now and just interact with him more physically and verbally" Nancy.

As might be expected, themes of ownership and jealousy emerged from the stories of contact. However, it was not the birthmother who was identified as the 'jealous' member of the adoption system:

"I would think that for many adoptive parents that's the issue with adoption, it's about ownership...I understood and valued their role in her life and I never said anything to her or them, well as far as I can see, that undervalued their role. But I think what they did is read into a lot of me pushing for my relationship with Emily. It meant that I didn't value theirs, or the more I got, the less they got. There was only so much of Emily and they could only have so much and I could only have so much...(I) now have independent contact with Emily and she still has a good relationship with them and it could have happened like that 20 years ago, it didn't need to be one or the other...To me the contact for the first 20 years has been about hanging in there until I could develop my own relationship with her which isn't what I thought it would be. I think I hoped that I would develop a relationship with her over those years and certainly it's laid the foundations" Jacqui.

For some birthmothers, jealousy provoked behaviour that was not in the best interests of the child, becoming a destructive obstacle in contact:

"At one stage Brett (her relinquished son) was really confused about where he should be. Because I was alone and he thought that he belonged with me, and he was saying 'I belong with Betty', but he wants to stay here...he was kind of

all confused...and then one night...she admitted to me that she had used emotional blackmail with him saying, 'Well, we'll take you to Betty, do you want to stay there? We'll take you there but you're not coming back here'. And I thought 'that's not what you say to a child. It's not what you do to a child'. And he'd say 'No I don't want to go, I don't want to go'. And to me that showed that she needed security rather than giving him security...So now I think 'Is it all about Brett or is it a personal thing between me and her and now he's missed out?'" Betty.

"I've never met them. They're not...they supported Chris to meet me (at age 18) but the adoptive mother is very jealous...he didn't get anything (information exchange) until he found a photo of me (at age 16). He got the presents but never got the letters" Karen.

These stories of jealousy emerge from contexts of contact manipulation or breakdown, suggesting that issues of 'ownership' and biology are very real and dichotomous for some adoptive mothers, and can split the system into two unequal parts, reflecting the implacable dilemma of adoption: the relinquishing mother can bear the child but can't parent him, the adoptive mother can parent him but couldn't produce him. "The presence of a birthmother disrupts the identity of the adoptive family, revealing the complex relationships through which motherhood is created and the divided subjectivity of the adopted child" (Yngvesson, 1997, p. 71).

In counterpoint, the most positive collaborative contact relationship did not appear to contain any owning, possessive behaviour, or its corollary, jealousy:



“I was never, ever a threat to May...she never saw me as threat. She never saw me as someone who might take something away from her. I was always someone who might add something to Mike’s life, who might be an extra support for Mike, an extra resource for her. She only ever saw us as being something that could be positive and helpful in Mike’s life” Lois.

Interestingly, jealousy was activated in the husband of one birthmother when she reunited with her relinquished son at age eighteen. The description suggests a mild version of Genetic Sexual Attraction (Goodwach, 2004; <http://reunion.adoption.com/adoption-records/genetic-sexual-attraction.html>); that is, a response of overwhelming physical attraction between separated blood relatives, on reunion:

“We started talking on the phone and that was just full on. It’s exactly what people say it is, it’s like a honeymoon period

*In love?*

Yeah. I thought it was grouse but he (husband) was just very jealous but apparently that’s normal

*Were you like a person in love, obsessed with him?*

I was. I can see why he (husband) was pissed off...he was shitty...He didn’t want to share me. Even though it’s not the same sort of sharing. It’s still hard”

Karen.

Court ordered contact provides the birthmother with a concrete avenue to exercise power. For the birthmother who had terminated contact this was comforting, albeit untested:

“I find it reassuring that in the back of my mind I know that I can have contact with him when I want to and that I can ring up and say can we organise contact”  
Trudy.

However, where the adoptive parents had terminated contact the leverage that this afforded the birthmother was rendered ineffective by the perceived wishes of the child. Women with terminated arrangements would not utilise the power of the Court if they thought the child did not desire it, even if they also believed that that response was merely a reflection of the adoptive parent’s influence:

“I wouldn’t have forced it because if it is Emily’s decision, so to speak, even though I know it would be what she was picking up on, but if she’d verbalised it and said that she didn’t want contact then I would have just had to accept that...What happened is that Emily saw the psychologist and said to her that she wanted contact so that was my saving grace” Jacqui.

*“Did you ever consider going to Court?”*

I did at one stage, but not now. I couldn’t do it to him. There’s just no way, no way I could do it to him...I have no rights anymore and the one time that I couldn’t keep my mouth shut I lost him...Yeah I can force them to visit but what’s the point? The family is just going to make it hard. I don’t want to see him like that...you know, I just want him to think that he’s got the control”  
Betty.

The ultimate power of the child to decide, independently or in Court, was recognised, and enjoyed, by one birthmother:

“It wasn’t at the beginning, but the relationship developed to the point where I would ring up any time and I knew where they lived. I had their phone number. I could speak to her. It fluctuated over the time and that’s been true right through the process sort of depending where they are emotionally and where I was emotionally and where she was at, so it was dictated by all the players...there are times when she might be here staying with me every two weeks or I mightn’t see her for two months, so it was unpredictable. And the older she got...you know she was able to articulate her rights and I think the parents were scared that if she...if this was, ever went to Court there was no question that she was going to be looking for contact, if not, wanting to live with me” Arabella.

This description also conveys the ongoing negotiation and flexibility necessary for independent open contact.

### ***Relationship with the child***

For two birthmothers the gestating child was without personhood. They depersonalised and hated the “it” growing inside them:

“I hated it. I didn’t want to be pregnant” Karen.

“I hated it. I wanted to get rid of it” Rita.

And they behaved as though they hated the baby:

*“What did you do all day?”*

I rode the horses.

*Wow, good for the baby!*

Well, you know, I wasn't really worried about the baby" Karen.

"I smoked heavily at first. And it was really just not caring. At that stage he wasn't a person in my mind. It was not until he was actually born that I worried about those things" Rita.

When the birthmothers were asked to describe their ongoing relationship/role with their relinquished child, many struggled with language and/or definition. And, as such, demonstrated yet another aspect of silencing. One can only speculate that the source of this struggle begins with the birthmother, but is perpetuated by the relationship with the adoptive parents. Whatever the source, without language it is difficult to know your identity:

"I don't even have a word for what my role is" Rita.

*"How would you describe your relationship with Faith?"*

I can't actually" Kirsty.

"That's a hard one to answer. I'm not entirely sure where I sort of fit into the picture...where I actually stand with it I'm not 100% sure" Trudy.

"I don't know who I am. I'm just me" Karen.

"My role, undefined. It's a road you navigate. You never really know who you are...you are in no man's land because there is no definition of what you are

when you are a mother that's a mother but has lost her child and is having contact" Jacqui.

The birthmothers who felt they did not have a relationship, were more categorical:

"I actually don't have a relationship with Leonie" Wanda.

"I've never really had one" Gill.

"Relationship. It's funny even using that word. I don't feel like I had a relationship with her because I didn't feel like it had been allowed to evolve" Jacqui.

At the very least, some descriptions identified that some type of relationship existed; that the child knew who they were:

"He knows that I am someone. I am someone to him. He recognises me. He'll come and run up to me and give me a big hug, you know" Rita.

"He knows who we are and that we go to whatever things he's got on" Anne.

And progressed to being a friend:

"I just think of her as a friend and that's it. But a special friend, though" Kym.

“He knew I was his birthmother but my relationship with Mike was as a friend. I wanted to be a friend. The birthmother aspect of it was an aside. Mostly what I wanted was to be a friend” Lois.

“When we see him he always comes up and says ‘Hi’, tells us the things that have been going on...more like a family friend...I guess over time he will become more like a friend” Anne.

And if there was no relationship, wishing to be a friend:

“Like I’d never expect to be a mother to Keisha but I’d just like to be a friend to her if I had contact” Gill.

Or wishing to be a mentor:

“The role I would eventually like to have would be almost like a mentor, like somebody he could turn to when he feels things are getting difficult and hard or when he’s getting upset...I hope to sort of become a bit of a confidante to him so he could feel that he could approach me and tell me things” Trudy.

But being a friend is unsatisfactory for one birthmother:

“It gets easier over time but it’s still that loss of your role and you can never get back no matter how good the relationship is as the years goes by. I don’t want to just be my daughter’s friend. I want to be her mother but it’s gone, it’s past” Jacqui.

Only one birthmother, the birthmother with the most open, fluid boundaries, saw herself as a member of the family:

“We were more of the family and more of a support. We were never just those people out there. We were part of that family” Lois.

And another, where there was no relationship, wished to be a member of the family:

“I would have liked us just to be seen as extended family, just try and develop that kind of relationship” Jacqui.

When Yngvesson (1997) speaks to birthmothers, she concludes:

“The very tentativeness of their gestures underscores their separateness from the adoptive family and the absence of a known place for them in a network of family relatives...(The birthmother’s) sense of responsibility for her child keeps her in touch with the adoptive family and keeps her away” (p. 57).

Four women acknowledged their role as the ‘birthmother’ and that the birthmother role was the basis of future, significant discourse:

“It’s someone who’s going to be there for him, especially as he gets older and he starts to understand where he’s from...he’s going to get angry about it and he’s going to be sad and I want to be that person that he can be angry at so he’s not taking it out on the wrong people” Rita.

“I don’t know how to be honest because I tend to sort of detach myself from her. If in the future she wants to ask me questions that’s fine...I know I’m just here to answer her questions when the time comes” Kirsty.

“It will be easier for her to understand later on; that I’m her birthmother and the other parents are her adoptive parents. I wanted to play that role so that she knew who she came from” Sarah.

“If he wants to ask me anything he can ask me anything and if he wants to get angry he can get angry or get hurt and I’m prepared for him to say ‘Wish you hadn’t have’ or ‘Why did you?’ or any emotion that he might have I’m happy for him to express that” Jane.

While the birthmothers based their decision on realising the child’s best interests, they predict that the child will not necessarily see it that way; that they may be angry and sad about this ‘best’ decision, at least until the birthmother ‘explains’ some time in the future.

One birthmother expresses this appreciation of ongoing responsibility. The ‘future’ is now. Her adopted daughter is 20 years of age:

“I...feel that sense of responsibility and I always have. I’ve never felt that adoption was wiping my hands of her, even though I didn’t have the day-to-day care of her. I’ve certainly still felt a strong sense of responsibility to be there for her and I will till the day I die. I didn’t give that role up and I believe I owe that to her. But that said, of course, my attachment is very different to her than my



other children because I haven't raised her. It can't not be. It is different and it has to be just by the very nature of being an adoptee" Jacqui.

Discussion of roles and relationships did bring up the idea of motherhood, but not directly; it was a relinquished role or resolved with the use of the term, "tummy mummy":

"He will always be my (pause) son but part of giving up for adoption is that you...lose that role. It's not my role to have" Anne.

"Within my heart I do feel he's my son and that he will always be a part of me...(but) I am actually known as his tummy mummy" Nancy.

"I was tummy mummy" Betty.

While the term "tummy mummy" appears to be a developmentally appropriate explanation, it also ignores the genetic and familial identity of the birthmother, reducing her contribution to that of an incubator.

Only one birthmother suggested that she, at times, parented her relinquished child:

"My role with her fluctuates. I kicked into a parenting role, when things have been difficult there...so my role with her changes in I am more confident, she tells me everything and she trusts me so I do have a parenting role. It flips between a parenting and mother role to a sibling role. I'm her older sister who she tells everything to" Arabella.

### *Subsequent children*

The six birthmothers who had had subsequent children spoke spontaneously about the experience during the interview. The experience of mothering a baby subsequent to a relinquishment needed to be spoken about.

At the very least, it was a different experience:

“It was different. It was very different because there weren’t all those other things hanging over me like there was with Mike. So I was able to focus. I could enjoy the pregnancy more, I could enjoy the birth, I was allowed to enjoy it. I was prepared to let myself enjoy it, I guess, and savour it because there wasn’t the big question mark” Lois.

And returns the birthmother to the original decision:

*“So how did it feel when you got pregnant with Jason?”*

All the emotions started coming through again. Like I was reliving. I felt like ‘Oh my God, I’m not’ ...I was really happy about it...and then as time kicked in well and I’d sort of cry more and I’d think what are you doing with it and then I’d bring out his books, photos...and I felt so sad” Betty.

“I think you probably appreciate things when you have your own children... It was different. I was in a totally different place and I think it made it hard to believe I ever let the first one go...I wouldn’t say it was traumatic or anything like that because Emily’s birth was in such a different context and this time I knew I was having this baby that I could finally mother, that was really very

overwhelming and very significant of course. But it's conflicted as well. It's like 'Well I can keep this child and shit I should have the other one with me'. It's all of that" Jacqui.

However, two women suffered serious episodes of depression, which were described by the treating doctor as a 'retrospective' post natal depression. Amidst the stories are fears that the subsequent child will be taken away:

"When we had Hayley I had in my mind that we were having a boy (the relinquished child was a girl). And when she was born she was overdue, three weeks overdue...they said you have a gorgeous girl and I said 'No' and he looked at me really weirdly and said 'You have a gorgeous girl, a daughter'. And I remember looking at Hayley and I just remember shutting down...I breast-fed and all that sort of stuff but I think for the first four months it was a very detached mother-child bond. Realistically I knew no one was going to come and take her away, but I still had nightmares...(My husband) would wake me up and say 'it's ok, she's still in her cot' and it was really just a bizarre sensation. I didn't think I deserved her. I never thought that she would replace her and when I looked at her I thought how could I have done this. And I thought that people would think 'this isn't right, this isn't the way that karma is meant to work'

*You thought it would be easier if you had a boy?*

Yeah, I guess I must have. I worked up to the day that Hayley was born and when Hayley was really young (two weeks) I went back to family day care work...I don't think I gave myself a chance to be a Mum...In hindsight, for me I went back into that robot mode. You feed them, you clothe them...it was just this routine of morning night, morning night" Wanda.

“In 1993 when my son was born I had severe post natal depression and it was all linked back to this because the psychiatrist said I hadn’t grieved properly for my daughter...Because I kept thinking when I was pregnant that it didn’t feel quite real and then when I had Phillip I kept thinking someone was going to take him away from me...I was depressed with Phillip about two years and I was in and out of hospital over that first year” Gill.

While not suffering from depression a third birthmother also spoke about overwhelming feelings that her daughter would be taken away:

“Very stressful. She was premature, nine weeks...I just wanted to get knocked out. I wasn’t having a birth, no way, never again and I woke up panicking that they’d taken her, because I was on morphine...I thought they were taking her and I was like...because they were saying she’d gone to the special care nursery and I would have to go to bed. I was saying to Mum ‘No way, where is she? I want to see her’” Karen.

And two birthmothers suggested that the relinquishment had affected their approach and methods of parenting. These birthmothers understood their response in terms of a fear of losing the subsequent child, however this appears to have elicited polar styles of attachment:

Avoidant:

“I think it does effect the way you parent...because I don’t reckon I’m as close to her as other people are with their kids as in I keep a distance...Like I’ve seen my friends with their kids and they’re all over them and I’m not like that...I kiss

her goodnight and tell her I love her everyday and she gets everything, and she's treated well, but...I think sometimes I unconsciously worry about losing her so I never get close enough for it to, do you know what I mean?...I am close to her. It sounds like we don't have a good relationship, but we have. But I'm not super Mum, if you know what I mean" Karen.

And anxious:

"Poor little Phillip. I wouldn't let him cry if he got upset or anything, if he got distressed and then I kept thinking that something was going to happen to him... ..It wasn't until he was about two and a half or three that I really started to enjoy him and realise that nothing was going to happen to him" Gill.

### ***Regret***

Eleven out of thirteen birthmothers stated they did not regret the decision to relinquish their child for adoption. However, just like the original choice where the birthmothers unequivocally 'owned' their decision, an examination of the material uncovered expressions of ambivalence.

While one birthmother said she had no regrets, she quickly added that she would not encourage her daughter to do it. Others did not regret the decision, but rather the circumstances that had led to it:

"Deep down I didn't want to give him up but I felt like I had to...The only thing I really regret was that I knew that I wasn't stable enough to take adequate care of him" Nancy.

“Once or twice I have regretted it now that I’ve met my partner and we’re together and I’m, you know, leading a stable life and got a normal job and not using drugs anymore and that...Now I think, you know, if only this had happened...eight years ago but it didn’t...I suppose at times I feel sad that he’s not with me, but I don’t regret what I did” Trudy.

An evaluation of self as unacceptable also underpins the more categorically positive answers, implied in an assessment that the adoptive parents are “better”:

*“Have you ever regretted your decision?”*

Not once. No. And I think my experiences with his family and just having access really does confirm that I made the right decision” Rita.

The two birthmothers who did express regret demonstrate the inverse of this point. Over 18 years later it is a lot less clear that the adoptive parents are “better”:

*“A lot of people say they relinquished because they wanted their child to have more than they can give.*

Absolutely, and I look at her and I go ‘Well, not much more’. Boyfriends early, left school early...I thought she’d end up going to Uni. That’s what I wanted for her. Funny isn’t it. If she had stayed with me she might have, because we’re all tertiary educated...Left home early. Not because of a falling out. Well, maybe a bit but nothing dramatic, she still gets along with her parents...probably had sexual relationships quite early. I think she still smokes. I don’t even do any of that and you just think ‘Were they really the best?’ That’s what I question I suppose. It’s just at the end of the day you’ve got to question it. ‘What is a

good outcome for a child?’ For me a better outcome for her would have been being with me in our big happy extended family” Jacqui.

One birthmother is no longer protecting her relinquished child from the realities of the adoptive parents:

“She’s starting to become aware of the ambivalence that they have around that (contact) and how inconsistent they are and starting to see some of the behaviours they engage in to sabotage her contact with me and she’s only just starting to notice that because I’m not in there facilitating anything anymore” Arabella.

### ***Good relinquishing mother***

All the birthmothers were asked if they thought there was such a thing as a good relinquishing mother; that is, could you be good at relinquishing, and what does that take. For one, the question was a non sequitur:

“I think a good relinquishing mother is one that chooses not to go through with it” Jacqui.

However, one dominant theme was accepting the decision:

“A relinquishing mother has to be ok with what she’s done...you need to be ok with the process. No, not the process because the process sucks, but, yeah, that decision, definitely” Wanda.

“I guess knowing yourself, why you want to make that decision and accepting that” Nancy.

“I made myself think ‘This is the choice you’ve made.’ I had to work at having a positive and healthy outlook and grieve to the point where I think ‘Yeah, you are grieving but don’t let it consume you’” Jane.

And facing the decision, being available:

“I think running away and hiding isn’t the best option as much as it’s what everyone wants to do, you know it’s not the best outcome...really just being available. Give what you can” Rita.

“I didn’t want the relinquishment to be a thorn in my side for the rest of my life so I asked for what I needed and that was the likes of meeting and having the contact and being to able to put faces to the people” Lois.

“You’ve done a good job if you’ve tried to make the effort” Anne.

“Spending time with her, seeing that she is growing...enjoying her” Sarah.

“Oh, caring, like I’m there if she needs me and I’d do anything for her” Kym.

Having a ‘considerate’ relationship with the adoptive parent; that is, letting them lead, was also forwarded as a characteristic of a good relinquishing mother:



“I think you can do a good job of it. It depends I guess if you have a good relationship there afterwards... and for me you have to be able to sit back and let them lead...It’s their boundary and they have to be the one to set that” Anne.

“Me and the adoptive parents get on so well and have a great relationship and I’ve learned so much from them in that they don’t overanalyse things, you know if it ain’t broke don’t fix it, so this whole concept might be a bit too weird but they don’t worry about it...they just get on with it and I’m wanting to do that as well. I think that’s why it works for us” Rita.

“Respect for the other party as well as for yourself...respecting one another’s boundaries” Nancy.

“I think I also needed to be focussed on the adoptive parents and how they would be feeling about the whole situation...They needed to feel comfortable, confident, because Mike needed all that. He didn’t need parents who were constantly looking over their shoulders wandering about this birth mother” Lois.

And that this sometimes requires a sacrifice:

“My motivation was for her. In order for her to have a good life and a smooth life with the adoptive parents I had to hide...I’ve actively made a choice...and allowed them to feel good about being parents to my child...without feeling inadequate or challenged...and to be able to do that I had to keep the lid on my own grief” Arabella.

*“Do you think there is such a thing as a good relinquishing mother?”*

No. I am trying to but...especially through the first year then it was hard for me to see her. When I knew that they had to see me I would do it...I would do anything for them just to be able to raise their child very well.

*So a good relinquishing mother needs to be?*

Selfless” Kirsty.

And patience:

“You have to be very patient” Anne.

“I think hanging in there for the long haul, being able to ride the waves and knowing that it’s ok and seeing the big picture” Jacqui.

### ***Advice***

Finally, the birthmothers were given the opportunity to pass on advice to someone who is contemplating relinquishing a child for adoption. Most were mindful of qualifying their comments, being sensitive to not generalising from their experience. They were careful to honour the individual, personal circumstances; aware of the attendant complexities and painful ambivalence. This resulted in a reluctance to either endorse or refute adoption. When discussing the conventional feminine perspective on moral decision making Gilligan (1982) reports:

“The reluctance to judge remains a reluctance to hurt, but one that stems not from a sense of personal vulnerability but rather from a recognition of the limitation of judgement itself...Moral judgement is renounced in an awareness of

the psychological and social determination of human behaviour, at the same time that moral concern is reaffirmed in recognition of the reality of human pain and suffering” (p. 102-103).

Ambivalence, a reluctance to either endorse or refute adoption, is exemplified within the following comments:

“I think everyone’s different. I think for some people it could work, for some people it would be shattering you know, like I suppose it depends on the circumstances too, the circumstances they’re in at the time” Karen.

“I guess I still believe that if I’d had the options I still would have terminated the pregnancy. I would choose that option over this. But that wasn’t an option then this was the best way to deal with the situation” Rita.

“I think it’s the nicer thing to do if you can’t do it...I think it’s not a bad thing” Karen.

“Perhaps...guardianship as opposed to adoption if you really think. I know some women really want that finality though. Just as long as you’ve challenged the ideas and they’ve been really firm in their resolve I suppose. That they really feel that this...look some mothers don’t want to be mothers full stop” Jacqui.

As a possible antidote to ambivalence, one dominant theme seemed to be about the importance of an environment that is emotionally honest. That honesty needs to come from within, promoting ownership of the decision:

“That it needs to be her decision, no one else’s” Rita.

“You have to do what you want to do and not what anyone else wants” Anne.

“I would also suggest that that you make the decision for yourself. That you do it for you and you only” Kym.

“I would suggest to her to search her entire being, both physically and emotionally. Find out whether it’s a decision that she really wanted for herself, no one else but herself” Nancy.

“It’s such a personal decision but the main thing for me would be just make sure it’s your decision” Jane.

And that emotional honesty informs the requisite support from the system:

“I think you need good support around you. If someone had been more open and more emotional with me it would have been so much easier...I don’t want to give anyone any advice but it would be so (pause) to have more than one person to have some emotional confidence in...Also someone not connected to your family who aren’t judgemental, where there is not that bond where they say everything’s ok even if it isn’t ok” Wanda.

“I don’t know what I would say. And it works for me but everyone’s different...it’s worked because of his parents. I think a lot of it has to do with his parents...and we’ve made it work. We’ve allowed it to work. It’s being honest, being yourself...I had enough support to get me through” Rita.

“I think you need someone to work it through with you. You’ve got to have someone to do that with you. Someone who regardless of what it is has to back you” Anne.

“Make sure you get really good support and good counselling. Expert counselling not just new graduates...I wanted to be challenged. I wanted someone to say ‘Are you sure you can’t do this?’” Jacqui.

“Get as much help as you can and counselling or whatever...and listen to the people who know” Jane.

“I’d say get some proper counselling, so someone who could present both sides of the story to you” Gill.

Also, if you do it, commit to it:

“You have to do what you want to do and not what anyone else wants and just make sure you are prepared to do it, to do the contact involved. You either have contact or you don’t. I couldn’t recommend random contact. I think it needs to be either constant or not at all, for their sake. Matthew has some sense of stability, rather than me just breezing in every year or so” Anne.

“Think long and hard about it cos it’s for the rest of your life. It’s a big decision, yeah think long and hard about it cos it could affect your life and the baby’s life” Sarah.

And in order to cope with this difficult situation, have other plans:

“I’d probably say that if you are considering adoption to, you know, have plans for your life...like have a career in mind or how you’re going to go about your life. Not just fall into a heap once it’s all over. And I think it helps having other children” Gill.

And remember it was a decision made in the child’s best interests:

“You can’t deny the child the opportunity, the good opportunity that she will get from open adoption, so yeah, it’s a very good thing. It’s just scary at first”

Kirsty.

“Realise there are going to be good days and bad days but that you should think of the child and the child’s wellbeing and that before your own needs. What the child needs first before what you would like...don’t feel guilty that you’ve made this choice because to me its not a selfish choice, it’s not about you...You’ve made the decision for the best of the child and not to feel guilty about that”

Trudy.

Again, as a possible antidote to ambivalence, some viewed the passing on of advice as an opportunity to dissuade:

“If they were willing to be open with me I’d ask them ‘Why?’ Really I’d probably encourage them not to, unless its absolutely obvious that they’re on drugs or something like that. That’s the only reason that I could think that somebody would. Anything else I think that they’re not mentally stable at the time” Betty.

“Besides, ‘don’t!’ ...Well I would have the discussion with her about why she felt that was the best course of action and I guess try and challenge, maybe if they had stereotypical views of (single parenthood)” Jacqui.

“I’d tell her to take the hard risks and...this will impact on her life for the rest of her life – but that’s my experience...and I know it’s not everyone’s experience – yeah I’d say ‘don’t do it’. I’d say it stronger than that. It’s a grief that you’ll suffer for the rest of your life if you chose adoption” Arabella.

## **Qualitative results – Matrices**

In an effort to distil the preceding qualitative data into a theoretical statement about the experience of relinquishment and contact in open adoption, a series of matrices have been constructed: a conditional relationship guide, a reflective coding matrix and finally the theoretical statement (Scott, 2004). The matrices show the workings that have led to the theoretical statement.

### **Conditional relationship guide**

The first recommended matrix is a conditional relationship guide which answers the questions: what, when, where, why, how, and with what consequences each category occurs (Scott, 2004). A level of abstraction is achieved within the category of consequences.



Table 19: Conditional relationship guide

	What	When	Where	Why	How	Consequences
Ignoring pregnancy	Knowing but not quite believing	Unplanned child outside marriage Less able to ignore if had previous child	Internally, where the baby is	Short term coping, fears of others reaction, fear of future, won't have an abortion	By not taking action i.e. telling others. Accessing an abortion	Reduced choice/options
"Choosing" relinquishment	Acting on belief that unable to parent child adequately	Believe child will be "better off" being parented by someone else	Birthmother be there is a lack of support, structure (including circumstances where already a mother) or extreme circumstances	I can't give him the life he needs/deserves because I am too young, single (money, illegitimate, single parent, shame) or I can't shield him or me from dangerous others and/or I want my own life, my mother wont or I don't want her to look after my child	I don't and/or can't meet the requirements of acceptable maternity	Low self-efficacy
Limited choice	Choice was owned by all but was not felt to be a real choice by all	Choice was bounded by circumstances, values, assumptions	Context of relinquishment	Individual responsibility plus contextual restrictions i.e. cultural assumptions/ values	The power of assumptions  Lack of challenge to assumptions	"Choosing" doesn't fully resolve the decision
Formative experiences	That how you were brought up contributed to the decision to relinquish	During the process of thinking about whether to relinquish	Informing the boundaries of the decision; family values, parenting experiences including abuse	Because our parental experiences did not instill in us a belief we could parent esp. in difficult circumstances OR we fear we shall become our mothers OR our parents values meant our parents would not have approved of keeping the child	Internalised our parental experiences and beliefs	Contextualised choice
Adverse childhood experiences	Complex family; abusive relationship	Growing up	Internalised	Own parent's dysfunction	Acting out, not protecting, not supporting	Diminished self Diminished choice

	What	When	Where	Why	How	Consequences
Open adoption	The opportunity for ongoing contact was a positive decision making factor for over half the women; "open adoption, I thought it was good cos they don't take the baby away from you completely	Considered during decision making process	In contemplating giving your child	Because the child will not be "lost"	Belief that seeing will make the relinquishment feel better	Management of loss
Not saying goodbye	Open adoption meant that you didn't have to say goodbye	No "moment" occurred, open ended One admitted to avoiding any moment	As the baby moves from hospital, to foster care to adoptive parents home	Because the thought that birthmother would see child meant no moment of complete ending	By imagining reunion	Management of loss
Saying goodbye	Looking at, caring for, touching the child for the "last" time	During transitions; leaving hospital, going into foster care, choosing the parents	In circumstances were woman conscious of loss, changed role	"Point of no turning back"	By "feeling" the baby i.e. looking, touching, caring, talking to, responding to their cries	Final in terms of external realities but not necessarily final internally
Not understanding consequences	8/13 felt they had not fully understood the consequences of their actions	At relinquishment to over 18, changes over time	When contemplating the personal impact on self	Can't predict the effect of time, can't predict future responses	By feeling responses as they arise and notice changes, relinquishment as a process over time	Relinquishment an ongoing process
Understanding consequences	5/13 said they understood the consequences of action at time of the relinquishment	At the time of the relinquishment	In reference to immediate effect only, not answered in reference to personal consequences	Because they believe they thought hard about the decision, accepted decision, knew it as a good decision, extreme circumstances took decision out of hands	Located understanding consequences at time of relinquishment not as dynamic effect/process over time or in terms of personal response	Protect decision
Separation at birth	Distress and emptiness, struggle to connect with the baby	Immediately after birth and first few days of life	In hospital	Because of impending separation	"Unreal" feelings Struggle with loss When will I lose it? What have I lost?	Protecting self from decision
Spending time with baby	Important special time	Till mother leaves hospital	In hospital	Because birth mother "must"; chooses to	Able to hold opposing forces of relinquishment and being the baby's mother	Suspend reality to process reality Being the "birthmother" Managing boundaries

	What	When	Where	Why	How	Consequences
Clinical depression (5 women)	A "shitty time" "Terribly sad" "Deep depression" "Crying all the time" "Slept most of the time" Take anti-depressants	Re-activated by relinquishment OR at meeting child at 18 (no previous contact), OR when child turns 18 (still no contact)	Internally	Pre-existing depression or traumatic event Depression triggered by relinquishment or if no historical contact or when child turns 18	By a traumatic event; relinquishment itself or reunification at 18 or child turning 18 (no contact)	Relinquishment a continuing traumatic event especially for the vulnerable
Choosing the adoptive family	Choosing responsible and empowering; "didn't feel like you were just chucking him away" (only 1 didn't; did not want responsibility)	When the child is in foster care, first months of life	When mother back in her life without her baby	Birthmother has role in determining baby's future; make a match with her	Non-identifying written profiles; by reading between the lines Identification with the profile information	Fleeting power. Legitimate mothering
Which family?	"I was trying to choose for him all the things I wished I could give him"	When the child is in foster care, first months of life	When mother back in own life without her baby	Opportunity to determine a future connection by choosing common features, and "better" than could currently provide, a future rationale	By recognising something in the family that you can give the child (what I had, what I can't provide); attitude to openness, me	Choose supports relinquishment decision (immediately and in projected future)
Emotional response to contact and info exchange	Mixed feelings "it's better to be happy and hurt than hurt and not know about it"	Information exchange and seeing the child as they grow	Internally before the visits and afterwards	Because want to see child but it reminds you of what you are missing, lost. Not normal	By facing the child and feeling good not so good; bittersweet	Process emotional complexity Reality Ambiguity
The act of contact	A place for evaluating the decision, the adoptive parents, the child and your own emotional state	During the visit watching the child, the relationships and your own responses	In the space of direct contact	Only opportunity to "observe", I dealt with my emotions head on"	Processing the facts (visual evidence) Processing the emotions Reassurance	Immersion in superficial reality Seeing is believing Surface quality Contacts supports relinquishing decision

	What	When	Where	Why	How	Consequences
No face to face contact	Unprocessed relationship with child because child is unknown, child is experienced as other than it is. Depression, anxiety, depersonalisation when information about real child BUT evaluate no contact as easier, less complicated, more able to get on with own life	Experienced when have trigger that makes child more real and/or when meet child after 18 (1); otherwise no contact experienced as easier, "need the distance"	Internally, emotionally	Because have less concrete, ongoing, factual information about child; limits ongoing processing	Child remains, in part, a product of the birthmothers mind; less real. This evaluated positively except when confronted with information about the real child resulting in serious disturbance	Reality unprocessed and disturbing when known Not knowing easier
Contact breakdown – 4	Face to face contact had ceased around 5/6 years of age	When wanted "more" or wanted less when circumstances changed. Adoptive parents back off when boundary pushed or adoptive parents did not resume when birthmother took mental health break.	In negotiation with adoptive parents and Agency. In negotiation with adopted child (1).	Contact arrangement does not meet birthmother needs eliciting boundary change, pushing behaviour or changes in boundary	Boundary has little flexibility even though relinquishment not static – child grows and their boundary change, birthmother needs change. Too painful, too hard. Boundary retracts.	Vulnerability – changing boundaries (wanting more or less).
Enduring flexible boundaries 2 "over 18" stories	Wanting more and getting it. Adoptive parents open, inclusive, recognised birthmother as significant figure/mother	Birthmother grieved child. Flexible. Saw contact as bonus. Birthmother squashes grief. Worked hard to get adoptive parents trust and approval	In circumstances where adoptive parents and birthmother are child focused. Recognised importance/inevitability of relationship. Can't deny connection	Believe of belief contact is in best interests of child. Worked hard to ensure got to see child. Made self trustworthy	By being included by adoptive parents. They recognise birth mother and her relationship birth mother lets go of child or squashes grief	An agreeable negotiation – birthmother grief not present adoptive parents acknowledge important as birth mother
Diminished entitlement to contact	Birthmother influenced by rights of adoptive parents and child/minimises own rights to see child	When deciding on and establishing amount of contact they request	In presentation of birthmother	Because birthmother believes choice to relinquish/relinquish "right" to child/BUT also has minimum level for best interests of child	Requesting less contact than desired By being careful/don't intrude/overwhelm/don't ask for anything Present as trouble free	Hierarchy of entitlement Less than self

	What	When	Where	Why	How	Consequences
Adoptive parents set boundaries around contact	"You are the powerless one in this relationship" "I am prepared to follow them" "I didn't want to push because I was scared of pushing them away"	In maintenance of contact over time	In presentation of birthmother	Because adoptive parents hold the prize/child/power	Birthmother holding back Following adoptive parent lead	Unequal power less than self
Adoptive parents set boundaries during contact	Birthmother's behaviour predicted on perception of adoptive parents' limits	During face to face contact	Dissonance between behaviour and desire Consciousness of adoptive parents' limits	Because adoptive parents have the power to withdraw child Birthmothers do what is in the best interests of the child i.e. keep adoptive parents happy	Birthmother behaves agreeably. Don't cause problems/ Be good/ Be like them Don't touch child too much. Don't spend too much time	Unequal power
Jealousy	3 adoptive mothers' relationship with child	Evident when negotiating contact	In response of adoptive parents to contact with the birthmother	Because birthmother has irrefutable biological connection Adoptive parent either/or attitude	3 stories – adoptive parents minimise or withdraw contact	Adoptive parents cannot integrate importance/ inevitability of relationship
Contact breakdown and the non use of Court Order	Birthmothers would not exercise Court Order "Yeah I can force them to visit but what's the point?" Reassuring / powerful if believe child would advocate for contact or in circumstance where birthmother terminated contact not adoptive parents	Where adoptive parents have withdrawn contact. Child does not want contact (reflection of adoptive parents)	In resolving disruptions (current or projected) to contact	Forcing contact against adoptive parents/child wishes "pointless"	By birthmother not contesting if believe adoptive parent/child does not want contact Birthmother does not have power alone, only if joined by child	Unequal power
Lack of cohesive descriptor re relationship with child	On a continuum – No relationship, no words to describe, friend/mentor/ birthmother/ tummy mummy. Only one said that she was at times a parent	Hen asked directly to describe relationship	In targeted interview otherwise not necessary to describe	Because role unclear, undefined, fluctuates	By being a hidden role, an irregular role, a role contingent on indirect but significant parties (adoptive parents)	Ambiguous relationship. Unknowable relationship. Self less

	What	When	Where	Why	How	Consequences
Response to subsequent children (6 birthmothers)	"Different" "conflicted" Fears child would be taken away – don't get too close or never let them out of your sight Depressed and shut down	Conflict/fears and/or depression straight after birth up to first 2 years	Internally and in parenting style	Subsequent child triggers conscious and unconscious thoughts and feelings about relinquishment	Lack of control. History will repeat. Guilt. Grieving	Relinquishment as a power over time not forgotten contextualises subsequent children
Can you be a "good" relinquishing mother	Yes if: Accept decision, Don't run away, let adoptive parents set boundaries Selfless, patient	During the relinquishment process and the ongoing contact	Internally in grieving and accepting the decision and externally in behaviour with the adoptive family	Because the birthmother wants to do her best in the situation	Internally accept the decision and then be patiently and selflessly available to follow the adoptive parents' lead to make it work	Minimise self
Birthmother advice to women contemplating adoption	Reluctance to endorse adoption – personal choice. Emotional honesty with self (own decision, commit to it, in child's best interests, be challenged, thing long and hard) and supportive system	Reflecting on personal experience What helped, what was missing?	Internally	Uncomfortable to endorse/ encourage. Cannot generalise. Only say what helped them.	Reflection of non-choice. Reflection of level of pain and difficulty	Ambivalence

### ***Reflective coding matrix***

The reflective coding matrix develops a relational hierarchy and contextualises a core category or, central phenomenon, to which all other major and minor categories relate. Once a core category is identified (in this case 'Relinquishment is an ongoing process'), all other categories become sub categories and core category descriptors; that is, the properties, processes, dimensions, contexts and modes for understanding the consequences of the central phenomenon of interest. The method for identifying the

reflective coding matrix descriptors begins with, and, is contingent on, the relationships established by the conditional relationships guide.

Table 20: Reflective coding matrix

<b>Core Category - Relinquishment is an ongoing process</b>		
Properties	Closure not fully possible	Contact
Processes	Relinquishment is an ongoing process	Solution resistant to resolution
Dimensions	Final in terms of external realities not necessarily final internally Choosing doesn't necessarily resolve decision Lost motherhood If predisposed can be traumatic Impacts response to subsequent children If "understood consequences" located at time of relinquishment only Can't endorse adoption	Contact supports relinquishment decision Choosing a "better" self Openness notionally ameliorates loss  Surface quality Ambivalence, process emotional complexity, reality Ability to contain/hide self Better than not having contact If no contact then reality unprocessed and disturbing when known Meeting a responsibility
Contexts	Cannot fully understand consequences	Ongoing attempt/opportunity at resolution
Modes for understanding the consequences	Managing openness	Better than nothing

<b>Core category – Relinquishment is an ongoing process</b>			
Properties	Non Choice	Management of loss	Conditional boundaries
Processes	Over determined “choice” that compromises future choices	Traversing reality and denial	Ongoing access to child
Dimensions	Choice over determined by cultural, historical and present circumstances Evaluation of self - I cant/don't meet the requirements of acceptable maternity Family of origin dysfunction. Support unacceptable.	Ignoring pregnancy Protect self from decision Suspend reality to manage reality Imagining reunion salves decision Reality/contact confirms rightness of decision but not necessarily the internal consequences No contact means reality unprocessed, reality disturbing	Adoptive parent's set boundaries around establishing and maintaining contact, unequal power Birthmother's behaviour predicated on perception of Adoptive parent's limits Birthmother power experienced in “choosing” the family Experienced as benign through to destructive Conditional boundaries, boundaries that are too tight in relation to needs, boundary retracts when birthmother pushes Court Order gives notional power, power not exercised Confident if child aligned Enduring openness when Adoptive parent's integrate birthmother and grief not present Birthmother has undefined role, no accepted descriptor
Contexts	Deficit in self	Pain full reality	Whoever holds the child manages the boundary
Modes for understanding the consequences	One's needs minimised	Can not always be present	Conditional relationship Hierarchy of entitlement

### ***Theoretical statement***

The following is a statement that emerged from data gathered from interviews with 15 relinquishing birthmothers, describing the phenomenon of voluntary relinquishment of a baby, and the ongoing experience of contact with that child and their adoptive family, in Victoria, Australia.



Relinquishment is an ongoing process predicated on a choice where the consequences cannot be fully known, closure is not fully possible, and being fully present is not always possible; and the choice is over determined by individual circumstances within powerful cultural, and, often difficult childhood contexts, creating an ongoing deficit model of self and one's needs, where power is notional and contact has conditional boundaries built on a hierarchy of entitlement, that is best served by a flexibility that values the birthmother and where she manages her ambivalent and painful feelings.

## Discussion

Voluntary choice defines healthy infant adoption. All the birthmothers in the study were prepared to 'own' their choice to relinquish. Family contexts required an independent decision; the birthmother would be alone with either consequence.

Owning the choice was apparent at the time of the relinquishment and was advocated as a necessary factor for future relinquishing mothers. Active coercion was not evident in any of the stories and the notion that 'it was my choice' *appears* as a mechanism for assisting in resolving the decision. Taking personal responsibility underpins individualism and in this circumstance personal responsibility was expressed in ownership of the decision.

In her classic treatise on women's psychological development and moral decision making, Gilligan (1982) provides a theoretical overlay for the descriptions of the adoption decision and its consequences. Her findings are based primarily on a qualitative analysis of interviews of women in the process of deciding whether to have an abortion. The analysis suggests that women impose a distinctive construction on moral problems, seeing moral dilemmas in terms of conflicting responsibilities that traverse a sequence of three perspectives; each representing a more complex understanding of the relationship between self and other, and each transition involving a critical reinterpretation of the conflict between selfishness and responsibility. The sequence of women's moral judgement proceeds from an initial concern with survival, to a focus on goodness, and finally to a reflective understanding of care, as the most adequate guide to the resolution of conflicts in human relationships.

Just like the abortion decision, adoption decisions,

“reveal the predicament of human relationships. As pregnancy signifies a connection of the greatest magnitude in terms of responsibility, so (adoption) poses a dilemma in which there is no way of acting without consequences to self and other. In underlying the reality of interdependence and the irrevocability of choice, the (adoption) dilemma magnifies the issues of responsibility and care that derive from the fact of relationship” (Gilligan, 1982, p.108).

Like the abortion decision, the adoption decision may be driven from a position of responsibility and care, but the adoption decision is embedded in a complex context and dependent on a deeply negative self-evaluation, and hence is associated with complicated and ambivalent stances.

In fact, any examination of choice in relinquishment must acknowledge the original circumstance of non-choice. No birthmother in this study consciously ‘chose’ to become pregnant. While some birthmothers ‘chose’ not to terminate the pregnancy, this was heavily overlaid by the internalisation of centuries of religious ethics, severely restricting any felt sense of choice, a choice that could be acted upon.

The concept of informed choice is also cogent. Defined as,

“a legal condition whereby a person can be said to have given consent based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual

concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given”

(<http://www.hhs.gov.ohrp/inforconfaq.html#1>).

The concept of informed consent raises questions about relinquishment counselling and the requisite factors for efficacy, such as, the capacity of the pregnant women to ‘hear’ the information above the contextual pressures. And the consequences of the adoption choice are characterised by development and change for all parties. The information on which the choice is being made is in continuous and unforeseeable motion.

Informed consent must, by definition, offer the possibility of informed refusal; however, the adoption decision circumstance was subject to multi-dimensional constraints producing an absence of arguments for saying no. The narratives characterised choice as an act of conscious will to do the right thing, but doing the right thing did not necessarily mean that it felt quite right. The choice is not informed by an affective corollary. There is no positive desire. Sadly, for some, the development of a deeper understanding of the consequences of the relinquishment (often the affective dimension) and/or changing circumstances, created a painful inverse relationship. As they discovered the consequences over time, there was progressively less that could, or would, be done to accommodate them.

A free choice between equally weighted options was not a real possibility. The choice to not parent the child was over determined by a spectrum of contextualising forces which were refracted through the individual but which originated beyond them.

The women in the study, by and large, emerged from complex familial contexts, creating both external and internal restraints. Family support was mostly presented as absent, unacceptable or existing in an ambivalent haze, there, but not really there. The aloneness of the women was a determining factor in the decision to relinquish. Complex family contexts were also internalised, and formed a damaged or less than adequate self that was figural in the decision to not parent the child and in the ongoing negotiations around contact.

Adverse formative experiences are associated with ongoing negative mental health symptoms. The connection between the two is best illustrated by the positive; the two women with no reported adversity in childhood also report the best contemporary mental health. However, the majority experienced above average depressive and anxiety symptoms. The birthmothers are individuals who are emotionally vulnerable. However, the study confirmed that the intensity of the grief symptoms reduces over time. Additionally, a trend for the reduction over time of depression and anxiety symptoms was also identified. It seems that time can heal.

Cultural assumptions, parental values and (where applicable) family dysfunction/abuse, created a deficit model of the self for relinquishing mothers where they did not and/or could not meet the requirements of acceptable maternity. These women were acutely aware of what they were not able to offer their child. The

birthmother decides she cannot give the child what they ‘deserve’: she is too young, she is single, she is poor and/or she is ashamed. Illegitimacy still has currency as a determining factor. For some, the birthmother cannot shield the child from dangerous others or from the danger that is within her or from her own needs and desires; what she wants for her own life. Challenges to the assumptions are scant. The extent to which the decision to relinquish is then perceived, or felt, to be a solution, exists on a broad spectrum. For some, it is never felt to be a solution; for others it is a partial, imperfect solution and, for a few, it is a good solution.

The experience of choosing the adoptive parents appears as a bridge between being responsible for the decision and relinquishing all parental responsibility. The metaphor lends itself further; to the process of choosing that saw many women chose a projected “better” version of themselves which would create a potential bridge between the parties based on perceived similarity, while honouring the operative assumption that “better” parents existed. However, the superficiality of the process is born out in the stories where people turned out to be different from how they were represented or how they represented themselves.

Contact between a birthmother and her relinquished child is perceived as a (partial) solution to a painful decision, a salve to an enormous loss. For some it meant not having to say goodbye. Yet it is a solution that also appears resistant to fully resolving the grief associated with the act of relinquishment. Contact is a complex space. While the intensity of the intrusive thoughts and avoidant behaviours around the relinquishment did generally decrease over time, contact remains a solution that is continually ambiguous. During contact the birthmother gains the knowledge that the

relinquished child is ok *and* that they are ok without her. Yet seeing is believing.

Contact immerses the birthmother in reality and provides the context within which she can evaluate the decision, the adoptive parents, the child and her own emotional state. It is an event that delivers higher satisfaction to those who are actively, even intrusively, thinking and grieving about the relinquishment. At the very least, this result suggests that these processes demand an expenditure of emotional energy by the birthmother and, due to the outcome of positive satisfaction, could be therapeutically supported.

Contact is described as a place to see reality, but it is the physical reality of where the child is, and does not appear to always adequately include the emotional reality of the birthmother's feelings and responses, or how she experiences her reality the rest of the time. On the other hand, the benefits are underscored by the experience of those who did not have face-to-face contact. The risk is that an absence of the reality of contact allows the relinquishment to remain unprocessed and that future contact with reality can be significantly destabilising. However painful it might continue to be, contact appears better than nothing; "it's better to be happy and hurt than hurt and not know about it" Betty.

Two visions of the self underlie thinking about the place of attachment and loss in psychic life: the separate self and the relational self (Jack, 1991). Both 'selves' are present in the processes described by the birthmothers. On the one hand the autonomous, separate self is evident in the young woman who makes her own decision, is without regret and recommends this stance to others contemplating adoption. It is, however, the relational self that is operating as she navigates the ongoing connection with the relinquished child, evident in the minimization of her needs to preserve

relationship and the ongoing experience of depressive symptoms. The operation of the two selves and their divergent dynamics may go some way to explaining the experience of ambivalence that saturates the stories.

The deficit model of self and one's needs that is set in motion at the time of the relinquishment, informs the ongoing contact; the needs of the birthmother are assessed in relation to the needs of the others in the adoption triangle. An unequal power relationship ensues where the birthmother does not lead, or, if she does, she perceives risking damaging or losing the relationships. The birthmothers' behaviour is predicated on her perception of the adoptive parents' limits. This was experienced on a spectrum that ranged from acceptable and benign through to destructive. The conditions of contact proved too tight for some, and when they wanted change, or pushed up against the boundaries, the boundaries universally contracted and this confirmed the birthmothers' lower status.

Open adoption illuminates the "law's arbitrary and patriarchal construction of the family unit...(It) also disrupts this unit and the familiar identities of 'mother', 'father' and 'child' it presupposes. Because open adoption compels recognition of the place of an 'other' mother on whom one's own mothering depends" (Yngvesson, 1997, p.32). The new identities defy legal categories. The *imagined* legal heft of an Adoption Order containing minimum contact requirements is poignantly demonstrated in the stories where arrangements were not legally ratified; where arrangements were verbal only or time limited. The descriptions were full of longing and frustration, 'if only I had the law on my side'. Or in the case where the birthmother had voluntarily ceased contact, her Order was a source of imagined comfort, 'my rights are protected'.



However, in the circumstances where the legal fortitude could be tested, it was not. Relationships had broken down and the law was not a useful tool of repair. The child was respected above the law. The only case heard, was heard in the Family Court (Adoption Orders and contests are made in the County Court), and only went forward because the child told the Family Court clinician that she wanted contact. The perception is that alone, the birthmother has little power. Of course, there is little argument against the value of a ratified document as legal protection. The very existence of the legal rights of the birthmother has the potential to impact on her continued meeting with the adoptive family in a powerful way. However, the leverage remains notional and highlights the limitations of the law. At best, its existence provides comfort through imagined control, or when the birthmother feels the child is aligned. The very existence of the law demonstrates unequal power, that the birthmother needs protection and arbitration from an authority. The law does not appear to redress the inequality.

In her article, “Re-expressing parenthood”, Bartlett (2004) argues that the law is adversarial and divides or splits the interested parties, and the legal frameworks involving parenting decisions are

“grounded in notions of exchange and individual rights, and implicitly encourages parental possessiveness and self-centredness. I suggest we proceed to re-shape the law to express a better view of parenthood...based upon notions of benevolence and other-directedness...on responsibility and connection...the law should focus on parental responsibility rather than reciprocal ‘rights’, and

express a view of parenthood based upon the cycle of gift rather than the cycle of exchange” (p. 259).

The forms of parenthood created through open adoption are currently expressed in terms of ‘rights’ and ‘exchange’ and the study has demonstrated the lack of leverage this offers those it is designed to protect. Maybe the law is unable to create a commitment to parental responsibility and connection within the adoption triad? Maybe the law can only adopt the language and attitude that upholds an expectation that these qualities exist? The creation of a shared commitment to parental responsibility and connection must precede, but include, the law, saturating the consciousness of all parties, a pre-requisite to the formation of open adoption.

In her discussion of kinship, Modell (2004) states “open adoption is radical enough to have disturbed almost everyone I met...The idea of open adoption strikes a chill...Why is it so disturbing?...Open adoption is disturbing because it does not allow adoptive kinship to be just like biological kinship” (p. 181). In discussing 20<sup>th</sup> century adoption practices, such as matching, Herman (2002) states that it,

“directly confronted the central dilemma of modern adoption. It attempted to create kinship without blood in the face of an enduring equivalence between blood and belonging. The results were paradoxical. Matching reinforced the notion that blood was thicker than water...(and was) denying what is surely the most obvious thing about adoption: it is a different way to make a family” (p. 340).

Modell (2004) elaborates,

“open adoption then exposes the weakness in an assumption that ‘papers’ can make kinship equivalent to blood; it is just paper: that a contract is not as binding as birth in a parent-child relationship is a strong cultural convention. But it is a convention and as a convention it can change. Paradoxically, open adoption also indicates the strength of ‘papers’. In an open arrangement, a paper kinship can be as strong as a blood kinship for the very reason that it does not replace the blood kinship; rather the contract establishes a *parallel* legal kinship...One parent is not ‘real’, the other ‘unreal’; one is not ‘natural’ and the other ‘fictive’” (p. 181).

By definition, adoption is not an act that functions independently. Adoption requires people to be interdependent; it requires recognition of the existence of, and relationship between, self and other:

“On the one hand, they (birthmother and adoptive parents) share an implicit ‘truth’ about motherhood as a relationship between mother and child, grounded in pregnancy and giving birth. This interpretation of motherhood as a state of almost mystical commonality and identity is a central fantasy of patriarchy. On the other hand, they are living the experience of contingent motherhood, of separation: one has given the child she bore to the other, who cannot bear a child. In this sense they are mothers in name only but together each provides what the other needs to become a ‘real’ mother under patriarchy...It is in this tension within ‘identity’ that open adoption provides a potential space for the

discovery of new forms of subjectivity and of motherhood” (Yngvesson, 1997, p. 72-73).

The concept of parallel kinship pushes up against the seemingly unassailable monogamy of motherhood. For better or worse, you can only have one mother. This belief is theorised via attachment and the evolutionary imperatives of survival, safety and the formation of a concept of self. However, it may be limiting to overlay the parameters of attachment directly onto parallel kinship. Adoption splits the biological assumptions of attachment; that biology predetermines the ensuing attachment behaviour. The term attachment is generally applied to the infant. It is a consequence of repeated behavioural interactions between the parent and the infant and clinical measures of attachment observe a child’s exploratory and comfort seeking behaviour. Four types of attachment style have been identified: secure, anxious, avoidant and disorganised (Bowlby, 1980).

The development of attachment lies in the domain of the adoptive parents. To date, within the field of adoption, attachment theory has been focussed on building the bonds between the child and the non-biological parents (Walker, 2008); implying that, without biology, attachment requires a conscious application. Without question, the establishment of attachment between the infant and adoptive parents is essential, and may indeed require education and a conscious effort. Not only does the adoptive mother miss out on the biological and/or social drivers produced through the processes of pregnancy and birth, their very absence confronts her with her infertility. Adoption may also produce complicated and ambivalent responses in the adoptive mother and these may impact (however unconsciously) on her relationships throughout the adoption

triad and on her attunement to the needs of the infant and the attachment between them. The quality of the attachment between the child and the adoptive mother has the potential to be associated with the ability of the adoption triad to be inclusive and non-threatening and for a 'parallel kinship' to be formed. Useful future research would be identifying the type of attachment evident between the child and the adoptive mother and then exploring the relationship between that and the adoptive mother's relationship/attitude to the birthmother, the child's relationship needs of the birthmother and the level of 'openness' and/or empathic collaboration in the relationships of the triad.

In the case of adoption there is no real opportunity for clinically defined attachment to develop between the child and the birthmother. There is no time. However, the findings appear to confirm the importance of biology in determining an enduring human connection; at least, enduring feelings from the birthmothers for the child. The birthmothers tell us that a connection persists even when parenting does not reinforce it; even in cases where there is no direct contact.

Parallel kinship does not necessarily destabilise the notion of a primary care giver. Parallel kinship asks for a space, both psychologically (continuously) and physically (occasionally), in which two significantly different mothers/women can respectfully co-exist within transparent boundaries. The differences exist. They require recognition and valuing. The notion of parallel kinship is currently best expressed through the construct of adoption openness, the true spirit of which is defined by enduring and fluid boundaries between the parties.

The study identified two conditions necessary for open adoption: a flexible and open valuing by the adoptive parents of what the birthmother can offer the child and the management of her negative feelings by the birth mother. To prove the point, the stories where the adoptive mother was unable to acknowledge the value of the birthmother, and the adoptive mother was described as “jealous”, contact was manipulated, minimised or withdrawn by that adoptive mother. Grotevant (2000) nominates “collaboration” as the quality necessary for positive outcomes in ongoing adoption relationships. Silverstein and Demick (1994) offer empathy as the mechanism for operationalising collaboration, and applied a self-in-relation model to the adoption triad, proposing that,

“a self-in-relation model...has the potential to provide members of the adoption triad with the means to bear the stress, pain and complexity of adoptive relationships. The dynamic cornerstone of the self-in-relation model, that aspect of interpersonal experience that enables mutual connectedness to survive and thrive, is *empathy*...When this reciprocal validation of another person’s experience is fundamentally present, the potential exists for the development of healthy, growth-fostering relationships. Empathy does not circumvent conflict...Rather it creates an atmosphere of validation and respect whereby differences can be addressed with equanimity. When connection rather than disconnection is the fundamental commitment, empathy provides for an emotional tone of strength and reason that permits powerful feelings like sorrow and anger to be tolerated as an emotional counterpart to compromises. Adoption is a process that requires complex emotional compromise. What is lost and

gained for all triad members continues to evolve both in experience and meaning over a lifetime” (p. 113).

So the conditions distilled by the study require the adoptive parents to not deny the birthmother but rather, look squarely at her and understand and appreciate (empathise with) who she is and what she experiences; and the birthmother is required to understand and appreciate (empathise with) the adoptive family’s need to create positive attachments and accept that her pain can not always be easily incorporated into the ongoing dynamics. While, these two conditions are enacted by separate parties, they are irrevocably contingent on each other; the birthmother is more able to contain her sorrow if she experiences that her sorrow is acknowledged and understood by the adoptive parents, and the adoptive parents are more able to value and incorporate what the birthmother can offer them if they know that her sorrows are able to be contained.

This contingency is further complicated by the bind it creates; while mutual empathy has the potential to produce a dynamic of safety and trust, it requires trust to enact in the first instance. If negative, shameful life experiences, such as rape or parental verbal abuse, organise subsequent trust experiences and effect negotiations of proximity and distance, then these birthmothers, by and large, might find the risks implicit in the establishment of trust, difficult to instigate. If birthmothers are also alone, unsupported and emotionally vulnerable, they may require an emotional generosity from the less hurt party to begin the incremental building of mutual trust. This is, of course, not to deny the vulnerability of the adoptive parents, the pain of infertility, or to perpetuate the paternalistic attitude to which adoption appears prone. Mutual empathy and trust requires a respectful stance.

Relinquishment is an ongoing process. It is not static but exists temporally and developmentally, so the risks continue. Several points of vulnerability along the continuum were identified. Depression was activated (particularly in those with a predisposition) by significant adoption related events. These included the relinquishment itself, the child turning 18 years of age, reunification and the birth of subsequent children. Contact was compromised or broke down as the child moved into middle childhood, when the emerging personhood of the child demanded something new from the birthmother. The negotiations around these points of vulnerability were not always successful. For some they became points of complete disconnection. The need to negotiate changing circumstances is a given. The study confirms that the will, the skills and the support required to do so effectively are not always apparent or executed with sensitivity.

Alongside the points of vulnerability, a protective factor was identified; having children subsequent to the relinquishment appeared to lead to a greater satisfaction with life. While the stories of having another child tell of re-visiting grief and experiencing depression and anxiety, the opportunity to process the feelings, and to love and parent a child unencumbered, appears to have a healing effect over time.

“As the stories told here suggest the contradictions of this location may be intolerable, and consequently the borders we create around open adoption must be constructed with lots of entrances and exits, allowing for the different needs of different mothers/families at different points in time in the lives of their children. Most vulnerable to the instabilities that are constitutive of what



openness means in adoption are the children whose lives are shaped by the practice” (Yngnesson, 1997, p. 75).

As the children at the centre of the Victorian open adoption arrangement come of age, an exploration of their experience could guide the field to create the optimal conditions to best manage the unique circumstance of having ‘two’ mothers: what does it feel like?, how do they reconcile (or not) this circumstance?, how does it change over time?, what did the respective parents do that was helpful and what was not?, what language is used to describe the experience? This knowledge would ground the notion of parallel kinship in the child’s best interests and, as such, potentially, unify the adoption triad around that concept, thereby minimising divisive rivalry and promoting working together toward creating a functional, unique, family constellation.

“Adoption attracts curiosity in part because it is distinctive. But it also stands as a symbol of identity and solidarity, social processes that encompass us all. How do we come to know who we are and where (and with whom) we belong” (Herman, 2002, p. 341).

### *Limitations*

The emergence of consistent, coherent and resonant themes from the qualitative analysis would support the adequacy of the participants to provide rich information, a representative voice and trustworthy findings. While the reliability of the study may have benefitted from the mechanism of member checking, re-engaging with participants

for a purely mechanical, non-therapeutic purpose was evaluated as difficult to execute and potentially intrusive and demanding.

The quantitative data was gathered to balance and enrich the description of the birthmothers' experience, and as a third lens, or triangulation, of the narratives. For this purpose it was very valuable. It is apparent that quantitative standards of sample size and selection bias would limit the ability to generalise, however the study did produce some significant, and potentially important, results. The patterns of reduction in grief symptoms over time and the effect of having subsequent children, are a positive contribution to the field, and, as such, would benefit from replication with a larger sample. Notwithstanding that, the data generated through the K10 and ACE rely on self-report and are retrospective and therefore open to a subjective bias.

### ***Recommendations***

#### ***Practice***

The following are practice recommendations based on the outcomes of the study. As such, they are not included to suggest that some are not already in place in Victorian adoption services. Relinquishment counselling and placement management is difficult work. Voluntary relinquishment has become increasingly multifaceted, including negotiating the complex boundaries of protective and mental health issues. At the very least, the study outcomes can provide evidence-based material from which workers can more confidently contextualise, empathise and challenge the relinquishment

decision for the women they are working with, and the assumptions and dynamics of the adoptive triad.

In terms of the relinquishment, in order to maximise the likelihood of informed consent/informed refusal, the study recommends:

1. The development of a tool that requires an exploration of the arguments for keeping the baby so that the options are spoken about and considered.
2. Challenges to the assumptions informing the decision.
3. Exploration of the family/support network, directly if permissible.
4. The development of evidence-based literature stating the known long-term consequences of relinquishment.

In terms of the contact, in order to maximise the positive conditions for ongoing contact the study recommends:

1. An increased emphasis on the realities of openness in the training of adoptive parents.
2. The study of attachment theory, and training in responsive, attuned parenting for adoptive parents, to promote secure attachment.
3. Facilitation of the development of empathic relationships which de-silence the relinquishing mother.
4. Open acknowledgement of the long term consequences of adoption.
5. Recognition of the inevitability of change within relationships and support in negotiating this.

6. Post relinquishment services for all placements, including psychological services to process the grief over time.

### ***Research***

The study has gone some way toward listening to the experience of birthmothers in open adoption. The field would be further enriched from information from the children who experience this unique form of family. Their voice has a natural authority to inform the relationship dynamics and make a major contribution to the management of relationships in open adoption. Answers to the following questions would be helpful: who do they think the birthmother is?, is there a persistent connection to the birthmother and in what circumstances does this exist, or not?, how do they reconcile (or not) the adoption circumstance?, how does it change over time?, what did the respective parents do that was helpful and what was not?, what language is used to describe the experience?

In terms of attachment it would be useful to explore the adopted child's attachment type/style to the adopted mother and explore if there is any relationship between that and the child's relationship needs of the birthmother; that is, is there a relationship between the quality of that primary relationship and the place of the birthmother in their emotional and physical life? Furthermore, in the interests of promoting an inclusive, parallel kinship arrangement, research exploring the following would be useful: the relationship between the type/style of attachment between the child and the adoptive mother and how the specific attachment styles, that is, secure, anxious, ambivalent or disorganised, impact on the adoptive mother's relationship or attitude to

the birthmother and how they impact, in turn, on the level of ‘openness’ and/or empathic collaboration in the relationships of the triad.

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# Appendices

## Appendix A

### IMPACT OF EVENT SCALE

The decision to place your child for adoption is a difficult one and can be regarded as a stressful life event. On \_\_\_\_\_ you relinquished your child for adoption (please insert date).

Below is a list of comments made by people after stressful life events. Please read each statement and indicate how frequently these comments were true for you at two different periods in your life – at the time you signed the consent for adoption of your child and over the last seven days. Please remember when answering these questions that the event being referred to as “it”, is *relinquishing your child for adoption*. Please indicate the appropriate frequency for you at the two time points by the following numbers:

1 = Not at all

2 = Rarely

3 = Sometimes

4 = Often

	In the week you signed consent for adoption of your child	In the last 7 days
I thought about it when I didn't mean to.		
I avoided letting myself get upset when I thought about it or was reminded of it.		
I tried to remove it from memory.		
I had trouble falling asleep or staying asleep.		
I had waves of strong feelings about it.		
I had dreams about it.		
I stayed away from reminders of it.		
I felt as if it hadn't happened or it wasn't real.		
I tried not to talk about it.		
Pictures about it popped into my mind.		
Other things kept making me think about it.		
I was aware that I still had a lot of feelings about it but I didn't deal with them.		
I tried not to think about it.		
Any reminder brought back feelings about it.		
My feelings about it were kind of numb.		

## Appendix B

### How do you feel about the contact you have with your adopted child?

Terrible	Unhappy Dissatisfied	Mostly Satisfied	Mixed	Mostly	Pleased	Delighted
1	2	3	4	5	6	7

A No feelings at all

B Never thought about it

### Overall, how do you feel about the adoption of your child?

Terrible	Unhappy Dissatisfied	Mostly Satisfied	Mixed	Mostly	Pleased	Delighted
1	2	3	4	5	6	7

A No feelings at all

B Never thought about it

### All things considered, how do you feel about your life?

Terrible	Unhappy Dissatisfied	Mostly Satisfied	Mixed	Mostly	Pleased	Delighted
1	2	3	4	5	6	7

A No feelings at all

B Never thought about it

## **Appendix C**

### **Interview questions**

#### **Demographic questions**

Age  
Marital status  
Employed  
Australian  
Year baby was born  
Age at time  
Girl/boy  
Were you adopted?

#### **Relinquishment**

At what point did you find out you were pregnant?  
Did you contemplate an abortion? (depending on stage)  
Did you attend antenatal classes? How many and with whom?  
Could you describe the birth?  
Did you have support apart from the midwife and doctor?  
Did you see or hold your baby after s/he was born? How often?  
Did you see your baby when s/he was in foster care? How often?  
For what reason(s) did you place your child for adoption?  
Could you describe your emotional health at the time of the relinquishment?  
Was the relinquishment solely your choice?  
Who else was involved in the decision?  
Did you fully understand or appreciate the consequences of the decision  
Do you think it was an informed choice?  
Did you feel supported during the relinquishment process? Who by?  
What form did the support take?  
What was the most supportive thing they did?  
How would you rate the level of support received?  
What do you think of the agency that handled the adoption?  
What do you think of the processes they undertook i.e. the counselling, the consent giving, the adoptive parent selection, and the introduction processes?  
Could the agency role be improved? In what way?  
How did you say goodbye to your child? (when the date of consent had passed/ when they entered their new home?)  
What were you looking for in the adoptive family?  
How did it feel to choose the family?  
Are they like how you imagined?  
Do you now or have you ever regretted your decision?  
Do you think your childhood experiences influenced your decision to relinquish? In what ways?  
Have you had any psychiatric help? When, amount? Did you take medication?  
Was the psychiatric help in regards to your relinquishment?  
Have you ever had any counselling? When, amount?  
Was the counselling in regards to your relinquishment?



## **Contact**

Could you please describe the contact you have with your adopted child? Type, frequency, history of both?

Could you please describe how it feels to see your adopted child?

To see the adoptive parents

To see your adopted child with his/her adopted parents

How do you feel before the contact?

How do you feel after the contact?

What do you do after the contact?

Who do you talk to?

Who organises the contact meetings?

How did you come to that decision?

Would you change your contact arrangement?

How would you describe your relationship with the child?

What is your role with the child?

Is there such a thing as a “good” relinquishing mother?

What qualities do you think you need to make this unique relationship work?

How often do you think about your child?

How often do you think about the pregnancy?

How often do you think about the birth?

How often do you think about the adoption?

Do you have other children? Born before/after the adoption

What happened when they were born?

Have you had an abortion?

Have you had any miscarriages?

When you picture your child in your mind what do you see?

How old are they

Who is there?

What are they doing?

What are the advantages of contact?

For you

For the child

For the adoptive parents

Do you talk to others about your child, about the relinquishment?

What do you say?

How do you think about the adoption in your own mind (what do you say to yourself about it)

Do you talk to others about seeing your child when you do?

Who knows? Why them, why not them?

How do you talk about any contact you have with your child to others

What does your mother think about the relinquishment?

Was she supportive? (Would she have helped you keep the child?)

Does she have contact?

**Appendix D**  
**K10**

Please mark one box for each question. Thankyou.

In the past 4 weeks	none of the time	a little of the time	some of the time	most of the time	all of the time
About how often do you feel tired out for no good reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel so nervous that nothing could calm you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you fell so restless and fidgety you could not sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel that everything is an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel so sad that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Appendix E**  
**Adverse Childhood Experiences Inventory**

Please mark box if answer is yes. Thankyou.

**While you were growing up during your first 18 years of life did a parent or other adult in the household**

Often or very often swear at you, insult you or put you down?

Often or very often act in a way that made you afraid that you would be physically harmed?

**While you were growing up during your first 18 years of life did a parent or other adult in the household**

Often or very often push, grab, shove or slap you?

Often or very often hit you so hard that you had marks or were injured?

**While you were growing up during your first 18 years of life did an adult or person at least 5 years older ever....**

Have you touch their body in a sexual way?

Attempt oral, anal or vaginal intercourse with you?

Actually have oral, anal or vaginal intercourse with you?

Expose you to pornoFigurey or witness live sex acts?

**While you were growing up during your first 18 years of life**

Did you live with anyone who was a problem drinker or alcoholic?

Did you live with anyone who used street drugs?

**While you were growing up during your first 18 years of life**

Was a household member depressed or mentally ill?

Did a household member attempt or commit suicide?

**While you were growing up during your first 18 years of life was your mother or stepmother**

Sometimes, often or very often pushed, grabbed, slapped or had something thrown at them?

Sometimes, often or very often kicked, bitten, hit with a fist, or hit with something?

Ever repeatedly hit for at least a few minutes?

Ever threatened with or hurt by a knife or gun?

**While you were growing up during your first 18 years of life**

Did a household member go to prison?

**While you were growing up during your first 18 years of life**

Did your parents divorce or separate?

Did either of your parents die?



Hello

In 2004, you very generously participated in some research I was conducting into the experiences of birthmothers who have relinquished their child for adoption since 1984. At that time you indicated that you were willing to participate in a confidential interview. Unfortunately, I have never been able to conduct these very important interviews but I would like to take this opportunity to introduce you to my colleague Phillipa Castle who is very interested in meeting with you and asking you about your experience. Phillipa is completing her Doctorate in the Psychology Department of Victoria University.

Please find enclosed an introductory letter from Phillipa. I hope you take the time to read her letter. I can vouch for her professional integrity and sensitivity. I am sending this letter on Phillipa's behalf and she will not know who you are unless you contact her. There will be no bad consequences if you decide you don't want to participate. If you do, all the information will be confidential and no names are included in the final report.

So Phillipa would be really pleased to hear from you at any time on **0410 467 410**. Text or leave a message and she will return your call. Or you can email her on [phillipa.castle@students.vu.edu.au](mailto:phillipa.castle@students.vu.edu.au)

Thank you very much for taking the time to read these letters.

Madeleine McNiece



Hello

My name is Phillipa Castle. I am a student researcher and psychologist, and I would like to invite you to be part of a study that asks you about the relinquishment of your baby for adoption. The study is being conducted as part of my PhD.

It is a very big decision to relinquish a child and some people continue to feel sad for a very long time and others don't as much. I am interested in understanding some of these differences. Also since 1984 birthmothers have had the opportunity to see the child as they grow up. I am particularly interested in your thoughts and feelings about this. Up to this point there has been no research directed at exploring what relinquishment has meant to you. This is an opportunity to give feedback about your experience and this might help improve professional services in the future.

Once you contact me we can arrange to meet. I can come to you or, if you are in metropolitan Melbourne and prefer to come to me, a daily ticket for public transport will be provided. If you are in the country I will travel to you. I would like to meet with you for about 2 to 2.5 hours. During that time I would like to talk to you about the circumstances of the adoption and how you have found having, or not having, contact. I would also like to ask you to complete 4 short, 5-minute questionnaires. These will briefly ask you about: your grief, if you feel anxious or depressed, your childhood and how happy you are with the adoption and contact. There are no right or wrong answers and we can stop doing any of this at any time.

Madeleine McNeice has sent this letter to you, on my behalf. Therefore I have not contacted you directly, and I will not know who you are unless you contact me. If you do, all the information will be confidential. No one will know your name or contact details.

So I would be really pleased to hear from you at any time on **0410 467 410**. Text or leave a message and I will return your call. Or you can email me on

[phillipa.castle@students.vu.edu.au](mailto:phillipa.castle@students.vu.edu.au).

Thank you very much for taking the time to read this letter and I look forward to hearing from you.

Cheers,

Phillipa Castle

If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, P.O. Box 14428 MCMC, Melbourne, 8001 (9688 4710).



## Appendix G

Hello

My name is Phillipa Castle. I am a student researcher and psychologist, and I would like to invite you to be part of a study that asks you about the relinquishment of your baby for adoption. The study is being conducted as part of my PhD.

It is a very big decision to relinquish a child and some people continue to feel sad for a very long time and others don't as much. I am interested in understanding some of these differences. Also since 1984 birthmothers have had the opportunity to see the child as they grow up. I am particularly interested in your thoughts and feelings about this. Up to this point there has been no research directed at exploring what relinquishment has meant to you. This is an opportunity to give feedback about your experience and this might help improve professional services in the future.

Once you contact me we can arrange to meet. I can come to you or, if you are in metropolitan Melbourne and prefer to come to me, a daily ticket for public transport will be provided. If you are in the country I will travel to you. I would like to meet with you for about 2 to 2.5 hours. During that time I would like to talk to you about the circumstances of the adoption and how you have found having, or not having, contact. I would also like to ask you to complete 4 short, 5-minute questionnaires. These will briefly ask you about: your grief, if you feel anxious or depressed, your childhood and how happy you are with the adoption and contact. There are no right or wrong answers and we can stop doing any of this at any time.

Connections (formerly Uniting Care Connections) have used their records to send this letter to you, on my behalf. Therefore I have not contacted you directly, and I will not know who you are unless you contact me. If you do, all the information will be confidential. No one will know your name or contact details.

So I would be really pleased to hear from you at any time on **0410 467 410**. Text or leave a message and I will return your call. Or you can email me on

[phillipa.castle@students.vu.edu.au](mailto:phillipa.castle@students.vu.edu.au).

Thank you very much for taking the time to read this letter and I look forward to hearing from you.

Cheers,

Phillipa Castle

If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, P.O. Box 14428 MCMC, Melbourne, 8001 (9688 4710).

## Appendix H

# Adoption Research Project

## **Have you relinquished a child for adoption in the last 23 years?**

If yes, you are invited you to be a part of an important research project being conducted through the School of Psychology, Victoria University.

The project wants to talk to you about your experiences, especially about your experiences around having, or not having, contact with your child. Since 1984, in the state of Victoria, contact between a relinquishing mother and her child has been legally ratified through Court Order. Contact can be letters, photos and/or face-to-face meetings. Open adoption is an attempt to assist with the loss of relinquishing a child. The project wants to know if contact helps, how it helps and what type of contact helps best. Victoria is the only state in Australia that includes conditions of contact in the Adoption Order. Knowing more about the benefits and pitfalls of open adoption will improve services in Victoria and may be useful for other states considering changing their legislation.

If you are eligible and interested in the project please call or text

Phillipa Castle

on

**0410467410**

or email

[phillipa.castle@students.vu.edu.au](mailto:phillipa.castle@students.vu.edu.au)

Thankyou

## **Adoption Research Project**

**Have you relinquished a child for adoption in the last 23 years?**

If yes, you are invited you to be a part of an important research project being conducted through the School of Psychology, Victoria University.

The project wants to talk to you about your experiences, especially about your experiences around having, or not having, contact with your child.

If you want to know more please call or text

Phillipa Castle

on

**0410467410**

or email

[phillipa.castle@students.vu.edu.au](mailto:phillipa.castle@students.vu.edu.au)

Thankyou





Victoria University

**School of Psychology**

**CONSENT FORM FOR PARTICIPANTS INVOLVED IN RESEARCH**

We would like to invite you to be part of a study that explores your experience of adoption. This is an opportunity to contribute to understanding the experience of adoption from the birthmothers' perspective.

I, \_\_\_\_\_

of \_\_\_\_\_

certify that I am at least 18 years old and that I am voluntarily giving my consent to participate in the study entitled:

A Unique Loss: The experience of birthmothers in open adoption

being conducted at Victoria University of Technology by:

**Dr. Jill Astbury**

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed below, have been fully explained to me by:

**Phillipa Castle**

and that I freely consent to participation involving the use on me of the following procedures:

- The Impact of Events Scale
- Delighted Terrible Scale
- Kessler Psychological Distress Scale
- Adverse Childhood Experiences
- Interview

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way. I understand that I can access the data I provide at any time.

I have been informed that the interview will be recorded on tape. This will be transcribed verbatim but will not be amended or edited by the student researcher. All the information I provide will be kept confidential in a locked and secure office for a period of 7 years. Only the researcher and her supervisor will have access to it. I also understand that a number will be assigned to my data rather than my name and that any publication based on this data will not be able to identify me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Any queries about your participation in this project may be directed to Phillipa Castle on 0410 467 410, or Dr Jill Astbury on 9919 2335. If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, P.O. Box 14428 MCMC, Melbourne, 8001 (9688 4710).

## Appendix J

### 24 hour telephone counselling and referral

Life Line	<b>13 11 14</b>
Care Ring (crisis support)	<b>13 61 69</b>
Direct Line (alcohol & drugs)	<b>1800 888 236</b>
Gambler's Help (gambling problems)	<b>1800 156 789</b>
Men's Line Australia (for men with family and relationship concerns)	<b>1300 789 978</b>
Parent Line (for parents)	<b>13 22 89</b>
Suicide Help Line (for people contemplating suicide)	<b>1300 651 251</b>
Women's Domestic Violence Crisis Service	<b>1800 015 188</b>
Centre Against Sexual Assault (CASA)	<b>(03) 9344 2221</b>

Counselling (telephone, face to face, groups) for victims of childhood and adult sexual assault. Tell them where you live and they will give you the number of the service closest to you. Once through to them ask to speak to the Duty Worker.

Prof. Jill Astbury, **9919 2335**, the supervisor of this project, would be happy to provide a confidential referral to the Victoria University Counselling Clinic, which offers counselling with probationary psychologists at a subsidised rate.

Community Health Services offer counselling services for those with a Health Care Card. Ring your local council for the number of the local service

A Medicare rebate is now available for all psychological services. To access obtain a referral from your general practitioner. Bulk billing is available.