

University of Alberta

The Birthmother's Experience of Open Adoption: An Interpretive Inquiry

by

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A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Doctor of Philosophy

in

Psychological Studies in Education

Department of Educational Psychology

Edmonton, Alberta

Spring 2004



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Abstract

A deeper understanding of the experiences of women who had placed an infant into an open adoption during their adolescent years was the focus of this interpretive inquiry. Narrative accounts of the adoption experiences of five birthmothers were constructed and then analyzed using three interrelated hermeneutic processes: thematic analysis, identification of exemplars, and the search for paradigm cases (Leonard, 1994). Erikson's (1968) psychosocial theory of personality development, Gilligan's (1982) model of relationality, and theories of attachment and loss provided a sensitizing theoretical framework for this study.

Identified themes provided an overarching story of birthmother resilience; narratives that began with trauma and loss moved through grief to various measures of healing, maturation and personal growth. A variety of personal and contextual factors influenced each woman's story. Consistent with Eriksonian theory, adoption was deemed a necessary, albeit reluctantly made, choice by birthmothers who felt they were not ready to parent. A relational orientation was evidenced in the birthmother's deep concern for the needs and well-being of the child; in spite of efforts to the contrary, birthmothers bonded with their children, an attachment which was ultimately not considered problematic. Birthmothers repeatedly attempted to gain control of their experience during the chaotic time of the pregnancy. Adequate contact with the infant prior to relinquishment and during transition eased the associated suffering. Naming the child in conjunction with the adoptive parents exemplified the initially tenuous connections established in open adoption and served to anticipate its cooperative nature.

Birthmothers benefited from emotional support as they found numerous ways to mourn their losses. The relational nature of open adoption served as a powerful source of healing and grief resolution for the birthmothers who clearly accepted the loss of the mothering role, yet maintained an enduring emotional bond to the birthchild. Open adoption shaped the identity formation process of birthmothers by influencing their values, views on relationships, and vocational choices. Issues, which were not considered insurmountable, such as appropriate levels of contact posed some challenges to the open adoption relationship. Implications for counseling practice and public education were discussed; avenues for future research were identified.

The gift of love is the gift of the power and the capacity to love,
and therefore, to give love with full effect is also to receive it.
So, love can only be kept by being given away, and it can only be given perfectly
when it is also received.

Thomas Merton, *No Man is an Island*

If our joy is honest joy, it must somehow be congruous with human tragedy.

This is the test of joy's integrity:

Is it compatible with pain?

Lewis Smedes, *How Can It Be All Right When Everything Is All Wrong?*

Love is patient, love is kind.

It does not envy, it does not boast, it is not proud. It is not self-seeking,
it is not easily angered, it keeps no record of wrongs.

Love does not delight in evil but rejoices with the truth.

It always protects, always trusts, always hopes, always perseveres.

Love never fails.

I Corinthians 13: 4-8

When he [Stephen] was little he used to say, "I'm special
because I've got so many people who love me."

And it's true; it's so true.

Sheila, a birthmother

Dedication

To those young women who face the difficult choices
associated with an unplanned pregnancy.

May the stories and experiences shared here
provide a glimpse of the possibilities and challenges
inherent in open adoption.

May you experience love and community,
regardless of the path chosen.

Acknowledgements

First and foremost, I would like to express my sincere thanks to the five women who graciously entrusted me with their deeply personal stories of open adoption in the hope that this project would help others to understand the experience. Their openness and willingness to share their stories allowed this study to come to fruition; their courage and resilience continue to be an inspiration to me.

Thanks to my examining committee for all that they brought to my work. Dr. Len Stewin, my supervisor, provided thoughtful support and guidance throughout the writing process. Dr. Robin Everall and Dr. Robert Short enriched my experience by offering both personal and academic perspectives on the research question. Dr. Julia Ellis was a source of insight and inspiration with regard to qualitative research methodology; Julia taught with great passion and commitment, and she encouraged me to trust myself and follow my heart as I embarked on this project. With warmth and goodwill, Dr. Michael Carbonaro raised important questions which helped me to conceptualize my work more clearly within the qualitative research paradigm. Thanks to Dr. Charlene Miall, the external examiner, who offered a sociological perspective on the research question.

I am deeply grateful to Marilyn Shinyei, Executive Director of Adoption Options, and Karen Reynolds, Director of Adoptions at Catholic Social Services, for providing key insights during the planning of this project, and for advertising this project to prospective participants.

Thanks to my cherished friend of many years, Janet Vlieg-Paquette, and to a more recently acquired friend, Ellen Wells, for reading various portions and drafts of the document and for providing me with helpful editing suggestions.

My thanks and deep appreciation go to other friends, family members and colleagues who expressed an interest in this project and supported me with warm words of encouragement throughout my studies. Thanks to Dr. L. P. Mos who commented on some of my earliest writing on this topic and encouraged me to proceed. Among the many others who encouraged me, and whom I wish to thank, I mention by name Ingrid Bos, Maureen Yates-Millions, Louise Osland, Rosalind Smith, Ruth Vanderwoude, Anita Soldan, Karen Rosborough, Edie Vandermeulen, and Mary Hebers. Also, thanks to the

dear friends in my book club, my church small group, and my Saturday morning women's group as well as my colleagues and friends at Ross Sheppard High School, Braemar School, and M. E. LaZerte High School who offered much encouragement along the way.

Special thanks are due to my parents, Robert and Sophia Vandermeer, who valued higher education and sacrificed much to provide me with opportunities that were never available to them. I am grateful that they introduced me to a community of faith which continues to bless me and give me a spiritual sense of vocation. It is my deep regret that my father did not live to share the joy and satisfaction of this accomplishment with me. Thanks too, to my parents-in-law, Reverend James and Lena Joose for their meaningful and loving presence in my life.

A special thanks to my two beautiful children, Paul and Katie, for just being the wonderful persons that they are. Thanks for the conversations we shared about this work; your thoughtful, intelligent insights and your ongoing encouragement meant so much to me, and I am so very proud of your maturity and compassion. You have brought immense joy to my life, and I love you both more than words can express.

Finally, thanks to Jim, my husband, my soul-mate, and my best friend for always believing in me and supporting me in countless ways as I devoted myself to this project. You encouraged me to pursue this dream; your sense of humor lightened the work; and your deep love sustained me beyond measure.

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CHAPTER ONE

Introduction

Adoption practices have undergone extensive changes in the 20th century. One of the more controversial changes has been the move from secrecy pertaining to adoption information to a more open inclusive approach. The impetus for open adoption practices has come from primarily two sources: adult adoptees who exhibited an intense desire to learn more about their biological roots (Anderson, 1988), and from birthmothers who reportedly suffered from life-long pathological grief as they continued to wonder, worry, and feel guilt ridden about the child they had relinquished through closed adoption (Baran, & Pannor, 1993; Deykin, Campbell, & Patti, 1984; Millen & Roll, 1985; Pannor, Baran, & Sorosky, 1978; Weinreb & Konstam, 1996). The negative consequences associated with infant relinquishment through closed adoption have included marital disharmony, secondary infertility (Deykin et al., 1984), parenting difficulties, and mental health concerns (Millen & Roll, 1985; Weinreb & Konstam, 1996).

In response to the identified difficulties, open adoption was proposed as a more humane and less problematic approach to adoption (Lifton, 1977; Sachdev, 1989). Advocates of open adoption practices suggested that the adoptee's identity formation concerns would more adequately be addressed if the adoptee had at least some information about and contact with the biological mother (Baran & Pannor, 1993). They also suggested that, in open adoption, the birthmother would no longer pathologically grieve for her child, because she would know her child was safe and well-cared for by the adoptive parents (Curtis, 1986).

The debate between proponents of open adoption and those who advocate for the maintenance of closed, confidential adoptions has often become emotional and adversarial (Grotevant & McRoy, 1998), and sensational media attention around stories of adoption have brought the issue to the forefront of public attention (Reitz, 1999). Given the controversy surrounding open adoption, research examining the impact of open

adoption on members of the adoptive triad is necessary so that guidelines for adoption practice which protect the psychological wellbeing of participants can be developed.

The Research Question

Research examining adoption practices has typically focused on the needs of the adoptive parents and adoptees, with little attention being given to the experience of the birthmother who surrenders the child (Carr, 2000; Christian, McRoy, Grotevant & Bryant, 1997; Weinreb & Konstam, 1996). Furthermore, the small body of research that has examined birthmother adjustment within the emerging open adoption context has typically utilized a quantitative research methodology and has restricted its focus to the narrow issue of grief resolution in the birthmother who relinquishes (Blanton & Deschner, 1990; Cushman, Kalmuss & Namerow, 1997; Grotevant & McRoy, 1998;). The findings of these studies have been mixed and inconclusive suggesting the need for further research which is more open-ended in nature. Exploratory research is needed to provide a more thorough understanding of the birthmother's experience with open adoption.

The small body of research examining outcomes in open adoption has largely been American (Grotevant & McRoy, 1998) and may not be applicable to the Canadian context. Canada's distinct social/cultural context as well as its more socialistic health and social services systems may impact adoption decision making. A further shortcoming of the research to date is that it has not examined the adolescent birthmother's experience as distinct from that of the more mature birthmother who relinquishes an infant (Blanton & Deschner, 1990; Grotevant & McRoy, 1998). We know very little as to how Canadian women who have relinquished an infant through an open adoption plan during their teen years are faring as they move into adulthood.

Adolescence is a time when relationships with peers are of prime importance, and the judgments of peers play a prominent role in one's psychological adjustment. Research examining the general attitudes of adolescents towards adoption suggests that there is a social stigma attached to adoption (Daly, 1994; Weir, 2000). The extent to which the

birthmother must deal with the social judgment of a larger society which does not understand the complexity of her experience has not been explored.

The aim of this study was to contribute to an understanding of how infant relinquishment through an open adoption plan affects the psychosocial development of the adolescent birthmother within the Canadian context. Because little is currently known about the long-term psychosocial adjustment of teen mothers who have relinquished a child through an open adoption plan, and due to the complexity of the phenomenon under study, a qualitative research methodology was selected. Qualitative research is particularly useful when little is known about a phenomenon, and when there is an interest in exploring a phenomenon from the insider's or emic perspective (Merriam, 1998). The research question that guided this investigation was "What are the experiences of birthmothers who have relinquished an infant through an open adoption plan during their teen years?"

The definitions of open adoption utilized in the research to date lack consistency and tend to be more conservative than what is currently considered standard open adoption practice (Gritter, 1997). Some studies have considered an adoption to be open if the birthmother has met the adoptive parents only once, and has no subsequent contact with the adoptive parents (Blanton and Deschner, 1990). The definition of open adoption used in this study was taken from Berry (1991) who defined it as "both the practice of preplacement sharing of information and contact between the biological and adoptive parents of a specific child, and continued sharing and contact over the child's life" (p.231).

The Significance of the Study

The aim of the current study was to contribute to an understanding of how infant relinquishment through an open adoption plan affects the psychosocial development of the adolescent birthmother. Erikson's (1968) psychosocial theory of personality development and Gilligan's (1982) model of relationality provided a sensitizing theoretical framework for this study. According to Erikson, the key developmental task of adolescence is identity formation. This study explored how a young woman who

relinquishes a child through open adoption integrates this experience into her identity. Gilligan recognized that women often approach difficult decisions from a contextual and a relational perspective. This study explored the impact of relational and contextual factors in the making and implementation of an open adoption plan.

The theoretical literature on attachment, loss, and grieving also informed the study. It is commonly assumed that infant relinquishment results in a profound loss to the birthmother which must be adequately grieved to ensure her psychological and emotional health. This study explored the grieving experience of birthmothers who have relinquished an infant through open adoption.

Given the exploratory nature of the research question, the researcher chose an open-ended, semi-structured interview format to solicit the personal stories of women who had relinquished an infant into an open adoption during their adolescent years. Rosenwold and Ochberg (1992) argue that interview research projects which solicit personal accounts of experiences are helpful in that they “document the realities of otherwise unfamiliar ways of living” (p. 4). Schwandt (2001) defines narrative research as an interdisciplinary method for analyzing the stories people tell of their life experiences. The researcher invited each participant in this study to describe her personal experience with open adoption in rich detail, encouraging her to focus on and share aspects of the story that were salient and of meaning to her. On the basis of these interviews, the researcher constructed narrative accounts of the unique open adoption experiences of five birthmothers.

The construction of the narratives and the subsequent analyses of these narratives entailed significant interpretive work on the part of the researcher, and thus this project fell within the interpretive or hermeneutical research paradigm. The search for a deeper understanding of the experiences of these women is primarily a hermeneutic endeavor. The decision to relinquish an infant in an open adoption arrangement during adolescence, and how that decision continues to impact the birthmother as she moves into adulthood has not yet been examined through an interpretive inquiry. The narratives constructed by the researcher were validated by the participants for accuracy, and then further analyzed using the hermeneutic methodology described by Leonard (1994). In this methodology,

all data are analyzed through the three interrelated processes of thematic analysis, identification of exemplars, and the search for paradigm cases.

It was the researcher's hope that these narratives and the further interpretive analyses conducted would inform clinicians and adoption professionals of the life experiences, needs and concerns of women who have relinquished a child through an open adoption plan during their teen years. An equally important aim of the study was that the narratives would inform and be of benefit to other young women who are contemplating their options with regard to an unplanned pregnancy. Finally, consistent with the interpretive research paradigm, a significant expectation of the study was that the researcher's understanding of the phenomenon would be transformed.

Overview

Chapter Two presents a comprehensive review of the literature pertinent to the research question. A review of demographic trends with regard to teen pregnancy and adoption provides a statistical context to the study. Research examining the social context in which the adolescent birthmother makes her decision about adoption is reviewed, and relevant cross-cultural research is considered. A review of pertinent developmental theories as well as theories of grief resolution is then presented and the theories are discussed in terms of their applicability to the research question. The small body of research examining the birthmother's experience within the open adoption context is also reviewed, and the gaps in the research are identified.

Chapter Three describes the interpretive inquiry research paradigm as well as the specific hermeneutic methodology utilized in this study. Chapter Four presents the individual narratives of the five participants. A further hermeneutic analysis of these narratives is presented in Chapter Five in the form of themes, exemplars, and paradigm cases. These themes, exemplars and paradigm cases are considered the findings of the study. The final chapter provides a summary of the main findings of the study along with implications for practice, limitations to the study, and suggestions for further research.

CHAPTER TWO

Literature Review

Teen Pregnancy Rates and the Decline of Adoption

Teen pregnancy continues to be an issue of social concern even though pregnancy rates and live births to teen mothers are actually decreasing (Caragata, 1999; Wadhwa & Millar, 1997). Teen pregnancy rates in Canada are significantly lower than those in the United States. In 1994, Canada reported 48.8 pregnancies per 1000 teen women, while the US reported 106.1 teen pregnancies per 1000 teens (Caragata, 1999). In light of this significant difference between American and Canadian teen birth rates, American research concerning teen pregnancy should be interpreted with caution for it may have limited applicability to Canada, a country recognized for its stronger social welfare ethic (Caragata, 1999). The more comprehensive and accessible health and social services in Canada may be contributing to a reduced teen pregnancy rate in Canada (Peters, 1999).

More recent statistics within the Canadian context suggest a continued decline in the teen pregnancy rate. Statistics Canada (1999) reported a national teen pregnancy rate of 22.3 births per 1000 teen women in Canada in 1998. In Alberta, the 1998 teen pregnancy rate was slightly higher than the national average at 28.5 pregnancies per 1000 teens. At the local level, a 2002 report produced by Success by 6, an umbrella organization of 22 community partners in metropolitan Edmonton, Alberta, found the three-year average birth rate for females ages 15- 19 was 21.8 births per 1000 women in the Capital Region (Success by 6, 2002). These statistics demonstrate that the birth rate among teens is continuing to decline within the Canadian context.

While births to teen mothers in Canada are decreasing, the percentage of births to unmarried women is steadily increasing. Clark (1999) reported that rates of births to unmarried women in Canada have risen steadily from 2% in 1921 to 25% in 1992. Furthermore, a greater percentage (approximately 90%) of unmarried mothers in 1992 chose to keep their children rather than place them for adoption. When unmarried mothers are also teens, some cite a social/psychological concern that these young mothers

are prematurely taking on adult roles (Davies, McKinnon, & Rains, 1999). They have not yet completed the developmental tasks of adolescence such as schooling; they have acquired dependents before they themselves have achieved independence (Davies et al., 1999). The increased number of teens who choose to parent has compelled social policy makers to create services and programs which attempt to address the complex needs of teen mothers (Mykietka, 1998).

A significant decline in non-relative adoptions has been noted in both Canada and the United States. In 1981, 5,376 children in Canada were placed for adoption whereas in 1991, the figure had dropped to 2,836, a 47.3% decrease (Sobol & Daly, 1994). Another related trend has been the tendency of biological parents to turn to private agencies or practitioners to arrange infant adoptions. This shift has been attributed to the more open adoption procedures and greater control offered to birthmothers within private adoption agencies (Sobol & Daly, 1994, Berry, 1991). It appears that, when given the option, biological mothers who are willing to consider adoption as a pregnancy resolution strategy are less willing to accept the closed adoption practice of permanent relinquishment with no subsequent contact or sharing of information (Sobol & Daly, 1994).

The Social Context of Adoption

Daly (1994) identifies several social factors which have contributed to a decline in the numbers of adolescents choosing adoption as a way of resolving an unplanned pregnancy. The increased availability of safe abortions and a lessening of the stigma of single parenthood has resulted in fewer infants being made available for adoption. Sobol and Daly (1992) also suggest that the Canadian public may hold a negative view of both the short term and long term effects of adoption, a social-psychological factor which may play a more subtle role in making the adoption option less desirable to adolescents.

The impact of societal attitudes towards infertility and adoptions has been noted by a number of other researchers (Bartholet, 1993; March, 1995, Mech, 1986, Miall, 1987, 2000; Wegar, 2000). Miall (1987) asserted that North American society operates under the dominance of two major fertility norms: all married couples should reproduce;

all married couples should want to reproduce. The primacy of the blood tie between parent and child coupled with the view that childlessness whether voluntary or involuntary is deviant, results in adoptive parenting being considered a second best or less desirable way of forming a family (Miall, 1987, 2000). Bartholet (1993) describes the stigmatization attached to adoption in the following manor:

All characters in the adoption story are regularly described as victims, forced by circumstances to live out lives that are significantly diminished in quality. Birth parents and the children they relinquish are said to suffer from the loss of their primal connection. Adoptive parents who have not been able to bear children are said to suffer from the loss of the dream child of procreation (p. 164).

Research has supported the notion that adoptees experience a sense of social stigma associated with not knowing the identity of their biological parents. March (1995) found that social stigma was identified as a primary motivator in embarking on the search for ones' birth parents. Once adoptees were able to answer questions about the identity of their birth parents, they perceived the social stigma to be somewhat neutralized (March, 1995).

It appears that teens are cognizant of the stigmatization surrounding adoption. Adolescents who relinquish a child may be judged as selfish and unloving by their peers; they may require follow-up counselling which addresses the social disapproval they experience. (Edwards & Williams, 2000). Caragata (1999) notes that there is a social censure attached to adoption in that adoption is often viewed as an abandonment of one's baby. Weir (2000) suggests that the current social construction of adoption as an unviable option constrains the choices of some teen mothers who might otherwise consider it as a way to resolve an unwanted pregnancy.

Barth (1987) questioned 106 pregnant and parenting teens in California with regard to their views of adoption as an option for pregnancy resolution. A crucial factor that influenced these young women to choose the parenting option was a concern about what others, namely their families, friends, and the birthfathers would think of them if they relinquished the child. Respondents in school programs noted that the adoption option was rarely presented or discussed within their school, raising the concern that

attitudes towards adoption may be formed without a full understanding of the complexity of the issues involved.

Daly (1994) examined the attitudes and perceptions of 300 adolescents in a southern Ontario city with regard to adoption. These teens considered adoption to be an appropriate pregnancy resolution strategy for their friends, but were uncertain as to how friends and family would react if they themselves were to utilize adoption as a solution for an unwanted pregnancy. While these teens were comfortable in suggesting adoption as a pregnancy resolution strategy for their friends, they were less comfortable in choosing it for themselves. Few of the teens had ever spoken to their family and friends about adoption, suggesting the need for more education about adoption amongst teens (Daly, 1994).

Resnick, Blum, Bose, Smith, and Toogood (1990) summarized the societal contextual factors that negatively influence the pregnant adolescent's consideration of the adoption option in the following statement:

The lack of willingness and opportunity to explore the broader issues of family life, adolescent interpersonal and sexual relationships, pregnancy, and pregnancy resolution which continues to characterize many families, schools, and communities, coupled with the discomfort and ambivalence of society about adoption as a social institution for the creation of families, work together to perpetuate the cloak of unease and negative attributions associated with the placement of children in other families. (p. 583).

Characteristics of Adolescents who Choose Adoption over Parenting

Adoption practices in Canada and the United States were highly confidential from the early 1950's until recent years, thus little demographic data has been collected to differentiate adolescents who choose adoption over parenting. Most provinces do not keep statistics on adoptions other than the number of adoption placements made; therefore, it is not possible to provide specific Canadian data on the characteristics of adolescents who choose adoption over parenting (Sobol & Daly, 1994).

Kelly (2000) notes that from the mid 1940's to the 1970's large numbers of unmarried middle-class pregnant White teens were pressured into adoption because prevailing social mores viewed single parenthood in a negative light. As abortion

became available in the early 1970's, many middle-class teens began to opt for abortion instead of adoption as a way of resolving an unwanted pregnancy. In 1994, only 50% of teen pregnancies in Canada resulted in live births due to increased access to abortions (Wadhera & Millar, 1997). During the 1970's, the social stigma attached to single parenthood was also being questioned and challenged. The greater societal acceptance of single parenthood has made it possible for teens who desire to raise their children to do so; 95% of unmarried teen mothers today choose to keep their children rather than place them for adoption (Daly & Sobol, 1994).

The limited research examining the question of how the 5% of teen mothers who relinquish their children to adoption differ from the 95% who choose to parent suggests that the young women who relinquish are more similar demographically to women who have abortions than to women who choose to parent (Luker, 1996). Adolescents who relinquish are more likely to be Caucasian (Daly, 1994), to experience a higher level of socioeconomic status, and to have more of a career and future orientation (McLaughlin, Pearce, Manninen & Wings, 1988; Resnick et al., 1990). Furthermore, there is tentative evidence suggesting that pregnant teens who opt for adoption are more influenced by their mothers (Daly, 1994; Herr, 1989), are less influenced by the putative father (Leynes, 1980), and have a first hand familiarity with adoption either through having been adopted themselves, or through having had a close family member who was adopted (Resnick et al., 1990).

Barth (1987) found that fears surrounding the uncertainty of the child's future if relinquished influenced some teens to parent rather than choose adoption. Lack of information about the adoption option was also cited as a factor in the choice of parenting over relinquishment (Barth, 1987; Daly, 1994).

The Definition of Open Adoption

When considering the research examining open adoption, one must bear in mind the conceptual ambiguity surrounding the term. The fact that open adoption has been used to describe a continuum of adoption relationships often confounds the comparability of the research findings. Some of the ways in which open adoption has been defined in

the literature will now be presented, and open adoption will be defined for the purposes of this study.

Berry (1991) defined open adoption as “both the practice of preplacement sharing of information and contact between biological and adoptive parents of a specific child, and continued sharing and contact over the child’s life” (p.231). Grotevant (1998; 2000) further elaborated on the variations of the openness continuum by identifying and defining specific levels of openness in adoptions. Confidential adoptions were defined as adoptions in which minimal information is shared between adoptive and birth family members. In a confidential adoption, no information is transmitted directly between members; any exchange of information typically ends with the formalization of the adoption. At the other end of the spectrum are fully disclosed adoptions in which identifying information is shared and direct communication is facilitated between adoptive and birth families. Between these two extremes exist mediated adoptions, in which adoption agency personnel serve as intermediaries between birthparents and adoptive parents, sharing non-identifying information. Two subcategories within the mediated and fully disclosed adoptions were also identified so that when contact had stopped, the adoption could be further identified as time-limited mediated or time-limited fully disclosed. When contact was ongoing, it was described as ongoing mediated or ongoing fully disclosed.

Gross (1997) describes a similar continuum of openness in adoptive families. She interviewed 41 adoptive parents and 26 birth mothers and identified three categories of families involved in open adoption. She used the terms rejecters, acceptors, and embracers to describe the adoptive family’s orientation towards the birthmother. Rejecters had met the birth mothers, but did not share identifying information, and did not seek further contact. Acceptors had up to five face-to-face meetings with the birth mothers, but preferred to make contact over the phone or by letter, fearing that the child would become confused with further contact. Embracers had frequent face-to-face contact, and viewed the birth mother as a significant person in the family and in the life of the adopted child. Embracers had come to know the birth mother and to enjoy the development of a relationship with her.

Gritter (1997) offered a more specific and behavioral definition of open adoption.

He defined a true open adoption as one which displays the following characteristics: the birthmother chooses the adoptive family; the birthmother and the adoptive family meet in person and exchange full identifying information; and, the birthmother and the adoptive family establish a significant ongoing relationship. Gritter suggested that anything less than the contact described above is a qualitatively different adoption experience, and should be described as semi-open.

The information presented in this section demonstrated the variety of meanings that have been ascribed to the term open adoption. The current study adopted Berry's (1991) definition which fully incorporates the concept of ongoing contact and relationship without being too prescriptive with regard to the amount and degree of contact. It was felt that her definition would allow for a range of relationships and would not exclude participants who were unable to have frequent contact because of geographical distance.

Open Adoption: Fears, Attitudes, and Experiences

Miall (1998) explored the attitudes of 150 randomly selected Canadians towards open adoption, birth reunions, and the release of confidential information pertaining to adoption. The interviews revealed that most respondents did not support the concept of open adoption; openness was opposed by 71% of females and 58% of males. The primary reason given was the fear that openness would create conflict between the adoptive parents and the birth parents, and that it would confuse the child. Similar fears and apprehensions about the potential for difficulties in open adoption have been raised by birthmothers involved in a confidential adoption (Hughes, 1995).

In spite of the general reluctance to support the concept of open adoption, the majority of the respondents in the Miall (1998) study were in favor of birth reunions once the adoptee reached adult status providing both the birth parents and the adoptive parents were in agreement. Those opposed to such reunions thought they would revive unhappy memories and cause subsequent problems for adoptive and birth families. If Miall's findings are generalizable to the Canadian population, it would seem that Canadians

believe that openness may be desirable when the adoptee reaches adulthood, but may be problematic when the adoptee is still a vulnerable child.

Siegel (1993) interviewed 21 adoptive parents engaged in an open adoption plan with respect to their perceptions of the advantages and disadvantages of open adoption. The majority of the adoptive parents reported some initial fears and anxieties about open adoption similar to the concerns reported by the respondents in Miall's study, but none regretted the decision to participate in an open adoption once they had actually experienced it. Parents cited many advantages of the open adoption arrangement including feeling reassured of the birthmother's health and personality, a sense of control in working with the birth parent, an alleviation of their feelings of helplessness with regard to infertility, an increased sense of personal efficacy, an increased ability to respond to their children's questions about their birth families, and a reduction of guilt about the birthmother's loss. However, some disadvantages were noted, which included the concern that the open adoption might have a detrimental effect on the adopted child over time. Haugaard, West, and Moed (2000) noted that a range of openness existed in the adoptions in the Siegel study, and suggested that parents with concerns about the long-term effects of openness on the child may have intentionally excluded direct contact between the child and the birth parent in their attempts to protect the child from potentially harmful consequences of openness.

Belbas (1986) interviewed adoptive parents in 12 open adoptions in the state of Texas and reported findings similar to those of Siegel (1993). Belbas found that adoptive parents who had more contact with birth parents were less concerned that the birth mother might actually try to reclaim the child. These parents reported that initially they had felt somewhat coerced into an openness relationship; they believed their chances of obtaining a child would be jeopardized if they did not agree to openness. Yet once engaged in the open adoption arrangement, they willingly continued it, believing it was in the best interests of the child and the birthmother. Belbas noted that adoptive parents who were chosen by the birthmother seemed to enjoy a positive, more open relationship with her. These adoptive parents seemed to have derived a sense of entitlement from the fact that they had been chosen by the birthmother.

McRoy and Grotevant (1988), in a pilot study for a major longitudinal study of openness in adoption, interviewed 17 adoptive families and their corresponding birth parents. Their findings replicated those of Belbas (1986) in that a greater level of openness in adoption seemed to facilitate a greater sense of entitlement in the adoptive parents. Furthermore, McRoy and Grotevant found that fully disclosed adoption seemed to be more beneficial to both adoptees and birthmothers. While birthmothers reported feeling reassured that their children were doing well, they still did experience some lingering pain around the relinquishment.

Avery (1998) surveyed 1,274 adoptive parents in the state of New York with regard to their attitudes towards openness in adoption, and discovered that most adoptive parents favored changes in state laws to allow for greater openness in adoption practices, with only a small minority still desiring state imposed secrecy laws. Only 17% of the children of these adoptive parents had direct contact with their birth parents, and only 4% of them had frequent contact. Parents did express concern about how and when information would be shared with the adoptive child; as parents, they felt they should have a prominent role in determining when and what information should be shared, yet they were consistently in support of the notion that by the age of 18, adopted children should have full access to their birth certificates and birth files even though these records had previously been sealed as confidential.

Wrobel, Ayers-Lopez, Grotevant, McRoy and Friedrich (1996) report on a longitudinal study which has examined the impact of levels of openness on the adoptees. No detrimental effects to the self-esteem of the 171 adopted children (mean age of 7.99) were noted regardless of level of openness. As children became older, they expressed more curiosity about the circumstances of their adoption. With the exception of the children in fully-disclosed open adoptions, the children also began to express more dissatisfaction with the level of openness in their adoption as they became older. The authors concluded that as children approach adolescence and start to deal with the attendant identity issues, they become more dissatisfied with the barriers to information which exist in closed and semi-closed adoptions.

The research presented in this section seems to suggest that the less familiar people are with open adoption, the more likely they are to be fearful of it. As adoptive

parents experience open adoption, their fears seem to abate, and they report positive consequences associated with it. The limited research available on the effects of open adoption on children suggests that as children approach adolescence and develop a heightened curiosity about their heritage, openness may be viewed as beneficial in that it allows the child to satisfy his or her need for information. Prior to considering the research which exams the impact of open adoption on the birthmother, cross-cultural adoption practices will be examined.

Open Adoption: A Cross-Cultural Perspective

Anthropologists have documented that adoption practices in Western societies are significantly different than those of non-Western cultures. Carp (1998) cites research which describes adoption practices in Oceania, Africa, and Asia as being more open, common, and casual than the typical Western adoption. In these societies, the adopted child is partially transferred to the new family; dual parental rites and obligations are common. Carp notes that “In contrast to Western societies, where parental ties are always broken, in Africa and Asia, adoption is a method of enriching and strengthening ties between two family groups. Similarly, in the South Pacific, it is common for adopted children to maintain a relationship with their biological parents.” (p. 4).

Silk (1987) notes that adoption is extremely common among the Inuit peoples of the North American Arctic regions. Traditionally, between 35% and 45% of the children in many communities are adopted, with some communities citing percentages as high as 70%. Silk notes that children are typically adopted by kin, although adoption transactions among non-kin also exist. Birthparents typically give up their children with great reluctance in Inuit culture. They select the adoptive parents and maintain an active interest and involvement in their child’s life. While the adoptive parents assume the primary rights and responsibilities with regard to the care of the child, the birth parent does retain the right to terminate the adoption if the community becomes aware that the child has been mistreated. The primary reason the birth parents give for the release of a child for adoption is the financial pressures of raising another child. Other reasons given include: births that are too closely spaced, too many children of one sex, a multiple birth,

a difficult labor, or a chronically ill child (Silk, 1987).

The motives for adopting a child in Inuit societies originate primarily out of the high regard and deep affection Inuit people have for children. Couples who have the financial means to adopt, do so simply because of their love for children. Infertile couples adopt to stabilize their marriage and to raise children who will support them in their old age. Elderly people may choose to adopt to demonstrate they are still useful to the community, an important consideration in a society in which it is expected that the elderly who become dependent must remove themselves from the community (Silk, 1987).

Dutt and Sanyal (1991) note that informal open adoption practices similar to those that exist in Africa, Asia, and among the Inuit in the North American Arctic regions, have existed among Black families in the United States even when the dominant white culture has been heavily committed to closed adoption. They state

Black families have for decades looked after children who are not their own, and continue to now. The process is open and stems from the belief that where birth families are experiencing difficulty in caring for their children, then those children can be cared for by someone else. It is based on shared understanding, equal partnership and commitment. The children are fully aware of the arrangements and therefore do not feel insecure or undermined, and do not have to deal with divided loyalties (p. 114).

Sandven and Resnick (1990) note that greater acceptance of informal or open adoption within Hispanic and African American communities may be partially attributed to the fact that girls of color were not welcomed into the maternity homes of past decades.

Kelly (2000) cites research which clearly documents a similar ethic of communal caring for the teen mother and her child among First Nations peoples in Canada. She notes that, in contrast to the value of maternal self-reliance espoused by the dominant Anglo middle-class culture, aboriginal societies value and encourage extended family and communal support for the single teen mother and her child.

The Individualism/Collectivism construct identified in cross-cultural psychology may be helpful in understanding cross cultural differences in adoption practice. Hofstede (1980) noted that societies vary as to whether they prioritize and value the rights of the

individual over a commitment to the well-being or interests of the community. Inuit, African and Oceanic cultures are considered to be more collectivistic; Western cultures such as that of the United States are considered to be more individualistic (Smith & Bond, 1999). Within collectivistic cultures, children are often nurtured by multiple caregivers; thus, they tend to develop a more extensive network of attachment figures (van IJzendoorn & Sagi, 1999). As a consequence, the adults of these communities tend to view the children with a greater sense of ownership regardless of biological parentage. In individualistic cultures, children are more likely to be viewed as the possessions and sole responsibility of their biological parents; thus it appears that the social structures of collectivistic cultures may inherently lend themselves to be more supportive of open adoption. Open adoption may be perceived as more normative within collectivistic cultures.

Collectivistic subcultures composed of ethnic minorities and people of lower socioeconomic status exist within the larger Western individualistic culture (Kagitcibasi, 1997). While the social supports available within these collectivistic subcultures are recognized and valued (Dutt and Sanyal, 1991), critical theorists seek to expose and challenge the discriminatory social and economic policies which significantly restrict and disadvantage these groups (Kelly, 2000).

The Adolescent Birthmother's Experience of Open Adoption: A Developmental Perspective

Erikson's Theory of Psychosocial Development

Erikson's theory of psychosocial development recognizes the importance of both social context and developmental level as factors in decision-making and adjustment. Erikson clearly delineates the developmental tasks of adolescence as distinct from preadolescence and adulthood. This next section draws on Erikson's theory to illuminate the developmental issues faced by the adolescent birthmother as she considers an open adoption plan.

According to Erikson (1968), the key developmental task of adolescence is identity formation. Identity development has to do with the development of a sense of

self. Adolescents are preoccupied with who they are, what they value, and who they will grow up to become. While the foundations of identity are formed in infancy and childhood, adolescence is the time when the self is truly defined.

Erikson's notion of identity formation originated in psychoanalytic thought yet diverged from Freud's theory on several important points. Most importantly, Erikson recognized the autonomy of the ego, and suggested that, as the ego interacts with others in a social and cultural context, the self finds meaning and coherence. Erikson considered the personality to be flexible and capable of growth and change throughout the life span. Erikson is credited with shifting psychoanalysis from a pathological focus to one that is more health oriented (Kroger, 1996).

According to Erikson, identity formation occurs after a series of developmental accomplishments including that of introjection in infancy and identification in childhood. Introjection occurs when the child recognizes him or her self as distinct from the caregiver, and incorporates the caregiver's image into his or her mind. Identification is the first means of defining the self; it is dependent on the feedback of others. In adolescence, the young person must synthesize and transcend the identifications of childhood to realize personal aptitudes in social roles. Identity formation "involves a synthesis of these earlier identifications into a new configuration, which is based on but different from the sum of its individual parts" (Kroger, 1996, p. 18).

Erikson (1968) noted that one's ego identity is shaped by the interaction of three factors: one's biological or physical characteristics; one's unique psychological characteristics such as feelings, interests, needs, and defenses; and the particular culture or social context in which one resides. Optimal identity formation is defined by Erikson (1968) as a "feeling of being at home in one's body, a sense of knowing where one is going, and an inner assuredness of anticipated recognition from those who count" (p. 165). When one finds a social role within the larger community that is congruent with one's biological and psychological interests and capacities, identity formulation is facilitated; thus the community supports the identity formation process by endorsing the social roles adopted by the young adult.

The resolution of identity versus role confusion is considered the key psychosocial task of adolescence in Erikson's theory. The society in which the young

person lives places certain expectations of appropriate ways to enter the adult world, and the young person may experience confusion with regard to defining the self in relation to these expectations. Role confusion is the counterpoint of identity, and may be marked by passivity, a lack of initiative and industry, and difficulties with relationships. According to Erikson, the resolution of the identity versus role confusion conflict allows for a healthy transition into adulthood, enabling the young adult to engage in intimate relationships and contribute in a meaningful way to the society. Once the adolescent has found a meaningful sense of self which includes a socially acceptable vocational purpose, she is ready to take on the developmental challenges of young adulthood. According to Erikson, a committed intimate relationship established in young adulthood, provides the security within which children are ideally born (Kroger, 2000).

Erikson's theory of identity formation may offer some useful insight into a consideration of the adolescent birthmother's dilemma with regard to an unplanned pregnancy. Using Erikson's ideas as a theoretical basis, one might suggest that an unplanned pregnancy complicates the typical developmental task of resolving the identity versus role confusion conflict. The pregnant teen must contemplate the possibility of taking on the task of parenting, a role she is not yet emotionally and socially ready to face. She has not yet formed her own identity, and, if she chooses to parent, she may be taking on an adult role prematurely. According to Erikson, one should firmly establish one's own identity and define one's perceived place in the larger society prior to engaging in adult tasks such as parenting. From the perspective of Erikson's theory, it would be logical to conclude that the birthmother who relinquishes her child to an open adoption plan is making an age appropriate decision. She has recognized that she is not yet ready to take on the adult parenting role, and she is relying upon a supportive social context to find a satisfactory alternative to parenting while still a teen. An open adoption plan, in which she is not required to fully sever her relationship with the child, may permit her to continue with her own development, unencumbered with the responsibilities of parenting prior to her social and emotional readiness for the task. If this decision is socially sanctioned and facilitated in a way that offers her respect and dignity, she may find the arrangement quite satisfactory.

Erikson's recognition of the influential role of social context in identification and identity formation is congruent with the research noting the influence of the birthmother's own mother on the birthmother's decision to relinquish or parent. Until the identity is firmly established in late adolescence or early adulthood, the adolescent identifies with messages gleaned from significant others such as parents. From an Eriksonian perspective, one would expect that parental beliefs and values with regard to the importance of career and educational attainment in the lives of their daughters would influence the pregnancy resolution decisions of pregnant teens.

Gilligan's Theory of Development.

Carol Gilligan's (1982) theory of development is relevant to this study because it emphasizes the role of relationality in women's psychological development. According to Gilligan, a woman's identity is shaped and defined by a relational orientation. Gilligan's notion of relationality may serve to illuminate the appeal of open adoption in that open adoption does not require a complete severance of the relationship between the birthmother and the relinquished child.

According to Gilligan, men tend to focus on abstract rational principles such as justice and respect for the rights of others when considering moral questions, while women tend to see morality within a relational framework, as a matter of caring and compassion. It is a morality of responsibility and connection rather than a morality of rights and separation. A deeper awareness of relational connection among women, gives rise to a deeper recognition of responsibility for the other. Women focus on the special obligations of their close relationships; they resolve moral issues with sensitivity to the social context. An ethic of care as opposed to an ethic of justice is foundational to women's moral thinking.

Gilligan proposed that women pass through three basic levels of morality, although not all women reach the third level. The first level involves the individual's concern only for herself, the second level involves self-sacrifice, in which concern for others predominates, and the third level involves integrating responsibilities to both self and others.

Open adoption appears to offer the possibility of relationship and connection without the responsibility of parenting. This study explored whether the possibility of relationship and connection afforded in the open adoption experience allowed the birthmother a greater sense of peace with her decision to relinquish. If the birthmother believes that she is not developmentally ready to take on the role of parenting, she may decide that the most responsible and caring decision would be to place the child in an open adoption arrangement where she has entrusted the responsibility of parenting to another, but where she can still maintain a relationship and continue to express care to her child.

Ethological Attachment Theory and Open Adoption

Ethology is “the study of the evolutionarily significant behaviour of a species in its natural surroundings” (Miller, 1989, p. 334). John Bowlby, an English psychoanalyst, is credited with bringing an ethological perspective to developmental psychology. Drawing from the work of ethologists such as Konrad Lorenz who studied imprinting in geese, and Robert Hinde who studied separation and reunion behaviours in rhesus mother infant dyads, Bowlby developed an ethological theory of caretaker-infant attachment (Bowlby, 1969, 1982).

Bowlby defined attachment as a lasting reciprocal emotional bond between human beings (Bowlby, 1969). His particular research interest was the strong emotional bond that develops between infant and caregiver. Influenced by the ethological perspective, Bowlby proposed that mother/infant attachment has evolved because it supports the survival of the helpless infant who requires protection from predators and the elements. Early infant reflexes such as the grasping response and the embracing response ensure the infant will cling to and embrace the mother at any sign of danger. Other signaling or expressive behaviours such as crying, babbling, cooing, clinging, and smiling elicit adult contact and ensure that the adult responds to the infants needs (Miller, 1989).

Bowlby (1969, 1989) stressed the importance of reciprocal attachment in the first year of life. Erikson (1968) also posited the first year of life as a crucial time for the development of attachment. The major conflict in the first year of life according to

Erikson was trust versus mistrust. If the infant experiences responsive, sensitive parenting in which his or her needs are met, the infant will be predisposed to viewing the world as a good and pleasant place.

Miller (1989) reviews research which clearly documents the early establishment of mother/infant attachment. Two-week old breast-fed infants have demonstrated the ability to discriminate their mother's body odour from the odour of other women (Cernoch & Porter, 1985 in Miller, 1989). Similarly, other research (Russell, Mendelson, & Peek, 1983 in Miller, 1989) has demonstrated that blindfolded mothers were able to identify their babies on the basis of odor only six hours after birth, a capacity not noted in fathers.

Infant attachment to the caregiver, who is usually the mother in Western cultures, intensifies at about six to seven months. Separation from a primary caregiver during the second half of the first year of life will likely be marked by much anxiety in the infant. Normal attachment occurs when the infant receives consistent emotional and physical nurturance during the critical period of birth through 18 months (Bowlby, 1989).

It appears that the infant demonstrates some resiliency in establishing its attachment relationships. While infants appear to be biologically geared to attach to their mothers, they can and do attach to other caregivers if the mother is not available or only available some of the time. Cross cultural research has demonstrated that children who are nurtured by multiple caregivers tend to develop a more extensive network of attachment figures (van IJzendoorn & Sagi, 1999).

Researchers have demonstrated that pregnant women develop varying levels of attachment to their unborn children while they are still in utero (Cranley, 1981). Furthermore, recent research has suggested that this attachment may be reciprocal in that the fetus in utero is able to recognize its mother's voice further supporting an ethological view of attachment (Kisilevsky et al., 2003); thus, when examining the phenomenon of birthmother adjustment to an open adoption arrangement, attachment issues should be considered.

A Critical Feminist Perspective on Open Adoption

Proponents of adoption have typically suggested that the birthmother's life will be improved through adoption, a claim challenged by critical feminists who typically characterize teen pregnancy as an economic rather than a social problem (Caragata, 1999; Kelly, 2000). Kelly (1999) considers teen mothers to be a particularly vulnerable and oppressed group within our patriarchal society. According to Kelly, feminists "recognize that low-income women, disabled women, women of colour, and young women have, historically, been more vulnerable to coercive sterilization and birth control policies, supported by people who erroneously believe or imply that social problems are caused by disadvantaged groups of women bearing children" (p. 60-61). Noting research which demonstrates that teen mothers who delay their childbearing into their twenties would still likely be poor, Kelly suggests that society should respect and support young women in their choice to bear and raise their own children rather than blame them for their poverty, which appears to be inevitable whether or not they parent as a teen.

Members of lower socio-economic status groups often exhibit a sense of hopelessness pertaining to potential career and economic advancement, and may view pregnancy and early motherhood as acceptable or even desirable (Basow & Rubin, 1999; Luker, 1996). Girls of low socioeconomic status are more likely to hold more traditional views with regard to gender roles and may perceive few options for identity development beyond the role of motherhood (Basow & Rubin, 1999).

Caragata (1999) postulates that some young women engage in early parenting because the adoption option is not fully considered or understood. She suggests that policy revisions supportive of open adoption coupled with more public discourse on adoption is required before adoption will be considered as a viable option by pregnant teens. "Restructuring how pregnancy outcomes are postulated may support young women in better exercising and developing their autonomous decision-making skills. It might also lead them to recognize adoption as a real option. However, that seems only advisable if the policies which govern adoption are substantially reconsidered and revised" (Caragata, 1999, p. 118).

Theories of Grief Resolution: Implications for Relinquishment through Open Adoption

In addition to his work on attachment theory, Bowlby (1980) has also written extensively on the topics of loss and grief. Bowlby presented a phase theory of grief resolution which describes the grieving process as typically including four phases. In the first phase, characterized by shock, numbness, and detachment, there may be cognitive disbelief and a dulling of feelings. The purpose of this phase is essentially protective in that it allows the individual to gradually absorb the impact of the loss. The second phase, characterized by a searching for the lost figure, may go on for months or even years. At this stage, the bereaved person experiences intense yearnings for what was lost. Emotional expression, which may vacillate between crying and anger, represents expressions of love as well as attempts to bring back what was lost. A gradual acceptance of the loss marks the beginning of the third phase which is characterized by disorganization; here, the bereaved begins to face the finality of the loss, often experiencing intense feelings of loneliness and despair. In the final stage of reorganization, the bereaved is reoriented to life without the lost object. Adjustments in roles and identity take place, and the bereaved achieves a certain level of detachment from the lost object and is able to develop new emotional relationships.

Much of the research examining grief following infant relinquishment has applied Bowlby's model or similar stage or phase models to the birthmother's experience. It is suggested that the birthmother who relinquishes a child goes through the stages of shock, guilt, anger or depression, sadness and searching, and acceptance (Watson, 1986; Millen & Roll, 1985). Watson (1986) argued that the birthmother in a closed adoption format could not properly resolve her grief because of the denial and secrecy that was foundational to that process. Brodzinsky (1990) suggested that birthmothers are assisted in their grieving when the following are present: a sense of personal safety; the freedom to express one's full range of feelings; expressions of empathy and support from loved ones; rituals for marking the loss; and a period of reorganization where roles are clarified and understood. Given that these conditions of support are typically only available when the cloak of secrecy is removed, some researchers have suggested that grief resolution is only possible in open adoption (Watson, 1986). Silverman (1981) normalizes the

birthmother's grieving of the loss, suggesting that grief resolution is a necessary part of the process of integrating the relinquishment experience into the birthmother's identity.

Wolfelt (2003) distinguishes "grief" from "mourning", a distinction that is also helpful to a consideration of the relinquishment experiences of the birthmothers in open adoption. Wolfelt defined grief as the internal thoughts and feelings associated with the loss whereas mourning is the outward expression of those thoughts and feelings. According to Wolfelt, an individual needs to actively mourn a loss in order to heal and move on to love and live fully again

Worden (2002) another recent grief theorist cautioned against the use of stage or phase theories of grief resolution because they are often literally interpreted as suggesting that people move through the stages in seriatim. Worden noted that stage theories such as those proposed by Dr. Elisabeth Kubler-Ross or Bowlby cause people to expect that the grieving person to move through the stages in a neat and tidy order which is not true to the reality of the grief experience. Furthermore, stage and phase theories suggest a certain passivity in the mourner in that it is assumed that the mourner must pass through the stages or phases to resolve the grief. Worden (2002) proposed the concept of tasks of mourning as a more helpful approach to understanding the grief process because it prevents a literalist interpretation of the grief process, and it provides direction to the mourner with regard to what can be done to facilitate the healing process. According to Worden, the four main tasks associated with mourning a death are the following: to accept the reality of the loss; to work through the pain of the grief; to adjust to an environment in which the deceased is missing; and to emotionally relocate the deceased and move on with life (Worden, 2002, p. 27-37). Worden identified a number of feeling states indicative of normal grief reactions, which include sadness, anger, guilt, anxiety, loneliness, fatigue, helplessness, shock, yearning, emancipation, relief, and numbness. Worden chose not to sequence these emotional states, noting that the grieving person does not necessarily experience them in any particular order.

An application of Worden's theoretical perspective to the mourning work associated with infant relinquishment in open adoption would suggest that the following four tasks are required of birthmothers: an acceptance of the reality of the losses associated with the relinquishment; a resolution of the pain associated with the grief; an

adjustment to an environment where day-to-day contact with the relinquished child is not possible; and an ability to establish an appropriate level of involvement with the relinquished child, while moving on with one's life.

The Research Examining Grief Resolution in Open Adoption

A small number of studies have attempted to explore the birthmother's grief resolution process in open adoption. The findings of these studies which are somewhat conflicting and inconclusive will now be reviewed.

Blanton and Deschner (1990) studied the relationship between post adoption grief and the degree of openness in adoption in a sample of 59 women who had placed a child for adoption at least one year prior to the study. The authors reported somewhat contradictory findings. Positive feelings regarding the adoption process were reported by 78% of the open adoption group as compared to only 56% of the confidential group. Yet birthmothers who were in open adoptions felt more isolated, experienced more despair, and suffered from more physical problems than birthmothers in closed adoptions. Based on these findings, the authors suggest open adoption practices might inhibit the healthy grieving process due to a lack of closure or finality to the process, and thus they cautioned against open adoption practices.

This oft quoted study was fraught with methodological difficulties. First of all, the definition of open adoption that was used included birth parents who had met the adoptive parents only once. This definition has repeatedly been deemed as too inclusive in scope, and would be termed as semi-open by other researchers (Christian et al., 1997; Gritter, 1997). Secondly, a modified version of the Grief Experience Inventory designed by Sanders, Mauger, and Strong (1985) to assess the grief experience of individuals who had lost a loved one through death was used. The researchers modified the statements in the Grief Experience Inventory by substituting "relinquishment of a child" for "loss of a child" and allowed for more tentative responses to confirm the presence of a grief reaction in the respondents. The original inventory required either a "true" or a "false" response to each statement. In the Blanton and Deschner (1990) study, the response options were changed to allow the respondent to make one of the following four choices: most of the time, much of the time, sometimes, and rarely or none of the time. The first

three responses were equated with the “true” response, and only the fourth response was equated with the “false” response. The results of the inventory were then tabulated and the subjects’ scores were compared to normative data developed on bereaved parents who had lost a child to death. This instrument modification process is problematic for the following reasons. The researchers did not attempt to create new norms for the revised instrument; as well, the new instrument gave essentially three options for a true response and only one option for a false response to each item, thereby possibly leading the respondents to provide responses interpreted as indicating grief. Furthermore, there are many reasons to believe that the grief experience following infant relinquishment in open adoption is qualitatively different than the grief experienced in the loss of a child through death. Death is final with no ambiguity; the child is gone, never to be seen again. The loss through open adoption is not final in that the child is psychologically present, and will be seen again, although the terms of this ongoing contact may be marked with some uncertainty and ambiguity (Fravel, McRoy, & Grotevant, 2000). Also, the larger society will offer much sympathy and emotional support to the parents who have lost a child to death. A parallel measure of sympathy and support is not as likely for the relinquishing birthmother, given the social stigma that appears to be attached to adoption. The validity of the findings of this study is open to question in light of the broad range of methodological problems identified.

Using a phenomenological approach, Lancette and McClure (1992) conducted in-depth interviews with five women who ranged in age from 18 to 24, and who had placed their children for adoption approximately two years prior to the interview. The levels of openness ranged from semi-open to open. Lancette found that all five women were still experiencing unresolved grief reactions centered on the hope for the return of the absent birthfather, and the lost dreams of motherhood. These grief reactions were evident in all women even though four out of the five had a close friend to rely upon for emotional support.

Cushman, Kalmuss, and Namerow (1997) report findings which contradict those of Blanton and Deschner (1990) and Lancette and McClure (1992). They examined the relationship between open adoption and specific social psychological outcomes in 171 women across 13 American states, four years post-relinquishment of their infant children.

The mean age of the women at the time of this follow-up study was 22.9. Seventy-nine percent of these women had completed high school, 13% had completed college or university degrees, and only 8% had less than a high school education four years post-relinquishment. The sample was 6% African American, and 94% Caucasian. The majority of these young women had been involved in what the authors termed semi-open arrangements as opposed to direct contact with the adoptive families. Sixty-nine percent of the sample had reviewed agency files, and had participated in the selection of the adoptive couple. Only 28% had met the adoptive couple, and only 12% had ongoing phone contact or direct visits with the adoptive family.

Cushman et al. (1997) found that the majority of the young women they studied appeared to be doing well four years post-relinquishment with only 9% reporting high levels of grief, 11% reporting high levels of regret, 9% reporting high levels of worry, and 6% reporting high levels of sadness. Many of these birth mothers expressed interest in having more contact with the adoptive family and receiving more information about the relinquished child. Of the mothers that had not received letters or pictures of the child, 75% desired them. Forty-five percent of those who were unable to contact the adoptive family directly expressed the desire to do so, and 19% of this group wished for direct contact with the child. Fifty-one percent of the young women who had not met the adoptive parents regretted that they had not taken advantage of this opportunity. Nevertheless, 74% of these young women expressed a high level of peace with their decision to relinquish, and 59% expressed a high level of relief. Birthmothers who had participated in the choice of the adoptive couple reported less grief, regret, worry and sadness, and experienced higher levels of relief. Furthermore, birthmothers who had met the adoptive parents experienced significantly less worry about the child, suggesting that participation in the adoptive process and even low levels of contact appeared to benefit birthmothers.

Rothman (1989) noted that the adolescent who makes an adoption plan often experiences strong feelings of ambivalence about the decision. Rothman asserted that a young woman may feel pressured into the decision to relinquish her child because of her lack of ability to provide financially for the child. As a result of feeling coerced into the decision, she may subsequently experience pathological levels of grief and resentment.

Christian et al. (1997) reported on several Australian and New Zealand studies which generally cited positive outcomes for birthmothers in open and semi-open adoption arrangements, but noted that birthmothers who had felt pressured into choosing adoption experienced more dissatisfaction with the adoption arrangement.

Christian et al. (1997) reported on a major ongoing longitudinal study, spearheaded by Grotevant, in which 169 birthparents were interviewed to examine how the varying levels of openness in adoption affected them over time. The participants in this extensive study were recruited from 35 adoption agencies throughout the United States and interviewed between 1987 and 1992. The interviews and some standardized measures were completed by telephone or in person 4 to 12 years after the placement of a child in a confidential, time-limited mediated, mediated, ongoing mediated, or fully disclosed adoption. The birthmothers' experiences with regard to role adjustment and grief resolution were examined. At the time of the birth of the baby, the birth mother ages ranged from 15 to 36 years (mean = 19.5), and at the time of the interviews, the birthmothers ranged in age from 21 to 43. Ninety-seven percent of the birthmothers were Caucasian, and 92% were single. At the time of the interview, 57% were married, 9% were divorced, and 31% were single. Eight percent of the birthmothers were married to the birthfathers, and 3% were romantically involved with the birthfather, and 1% were divorced from the birthfather.

Christian et al. (1997) reported that most birthmothers were generally satisfied with the adoption arrangements regardless of level of openness. Those in mediated and fully-disclosed adoptions had developed positive relationships with adoptive families, and had benefited from having information about the well-being of the child. Issues around grief resolution were more prominent in birthmothers in time-limited and confidential adoptions. Yet open adoption was not the solution to the problem of pathological or extended grief. Even some women who were in fully disclosed open adoptions experienced poor grief resolution. The authors conclude that each type of adoption had its vulnerabilities, and no type was problem free and that further research is needed to identify factors associated with healthy birthmother adjustment to adoption.

Limitations of the Existing Research

Adolescent women in the twenty-first century have many more options with regard to dealing with an unplanned pregnancy. They have ready access to abortion, and the social stigma attached to single parenthood has lessened dramatically. Adoption practices have changed to become more flexible and open, yet little is known about how birthmothers experience open adoption. Careful research examining the psychological impact of these new practices on all participants in adoption is required.

Research which examines the psychological aspects of the birthmother's experience with infant relinquishment has been limited. No research has examined the issue of open adoption from within the framework of the developmental theories of Erikson and Gilligan. Research examining the birthmother's experience in an open adoption plan is necessary to address the educational and professional development needs identified by psychologists (Sass & Henderson, 2000) and clinical social workers (Hartman, 1991), and will provide important information, insight, and understanding to others interested in and affected by adoption. Furthermore, it was anticipated that research in this area would provide helpful information to young women who might be considering participation in an open adoption plan.

While it used to be assumed that the need for counselling services ended with the finalization of the adoption, it is now recognized that "adoption is a multigenerational and ongoing process that only begins with the final adoption, and that permanently effects the lives of all involved" (Henderson, 2000, p. 263). The need for a varied range of post-adoption counselling services has been recognized (Barth & Miller, 2000), and a deeper understanding of the particular counselling needs of birthmothers post-relinquishment is required. Concerns with regard to the birthmother's grief resolution after relinquishment have been identified (Blanton and Deschner, 1991; Lancette and McClure, 1992), yet much about her psychosocial needs and the underlying dynamics of her difficulties remains unclear. Some evidence suggests that participation in open adoption ameliorates birthmother grief, yet other research suggests that some birthmothers in open adoption arrangements continue to experience prolonged grief (Christian et al., 1997). Given the contradictory nature of the small body of research examining the birthmother's

experience in open adoption, more research which would identify the factors affecting adjustment is warranted.

Adolescence is a time when relationships with peers are of prime importance and the judgments of peers play a prominent role in one's psychological adjustment. Given the heightened importance of peer acceptance in adolescence, the negative social stigma attached to adoption may be contributing to the feelings of discomfort and isolation reported by some birthmothers after relinquishment. The literature review has demonstrated that the general public is quite opinionated about open adoption, and thus it is reasonable to assume that the birthmother may encounter considerable social reaction and commentary with regard to her decision to relinquish her child through open adoption. It may be that she feels judged and misunderstood in a very profound way by her culture. The extent to which the birthmother feels she must constantly explain her decision to a larger society which doesn't understand the complexity of her experience may contribute significantly to feelings of unease and isolation; thus, the lingering psychological distress experienced by some birthmothers may be related to factors such as social disapproval which are not yet clearly understood. The interaction of these social psychological factors with grief resolution warrant further investigation.

Another gap in the current body of research pertains to birthmother adjustment in areas such as marital relationships, parenting of subsequent children, and academic and career achievement. The research to date has tended to utilize structured and standardized data collection procedures which clearly direct and control the information obtained. While research of this type provides much useful information, it is limited in that it confines the data obtained to preformulated topics considered of interest and importance to the researcher. Given the limited level of current information about birthmother adjustment in open adoption, the conflictual nature of that information, and the complexity of the factors that may affect birthmother adjustment, a qualitative research method was deemed as most promising and fruitful at this time, and was utilized for this current study. It was anticipated that a qualitative research approach would allow the birthmother to identify the adjustment issues and concerns that are most salient to her. In this way, a qualitative methodology would enable the birthmother to affect the direction of the research question and would thus provide a richer understanding of her

experiences and perspectives.

All of the research examining birthmother's experience of infant relinquishment through open adoption has been American (Blanton & Deschner, 1990; Christian et al., 1997; Cushman et al., 1997; Lancette & McClure, 1992) and may not be applicable to the Canadian context. The significantly higher teen pregnancy rates in the United States suggest that social/cultural factors may differentially influence birth control practices, and how adolescents in each country deal with unplanned pregnancies. The Canadian health and social services systems are generally considered to be more comprehensive and accessible than those in the United States, and thus may also differentially impact the relinquishment experience. There is currently little research on the long-term outcomes for birthmothers in the open adoption context in Canada. We know very little as to how Canadian adolescent birthmothers who have made open adoption plans are faring as they make the transition from adolescence into young adulthood.

Most of the research to date has not examined the adolescent birthmothers' experience as distinct from that of the more mature birthmother (Blanton & Deschner, 1990; Christian et al., 1997; Cushman et al., 1997; Lancette & McClure, 1992). Erikson's developmental theory suggests that the experience of infant relinquishment in adolescence might be quite different from the experience of relinquishment in one's late 20's or early 30's. There is a need to specifically explore the impact of pregnancy resolution via open adoption on the lives of young women as they meet the developmental challenges of late adolescence and early adulthood.

The Research Question

This study aimed to contribute to the small but important body of research which has begun to examine the experiences of women who give birth during their adolescent years, and who relinquish the infant through an open adoption plan. The study was an exploratory interpretive inquiry in that it examined the subjective feelings, experiences, and perspectives of these young women with regard to the surrendering experience through open adoption, and the impact of this experience on their lives. A qualitative research methodology was employed.

The research question that guided this investigation was “What are the experiences of birthmothers who have relinquished an infant through an open adoption plan during their adolescent years?”

CHAPTER THREE

Method

My Interest in this Research Project

The process of interpretive inquiry requires that the researcher approach the research question from a position of concerned engagement (Ellis, 1998a). The researcher must truly desire to understand the phenomenon at hand. My journey to this time and place where I have become a researcher in the field of open adoption will now be reviewed.

Unlike many who do research in the area of adoption, I am not a member of the adoptive triad, that is, I am not an adoptee, an adoptive parent, or a birthmother. My interest in the topic emerged as I reflected on my experiences as a counselor of pregnant and parenting teens and as I examined the research pertaining to teen pregnancy. For a period of three years in the late 1990's, I worked as a counselor/psychologist in a school program for pregnant and parenting teens. Consistent with the findings reported in the literature review, I observed that the large majority of adolescents who carry an unplanned pregnancy to term choose the very challenging path of parenting. Over the three years, I witnessed the struggles, fears, pain, challenges, successes and joys of over 300 adolescent women who embarked on the daunting task of parenting as a teen. Many of these young women demonstrated both courage and tenacity as they struggled to combine the complex and demanding multiple roles of student and mother, a struggle which typically took place within the context of severe economic constraints and single parenthood. Over the three years I developed close relationships with many of these young women as I listened to their stories, and searched for ways to support and counsel them through the many challenges they encountered. I also had the privilege of joining in the celebrations of their achievements. Among the more poignant memories that I carry are the graduation ceremonies I attended. At these I was able to witness many of these accomplished young women proudly cross the stage to accept diplomas in the presence of their children, family, friends and teachers. As I reflect on that time in my life, I feel

honored to have had the privilege to be part of the lives of these young women who I came to see as exemplifying the strength and resilience of the human spirit.

But this is not the whole story of my experience. I also have haunting memories of the times when some of these young women felt defeated by the challenges of parenting as a teen. In spite of access to extensive support systems, some of these young women were overwhelmed by the pressure and demands of parenting, and they struggled with feelings of depression and anxiety because they felt they were unable to provide the level of care they believed their children deserved. I remember the despondent words of one 17 year old mother of a two year-old who stated, "If I would have known it would be so difficult, I wouldn't have kept her". This young woman had seriously considered adoption, but had been discouraged from pursuing it by her mother.

In conversing with the students over the years, I came to understand that the choice of parenting was generally the unquestioned choice of the students at the school. It seemed that adoption was rarely considered, and when it was considered, it was quickly dismissed. Yet it became apparent to me that some young women who chose to parent, struggled with this choice, and some had serious misgivings about their choice as the years evolved. I began to wonder whether some of these young women chose to parent in response to a subtle form of cultural coercion. I wondered if an unwritten, unspoken societal pressure had constrained their choices. My exploration of the cross-cultural literature on adoption practices revealed that the cultures which seemed more accepting of adoption also tended to more open, inclusive, and communal with regard to adoption and parenting practices.

My first-hand knowledge of the birthmother's experience of adoption as a pregnancy resolution strategy was derived from limited contact with several adolescents who had chosen to place their babies. From my perspective, this small group of students appeared to have rather diverse experiences and levels of satisfaction with adoption. I knew of two students who seemed to fare rather well with the choice of adoption; they accomplished their academic goals and became involved in typical adolescent activities such as athletics and part-time employment. I also had some brief encounters with two young women who reported rather calamitous experiences with adoption, experiences marked by feelings of profound loss and betrayal. I provided some short term

counselling and mediation in these situations, attempting to help resolve the miscommunication and misunderstanding that existed among the parties involved; however, I lost contact with these young women when they left the school shortly after the adoption placement and thus I had no knowledge of how they fared with the passing of time.

When I initially began contemplating the selection of a topic for my dissertation, I did not begin with a quest to understand open adoption. Rather, I began reading the literature on teen pregnancy, thinking that I would investigate the phenomenon of resiliency in teen parents. I wanted to acknowledge and honor all that contributes to support and encourage young women to be successful in the role of parenting. However, as I read the literature and reflected on my experiences, I felt I would not uncover much significant new learning for myself if I pursued this avenue of investigation. I already had many answers to that question.

In my reading of the literature, I happened upon the research pertaining to open adoption, and became intrigued by it. I began reflecting on my own rather limited experiences with adoption, and developed a curiosity and a desire to make sense of and understand open adoption more fully. I realized that, like the students in my school, I knew very little about the experience of open adoption from the perspective of the birthmother. As I read the small body of literature that was beginning to emerge on the topic, I felt a sense of hope that open adoption might be a viable option for some pregnant teens who simply do not feel ready, willing, and/or able to take on the task of parenting; yet the research was fragmented and somewhat inconclusive. Also, my sense of optimism was tempered by the awareness that helping professionals had, in the past, rather stridently advocated the closed adoption system as the best approach to adoption, a position which had more recently been widely criticized and challenged. I began to wonder whether open adoption really was a better and more humane alternative from the perspective of the birthmother. I wondered just how birthmothers did experience the choice of open adoption. Thus, my quest to gain a deep understanding of the experience of open adoption from the perspective of the birthmother was born.

Rationale for a Qualitative Methodology

The nature of the research question under investigation determines what research method should be employed. Qualitative research usually answers questions pertaining to what an experience is like for an individual. It is particularly useful when little is known about a particular phenomenon, and when there is an interest in exploring a phenomenon from the insider's or emic perspective (Merriam, 1998). Because little is currently known about the experiences of teen mothers who have relinquished a child through an open adoption plan, a qualitative research method was selected for this study. A qualitative research methodology was expected to illuminate the young women's own views and perceptions of their experiences. The participants themselves were considered the best experts on their own experiences and it was assumed that they could best provide the data for understanding the experience of being a birthmother in an open adoption plan.

Qualitative research seeks to understand the meaning of social phenomena. It is interpretive, inductive, process oriented and naturalistic. Its primary concern is how people make sense of their world. The qualitative researcher recognizes that reality is socially constructed (Denzin & Lincoln, 1994), and works holistically "to discern the intent or meaning behind another's expression" (Ellis, 1998b, p. 15).

Qualitative research is multi-method in focus, involving intense contact with the subjects in their natural setting (Denzin & Lincoln, 1994). Within the qualitative framework, the researcher is the primary instrument for data collection and analysis (Merriam, 1998). Recognizing that knowledge and meaning are contextual as opposed to objective, the researcher seeks primarily to understand (Ellis, 1998a). The qualitative researcher utilizes a variety of methodologies including in-depth interviewing and observation to capture the subject's perspective or point of view (Denzin & Lincoln, 1994).

The decision to relinquish an infant through open adoption during the adolescent years, and how that decision continues to impact the birthmother as she moves into adulthood has not yet been fully examined through an open-ended qualitative study. It

was expected that this study would inform clinicians and adoption professionals as to the life experiences, needs and concerns of women who have relinquished a child through an open adoption plan during their adolescent years. It was anticipated that the stories told by the participants in the study would be helpful to other young women who are considering their options with regard to an unplanned pregnancy. A further expectation, consistent with the interpretive inquiry paradigm, was that the researcher's understanding of the phenomenon being studied would be transformed (Ellis, 2001).

Interpretive or Hermeneutic Inquiry: A Historical Overview

Gallagher (1997) traces the philosophical foundations of hermeneutic human science research to the 19th century writings of Wilhelm Dilthey, a German philosopher. Dilthey challenged the positivist philosophies of Auguste Comte and Descartes who had put forth the claim that objective truth could only be derived through the methods of the natural and physical sciences which generate and then seek to validate hypotheses. The focus of the epistemologically oriented natural sciences was to build a body of knowledge consisting of objective facts. In contrast, Dilthey recognized and valued those subjective methods of understanding which Descartes and Comte viewed as hinderances to the search for truth. According to Dilthey, “human, social, and behavioral science—human and cultural expressions and institutions that involve the subjective experience of individual persons—call for a different method” (Gallagher, 1997, p.3), a method based on understanding or *verstehen* rather than the search for explanation and proof.

Dilthey and his followers drew from the process of textual hermeneutics developed by Schleiermacher (1768-1834), a philologist who argued that to understand the ancient written texts of theology, history and jurisprudence, one had to consider not only the specific meaning of the actual written words, but also the intentions of the authors who had composed the text. Dilthey viewed hermeneutics as a way to build knowledge and understanding of the complex inner thought processes of the human mind. The importance of personal insight and wisdom was also noted by Gadamer (1989), who referred to the concept of *phronesis* drawn from the moral philosophy of

Aristotle. According to Aristotle, *phronesis* was the practical wisdom that was required to address and resolve complicated situations in which scientific rules did not apply.

The existential philosophy of Martin Heidegger is also foundational to hermeneutic or interpretive research. Heidegger shifted the attention from questions of epistemology which concerns itself with how we know what we know, to a focus on ontology which concerns itself with what it means to be a human being, and how we come to understand what we know about the world. Heidegger is credited with the concept of *Dasein* or being-in-the-world, a concept which calls into question the separation of the person from his or her contextualized experience of the lived world.

In shifting philosophical concerns to ontology, Heidegger challenged the Cartesian view of the person as “an assemblage of traits or variables . . . that can be discovered through the scientific method, the goal of which is prediction and control” (Leonard, 1994). Heidegger argued that “traditional science is itself a theory screen that constrains our ability to understand human agency (that is intentionality in human action constituted or shaped by concerns, purposes, goals, and commitments), limits our imaginative ability to generate questions, and further, limits the answers we can generate for those questions that we do manage to pose” (Leonard, 1994, p. 45). Furthermore, Heidegger suggested that human beings are, by nature, interpretive, and that experience is formed through interpretation of the world (Hultgren, 1989).

Thus, Heidegger expanded the role of hermeneutics beyond being a process for interpreting text to a broader interpretive methodology particularly applicable to the complexity of human science research (Gallagher, 1997). Inherent in Heidegger’s interpretive approach is an awareness of the researcher’s role in the interpretive process. The interpreter approaches the task from within a particular culture or tradition, which inevitably constrains the meaning or interpretation derived from the text. Furthermore, the researcher uses language which inherently creates certain prejudices and biases. Gadamer (1989) suggested that a dialogical model of investigation which allows the text to speak back to the researcher is required to solve the oft cited problem of researcher subjectivity. As the text speaks back to the researcher, the researcher modifies her understanding of the text, and sends it back to the text for verification or correction, a process Gallagher (2002) likened to that described by schema theory in the field of

cognitive science. Thus, truth is not subjective; it is not found exclusively in the researcher. Neither is it objective; it is not found exclusively in that which is being researched. Rather, an attempt to unveil the truth occurs through a dialogical process between researcher and text (Gallagher, 2002).

Interpretive Inquiry as a Formal Research Process

Smith (1991) describes the interpretive work of hermeneutics as an inherently creative method of research. Using holistic methods, the interpreter seeks to understand the meaning behind another person's expression. Ellis (1998b) illustrates the process of interpretive inquiry by explaining the metaphors of the unfolding research spiral and the hermeneutic circle. The research process is essentially question-driven. The researcher begins with an initial question, and each loop in the spiral represents a separate inquiry activity which further addresses the research question. The forward arc of the hermeneutic circle contains the researcher's forestructure of understanding, her beliefs, values and pre-understandings (Smith, 1991). These shape the researcher's interpretation of the interviewee's responses to the question. This metaphor openly acknowledges that the researcher comes to the question from a particular experiential and knowledge vantage point. The backward arc of the circle refers to the researcher's attempt to evaluate her interpretation of what went on in the inquiry. This evaluative stage of the inquiry shapes future inquiry.

Interpretive work involves numerous loops of inquiry, each involving a forward and backward arc. Each loop may represent a separate episode of data collection and analysis, or it may represent a return to the same set of data with a different question. The research process is continually shaped and influenced by various uncoverings that are discovered through the process. Thus data collection and data analysis are ongoing and concurrent. The researcher continually moves back and forth from the part to the whole, seeking to understand the part in relationship to the other parts and to the whole (Ellis, 2001). Heidegger believed that "lived experience is veiled. Thus, the researchers' task in collaboration with the participant, is to unveil the shared common practices of the experience" (Wilson and Hutchinson, 1991, p. 268).

The literature review presented in Chapter 2 along with the researcher's extensive experience in counselling pregnant and parenting teens contributed to the researcher's forestructure of understanding. The researcher entered the study with a commitment to seek to understand the adolescent birthmother's experience in open adoption. The researcher approached the research question with openness, humility, and good will, trusting that the participant's thoughts and ideas would be coherent and meaningful and would provide fruitful information pertaining to the research question (Ellis, 2001).

In summary, given that little is currently known about the open adoption option from the perspective of the birthmother, the researcher chose to utilize an interpretive inquiry approach to gain an understanding of this phenomenon. The researcher desired to gain a deeper understanding of the experience of this lesser known option, so that she would be able to draw on this knowledge in her counselling practice. In addition, the researcher was desirous of making the knowledge gained from this study available to psychologists, adoption professionals, prospective adoptive parents, pregnant teens, and anyone affected by or interested in the adoption process. The overall intent of this study was interpretive; it was to understand the subjective experience of birthmothers as they participate in an open adoption plan. An interpretive approach was considered suitable to this study because "the focus of interpretive research is on those life experiences that radically alter and shape the meanings persons give to themselves and their experiences" (Denzin, 1989, p. 10).

The research question that guided this hermeneutic investigation was "What are the experiences of birthmothers who have relinquished an infant through an open adoption plan during their teen years?" There were seven sub-questions that targeted specific aspects of the birthmother's experience:

1. How does the birthmother describe the experience of making the decision to relinquish a child?
2. How does the birthmother deal with her feelings around the relinquishment?
3. What role does the option of open adoption play in the decision making process?
4. How does the birthmother experience the day to day workings of the open adoption plan?

5. How has the experience of infant relinquishment through open adoption affected the birthmother's life?
6. How is the birthmother managing with her goals for schooling, work, and relationships? What are her goals for the future?
7. What types of supports or services does the birthmother who relinquishes a child through open adoption perceive as useful?

The Use of the Narrative as an Approach to Data Collection

As I familiarized myself with interpretive inquiry and hermeneutics, I realized that I consistently engage in interpretive work when listening to the life stories of my clients in my counselling work, and thus a hermeneutic narrative approach seemed a natural starting point in my quest to understand the experiences of adolescent birthmothers in open adoption. My approach to counselling focuses on assisting the client in gaining self-awareness and self understanding by exploring and clarifying past experiences as well as present needs, wishes, fears, and goals. In that endeavor clients are invited to share the stories of their experiences, reflect on these experiences, and engage in meaning making. With enhanced self understanding, I encourage my clients to make life choices in accordance with their own value systems and goals.

Reissman (1993) noted that telling the stories of one's life is a very natural and universal activity which human beings use to make sense of their experiences. Mishler (1986) suggested that the open ended research interview allows the respondent to create a self-narrative which reveals what is important to her. The interview serves as an instrument for story making and story telling. The stories that the participant tells, can be analyzed by the researcher who seeks to make sense of the story and to discover their meaning within the context of the interview. Schwant (2001) defined narrative research as an interdisciplinary method for analyzing the stories people tell of their life experiences.

I chose a descriptive narrative approach to collecting the data for the study because I wanted to give the participants the opportunity to tell the story of their open adoption experience in their own way. I believed that simply hearing the stories of other young women who had selected open adoption as their choice would be a useful resource

to a young woman who is contemplating this option for herself. “Narratives create images and stories that transform us so that we will know them and ourselves differently” (Diekelmann, 1989 in Wilson & Hutchinson, 1991).

Thus, this study employed a narrative approach in that it solicited and examined birthmother personal accounts of the open adoption experience. Birthmothers were invited to tell their stories, and to share the personal meanings they have gleaned from their experiences. The telling of one’s personal story has been recognized as a tool which informs and inspires reflection on lived experience. Clandinin & Connelly (2000) note that

experience is the stories people live. People live stories, and in the telling of these stories, reaffirm them, modify them and create new ones. Stories lived and told educate the self and others, including the young and those such as researchers who are new to their communities. (p. 23)

I conducted two in-depth interviews with each participant, and through open-ended questioning, provided the opportunity for each participant to tell the story of her experience of infant relinquishment in an open adoption. On the basis of the stories told in these interviews, I constructed a narrative of each woman’s experience. This narrative provides the reader with a rich description of the context and meaning of the experience of infant relinquishment through open adoption within each individual woman’s life. The narratives were then further analyzed using the hermeneutic methodology described by Leonard (1994).

The hermeneutic methodology articulated by Leonard (1994) and Wilson and Hutchinson (1991) provided me with concrete direction as to how to move my interpretive work beyond the description of the narrative to a higher level of interpretation and analysis. “Hermeneutic narratives, presented in paradigm cases, exemplars, and thematic analysis, portray the voices of the informants in their daily struggles and in their struggles over time” (Wilson & Hutchinson, 1991, p. 274). This methodology will be described in more detail in the data analysis section of this project.

Research Design

The Participants

An advertisement (see Appendix I) for participants was placed in the newsletters of three private licensed adoption agencies in Alberta. Small posters with identical information to the advertisement were placed on the bulletin boards of the three licensed adoption agencies and at a school for pregnant and parenting teens. One agency mailed out the advertisement for the study on some attractive stationary to all birthmothers on the agency's mailing list.

A purposive sample of five women representing a range of ages (varying numbers of years post-relinquishment) and life situations (i.e. single, married) was sought. The sample was limited to women who had relinquished an infant in an open adoption plan to a non-relative during their teen years. Selection criteria for inclusion in the study were as follows:

1. 18 years of age or older at the time of the first interview,
2. at least two years post-relinquishment,
3. involvement in an open adoption plan as defined by Berry (1991)
4. able to commit to two or three interviews of up to two hours duration each.

The researcher's time-line for completion of the study allowed a ten month period for data collection. At the end of the 10 month period, the researcher had been contacted by fifteen prospective participants of whom ten were deemed suitable. The initial phone contact was used to screen for whether or not the women met the criteria of the study. One participant was not suitable because she was a birthmother who was not involved in an open adoption plan. Another three birthmothers were not accepted into the study because the relinquishment had taken place within the last year. One other birthmother was not suitable because she placed her child at the age of 22. The phone conversation was also used to ensure that the respondent selected was articulate and eager to speak about her experiences. The 10 women who met the demographic criteria for inclusion were articulate and expressed a strong interest in participating in the study; thus, they were deemed suitable for the study.

Five of these 10 women were interviewed for this study. The researcher made an effort to interview eight of the 10 volunteers. Two of the women, who were from out of town, cancelled appointments because of difficulties with transportation and with schedules. One woman, who was scheduled to be interviewed, was not home for her scheduled interview and then did not return the researcher's calls. In order to complete the data collection within the 10 month period, the researcher turned to other volunteers who were more readily available. Once the researcher had interviewed five participants, the sample was considered complete. Thus, two women who met criteria for the study were not considered because the sample was complete by the time they responded to the advertisement for the study. Their names were kept on reserve in case one of the other participants would withdraw from the study.

Of the women that did participate, three were from rural Alberta, and two were from large metropolitan cities. The women who participated were of various ages (18-31), and had a variety of life situations. Heather was a single college student, age 18, who had placed her child at the age of 15. Kaitlyn was a single parent, age 19, who had placed her child at the age of 16 and who had another child at the age of 17, a child whom she chose to parent. Taylor, age 22, was a nurse who had placed her child at the age of 19. At the time of the interviews, Taylor was engaged to the birthfather of the child she had placed. Jill, age 22, was a nursing student who had placed her child at the age of 19. Sheila, age 31, had placed her child at the age of 18. Shelia had married a young man, who was not the birthfather of the child she had placed at the age of 23, and they had adopted a child at the age of 29, and at the time of the study, they were in the process of trying to adopt a second child.

Data Collection

A semi-structured interview guide with open-ended questions was used for data collection. The interview guide consisted of questions which facilitated an exploration of the woman's reflections on the open adoption experience, her feelings pertaining to the relinquishment, her experience of the open adoption arrangement, her perspective on her psychosocial adjustment as a young adult, and her thoughts as to what would or would not be helpful to other young women who face an unplanned pregnancy. The questions

were designed so as not to presume pathology. The interview guide was open ended enough to allow the informants the freedom to focus on what was important to them while still allowing the researcher to maintain some consistency across the interviews. The researcher maintained a very flexible approach throughout the interviews, allowing the informants to share their stories with as little interference and interruption as possible.

Weber (1986) highlighted the importance of the nature and quality of the interview experience. She emphasized that the interviewer must be open and genuinely interested in the interviewee as a person. It is essential that the interviewee experience the interview as a mutually respectful encounter. Only then can a sense of trust develop, a trust that leaves the interviewee confident that she will not be exploited, and that she has something of importance to share. Through the process of sharing, a relational bond becomes established between the interviewee and the interviewer (Ellis, 1998c).

All of the women were interviewed on two occasions. Initial interviews were generally two hours to two and one-half hours in length, and the second interviews ranged in length from one and one-half hours to two hours in length. During the first interview the participant was given the opportunity to relay the entire story of her experience with infant relinquishment through open adoption. The first interview was completely transcribed and reviewed by the researcher prior to the second interview. The researcher read and reread the first interview prior to the second interview, and began some preliminary analysis of the content of that interview. In the process, the researcher developed questions which invited a further elaboration of the participant's shared experience and a clarification of any ambiguity that might have remained from the first interview. The second interview allowed for these follow-up questions that emerged from the analysis of the initial interview. The researcher had allowed for the possibility of a third interview, but in no case was the third interview deemed necessary. The women were interviewed in a place of their choosing. Three of the women were interviewed in their own homes for both interviews, one was interviewed in her home once and in the researcher's home once, and one was interviewed in her own home once and in the home of the family that had adopted her child once. Four out-of-town interviews were conducted in towns and cities that were as far as 300 kilometers from Edmonton.

All interviews were tape-recorded and transcribed verbatim by the researcher. The researcher used a journal to record field notes after each interview, noting observations, reflections and thoughts with regard to emerging themes. Another way in which the researcher began analysis during the data collection stage was to read and reread the transcript and make notes in the margins to comment on the data. Merriam (1998) suggests that memoing will allow the researcher to capture “reflections, tentative themes, hunches, ideas, and things to pursue that are derived from this first set of data” (p. 161). Follow-up questions that emerged from the first interview were recorded on the transcript in a memoing format.

The interview, presented below, was not used rigorously. As much as possible, the researcher encouraged the participant to tell her story naturally in whatever format that she felt was pertinent. Not every question was asked of every participant because in some cases the questions were redundant or inappropriate.

The Interview Guide

Setting the stage for the telling of one’s personal narrative

1. Tell me something about your life right now: Any recent changes in your life/
How does it compare to your life five years ago?
2. Tell me about your personality/character. If you were to describe yourself as you really are, how would you do that?

Reflecting on the decision to place the child for adoption: understanding the context

3. Tell me about the circumstances surrounding your pregnancy:
4. How did you go about making your decision to place your baby for adoption?
5. What did you see as helpful and/or not helpful as you were trying to make your decision?

Reflecting on the feelings around relinquishment: exploring grief resolution

6. Tell me about the relinquishment.
7. How did you feel after giving the baby to the adoptive parents?
8. How did you deal with these feelings?
9. How did you feel after 3 months/ after 12 months, and how did you deal with these feelings?

10. How do you feel now about the decision you made then?

Reflecting on the open adoption arrangement

11. What role did the possibility of an open adoption plan play in your decision?

12. Tell me about your open adoption plan: How is it working?

Exploration of identity formation and current psychosocial adjustment

13. How has the adoption affected you personally? How has it affected your life?

14. Tell me about what you are busy with in life now.

15. Tell me about your goals and plans for the future?

Reflections on what might be helpful to other young women who face an unplanned pregnancy-achieving closure to the interview

16. What do you think would be helpful to other young women who face an unplanned pregnancy?

17. Is there anything else you would like to share with me about your experiences that might be helpful to other young women?

Data Analysis

The interviews were transcribed verbatim then integrated into one narrative which gave a richly detailed account of each woman's experience from her perspective. Though each woman's experience was unique, the narratives did present with a relatively consistent temporal sequence organized around specific topics. These topics were used as a natural organizing strategy for the presentation of the narratives. The narratives typically began with the circumstances of the pregnancy, and lead into a consideration of the decision making process. The role of the birthfather in the pregnancy and the formation of the adoption plan were generally discussed. The participant typically recounted the process by which the adoptive parents were selected. The experience of giving birth and the time in the hospital were also described. Each birthmother told a story of the naming of the baby. The experience of the relinquishment was also shared. The lived experience of the adoption plan was also typically shared. The birthmother's current life activities, goals, and plans for the future were also examined. Finally, any advice or concluding comments the birthmother wished to share was solicited. These

concluding comments gave the participant the opportunity to summarize what was significant to her, and brought closure to her story.

Chapter Four presents each individual woman's narrative, supported by extensive illustrative quotes from the interview transcripts, so that the reader can easily trace the researcher's interpretive work. Each narrative is particularistic in that it focuses on each particular woman's experience of infant relinquishment through open adoption. Each narrative is also heuristic in that it illuminates the reader's understanding of the phenomenon being studied (Merriam, 1998). The researcher mailed each participant a draft copy of her narrative and gave the participant the opportunity to provide feedback as to the accuracy and completeness of the narrative (see Appendix 4 for the letter to the participant). The participant was given the opportunity to suggest additions, deletions or revisions to her narrative as captured in written form by the researcher. This process, modeled after that employed by Hanoski (1998, 2001) ensured that the researcher had accurately portrayed the participant's lived experience as perceived by the participant. It also provided another stimulus for some final reflection on the part of the birthmother with regard to her experiences with open adoption. It also ensured that the participant was comfortable with the researcher's attempt to remove all identifying information from the narrative. Only one of the participants offered some minor changes to her narrative. The researcher attempted to call each participant approximately one month after they received the narratives to inquire as to their satisfaction with the narrative. All of the participants were contacted, and all expressed satisfaction with the way in which the researcher had presented the story of their open adoption experience.

Once participants approved their narratives, the researcher proceeded with a more intensive interpretive analysis using the hermeneutic methodology described by Leonard (1989; 1994). In this methodology, also utilized by Hanoski (1998, 2001) all data was analyzed through the three interrelated processes of thematic analysis, identification of exemplars, and the search for paradigm cases.

Thematic analysis involves "the search for and identification of common threads that extend throughout an entire interview or set of interviews" (Morse & Field, 1995, p. 139). Thematic analysis was accomplished through several important steps. First of all, all the data (transcripts, narratives, field notes, and research journal) were read and reread

as a whole to identify themes that consistently emerged from the data. Then, as recommended by Leonard (1989; 1994) the researcher identified lines of inquiry based on the theoretical background to the study as well as the themes that appeared to be emerging from the data. These lines of inquiry were used to form an interpretive plan which guided the systematic analysis of the data. Additional lines of inquiry were added to the interpretive plan at various times during the analysis, and all cases were subjected to this interpretive plan. This analysis resulted in the identification of general themes that formed the basis of the findings of study (Hanoski, 1998, 2001; Leonard, 1994).

The next stage of the analysis involved the identification of exemplars which were stories or vignettes that “capture the meaning in a situation in such a way that the meaning can then be recognized in another situation that might have a very different objective circumstance” (Leonard, 1994, p. 59). Exemplars are both interpretive and presentation strategies (Wilson and Hutchinson, 1991) bringing to life the previously identified categories and themes. Hanoski (2001) stated that “exemplars reflect the themes which were identified in the first stage of analysis, and act as real life situations which exemplify each theme” (p. 70).

The researcher used a traditional cut and paste method (Morse & Field, 1995) to assign the exemplars to the themes. Each narrative was printed on a different color of paper, and the researcher went through each narrative and clipped vignettes that were suitable exemplars of each emerging theme. Each emerging section of the interpretive plan and all the exemplars that were identified for that section were stored in a large envelope until the researcher was ready to further analyze them. When the researcher was ready to do the writing on one particular theme, the contents of the envelope were laid out on a large dining room table. In doing so, the researcher would perform a quick visual scan to determine whether exemplars of each theme were found in each narrative. Furthermore, at this time, the researcher would review all of the exemplars and then select the most appropriate ones for inclusion in the project. It was at this point in time that the final title of the theme generally emerged. Exemplars were selected on the basis of how well they exemplified a theme, and some effort was made to ensure that a representative selection of exemplars was included.

The final stage of the interpretive analysis involved the development of paradigm cases described by Leonard (1994) as “strong instances of particular patterns of meaning” (p. 59). While exemplars are particular stories used to illustrate themes that have been identified through thematic analysis, paradigm cases are holistic accounts of one individual’s experience which “embody the rich descriptive information necessary for understanding how an individual’s actions and understandings emerge from his or her situational context” (Leonard, 1994, p. 59). Paradigm cases “are not reducible to formal theory—to abstract variables used to predict and control” (Leonard, 1994, p. 59). Rather, they serve as reference points or “family resemblances,” and are used heuristically to facilitate the understanding of particular clinical cases (Leonard, 1994). In this study, the paradigm cases provided a summary of the main features of each woman’s experience with infant relinquishment through open adoption, and the meaning of that experience in the life of each woman.

Ethical Considerations

Prior to the commencement of the study, the researcher submitted an application for the approval of the study to the Ethics Review Board in the Department of Educational Psychology. Approval was granted with the following ethical considerations.

The researcher met with each of the participants prior to beginning the interview to provide them with information about the study and to address any questions and concerns. Participants were advised of procedures to ensure confidentiality. Participants were also advised of their right to withdraw from the study at any time. An Information Sheet (see Appendix II) discussing the purpose, procedure and time commitment of the study was presented to the participant and read aloud by the researcher. Participants were given the opportunity to ask questions pertaining to the research project.

The participants’ willingness to commence with the interview was obtained prior to the beginning of each interview. Issues of anonymity and confidentiality were clearly addressed in the Information Sheet and the Research Participant Consent Form (see Appendix III). After reviewing the Research Participant Consent Form, the participant was asked to sign the form as indication of her consent to participate in the study.

Transcripts and tapes were kept in a secure place in the researcher's home office. Pseudonyms were used and timelines were established for the destruction of transcripts, tapes and consent forms. These procedures and timelines were communicated to participants via the Information Sheet and the Research Participant Consent form.

When the researcher had completed the construction of each narrative, it was mailed in draft form to the participant. A letter sent with the narrative requested feedback from the participant as to the accuracy and completeness of the story (see Appendix IV). The participant was given the opportunity to suggest additions, deletions or revisions to the draft copy of the narrative. This process also ensured that the participant was comfortable with the researcher's attempt to remove all identifying information from the narrative.

Since the information discussed in the interviews was of a highly sensitive nature to the participants, the investigator utilized specific strategies such as empathic listening to alleviate any psychological distress that might have occurred during the course of the study. The researcher has been a chartered psychologist since 1982, and has extensive experience in facilitating discussions about emotionally difficult topics. The investigator explored with the participants their existing support systems, and provided the participants with a list of counselling referrals (see Appendix V) which could be utilized should the participants desire or exhibit the need to continue to discuss the issues raised.

CHAPTER FOUR

The Narratives

Sheila's Story

An Introduction to Sheila

At the time of the interviews, Sheila was a 31 year old married woman who was the adoptive mother of a 19-month-old toddler named Darrel. At the age of 18, Sheila gave birth to Stephen, whom she placed into the care of Barry and Val, the adoptive parents. Stephen is now 13 years of age. Several years after adopting Stephen, Barry and Val adopted a second child named Kristin.

Sheila married her husband Corey at the age of 23, and they live in her home town, a rural Alberta town with a population of 400 people. Sheila's husband works at a gas plant, and Sheila offers in-home childcare to three children from her community. Prior to the adoption of Darrel, Sheila had worked as a teacher's assistant for seven years. Her primary role had been to support the education of special needs children. At the time of the interviews Sheila and her husband had made application to adopt a second child. Caring for Darrel and planning for a second adoption was the main focus of Sheila's life at the time of the research study.

It's Darrel; I baby-sit as well; I have three little girls that I baby-sit regularly; so that there is always someone for Darrel to play with. We have our names back in for adoption; we're back in for another adoption; so when that happens, I'll quit babysitting because then that will be just too much.

Sheila is a gregarious friendly person, who has a ready infectious laugh, and a very pleasant disposition. She describes herself in the following manner:

I'm outgoing; a people person; I'm totally a people person. And I'm not shy.

Sheila also sees herself as a very strong person, a personality trait she feels she has inherited from her father.

My sister says, "I don't think I could do what you did." And there are a lot of my friends even now who say, "You know, I just don't know how you do it or how

you've done it". . . . I've always been strong. My dad, he's the rock, and I've taken a lot after him. I have a strong personality.

The challenge of dealing with adversity and a strong sense of identity is what has made Sheila a strong person.

A strong back-bone, I can deal with anything that comes up. Sometimes you get into a tither, but I'm strong enough to realize this is what you gotta do you gotta go with it . . . The pillar, A lot of people come to me if there are problems, my sister, cause we're so close, but I'm the strong one between the two of us, I'm the one that all this stuff has happened to, so that it's made me that much of a stronger person. I know who I am. For sure, and my dad is more like that way too.

The Circumstances Surrounding the Pregnancy

Sheila was in Grade 12 when she became pregnant. The pregnancy occurred at a rather chaotic time in her life when her parents were going through a divorce.

We were living at my Grandpa's house cause we had sold our house, and we were gonna build a new house, and mom and dad had went to Hawaii that winter, and then before we moved into Grandpa's house, mom and dad had decided they were gonna split up. So I was 17, and my sister was 16, and I guess we just rebelled to a point. We partied a lot and did all sorts of stuff, so it was pretty hectic, and then mom moved to Red Deer. All through this, though, we owned a grocery store in town, so I worked there through the whole time, so at least we had one stable place . . . Mom and dad were separated, and that's when I found out I was pregnant.

Sheila was not able to draw on her mother for emotional support during the time of decision-making as her mother had moved away and was not very involved in her life.

Even now my mom and I aren't terribly close . . . She went through a mid-life crisis too, so it was just everything, on top of everything. It was one thing after another, after another. . . . By the time she found out, we had already decided we were going to do the Adoption Option thing, and so it was just like, "Hey I'm pregnant, we're doing this, I've chosen Barry and Val, and that's that". . . . She was here when I had Stephen, Mom and Dad have stayed friends through it all. They came up with my sister and I had him, and they came when I gave Stephen to Barry and Val, so, she was more after the fact.

The late onset of menses as well as a very irregular menstrual cycle gave Sheila a false sense of security with regard to the risk of pregnancy, and helped support her denial of the pregnancy.

I was five months pregnant before I really let myself believe that I was pregnant. I still do not have a regular cycle, that's why I have fertility problems, So I didn't start having my period till I was 15, so that was all new for me and then 2 years later I was pregnant. I could miss five or six months at a time. So at the time it was, you know, denial. You didn't want to admit that you were pregnant or whatever. In my mind, I was really only pregnant for four months, because that's when I started showing, and then of course it had to be decided what would happen.

In the privacy of her mind at one level, Sheila did acknowledge that she was pregnant. She started reading about proper self-care during pregnancy when she was about three months, but it was like she was caring for someone else.

One word, denial. That's what it all boiled down to . . . I read all my stuff, I read all the information about being pregnant, about what you're supposed to do, and what you're not supposed to do, so, I denied it, but inside I knew, so I dealt with it myself that way, and made sure that everything was OK, but that's how I dealt with it.

Sheila managed to hide the pregnancy until the last two months. When she was seven months pregnant, a friend pulled her aside and convinced her to go to a doctor because she suspected Sheila was pregnant. A dissociative quality to the experience of pregnancy helped Sheila to avoid actually facing the pregnancy until she was clearly starting to show.

It was like it was happening to someone else; until the last two months for sure. . . Then of course, I was totally showing; I graduated in May, and no-one knew that I was pregnant, and I had Stephen in September. You look at my grad pictures and you couldn't tell, so I went through the whole motion of everything, and it was June when it came totally out that I was pregnant, and of course showing by that time. So I guess it was kind of like an outer body experience, you know. It didn't feel like it was really happening until the end. It was like it was happening to someone else, to a point . . . You read about it, you hear about it, But you don't really think is it's you. That's how I felt . . . I dissociated myself, because I knew I was not keeping this baby. So I dissociated myself from the beginning. So that it was just easier for me to place Stephen.

Sheila purposely didn't attach to the fetus, because she knew that she could not keep the child. The secrecy, the denial, and the dissociation all contributed to the lack of attachment and helped her carry out her adoption plan.

Even though I knew I was pregnant, I wasn't dating Fred anymore . . . So there was no way I was going to keep this child. . . I didn't get attached, because I knew I couldn't, I just knew I couldn't, because then you wouldn't be able to go through

with it. And you know I didn't get attached, I didn't let anyone know I was pregnant till I was quite far along anyways so, that sort of helped the denial. "We'll just pretend it's not happening."

One factor in Sheila's decision to place her child was that she felt it wouldn't be fair to bring the responsibility of caring for an infant into her parents' home.

Even though they wouldn't have been divorced, I don't think I could have put them through it because, they had raised their kids, they were done, and to bring a baby home, back into that, I couldn't have done it. It just wouldn't have been fair.

Sheila cited the lack of prenatal care as the one major short-coming to this approach to pregnancy.

I should have had some more prenatal care, Lucky Stephen turned out fine, but you know thinking about it now, I would be like, "Oh my God, she didn't go to a doctor till she was five months pregnant." Now I think it was kind of silly, but back then, that was just the way I dealt with it. And I have no regrets of course because nothing happened; everything went fine. . . But I would suggest some kind of prenatal care.

Making the Choice of Adoption

Sheila experienced a great deal of support from her father and her aunts when it came time to explore her options with regard to her pregnancy. Her father offered her unconditional support; her aunts provided some information about the adoption option.

My dad said, "Well, we'll do what you want to do" . . . I have relatives in Calgary, who couldn't have children and they had gone through [an adoption agency] in [a large metropolitan city], and so my auntie Maureen had said, "Is this an option; do you want to do it?" And I said "Oh yes," cause there was no way I could support a child; my mom and dad are going through a divorce; I'm 17, going on 18, there was just no way; I knew in my mind that I wasn't able to do it. So I phoned up [the adoption agency].

Sheila felt that the services offered by the adoption agency were helpful. She herself did not use their counselling services extensively because she felt so sure about what she was doing, but she felt secure knowing that she could call them at any time.

I knew I could pick up the phone and call them and ask them anything, and I didn't because I had my mind wrapped around it. I knew what I was doing, and why I was doing it.

Once she did tell her friends about the pregnancy, they were very supportive in a number of concrete ways.

All my girlfriends that I went to school with, . . . I hate milk; they'd bring me milk with bows, and with chocolate syrup and strawberry syrup, , and so I had that too, which was really good.

Sheila spoke with her friends about open adoption, and told them about her selection of the adoptive family, and they were very supportive.

They were all fine, I didn't hear one negative thing about it, because, of course they saw how relieved I was, and of course I talked about it to everybody, cause that's just the kind of person I am; I share everything, so, they were actually really good about it, and when I brought the file home about Barry and Val, they all wanted to see the picture, and read about it, so that was good.

Even though Sheila was confident that she was making a good decision, the decision was fraught with anxiety related to the many unknowns.

The anxiety level, because, because it's the unknown. But I'm always good with the unknown. Psych myself up, just do it. Even childbirth alone, Unknown, You know, I went to two birthing classes just before I had Stephen, and that was it. The anxiety is a big thing, the unknown, but once you get past that it's smooth sailing.

Sheila dealt with her anxiety by talking to family and friends.

At that point, everybody knew I was pregnant, I just talked to everybody, like I do now, I just talked about it . . . my friends, my family, sister, everybody.

In spite of the anxiety, Sheila never wavered in her decision. She never regretted it, because she felt it truly was the right decision for her and Stephen.

I never once thought "Oh, gees, I wish I would have kept him." Never did I think that, and it was the way we were raised. You make a decision, you cannot go back on it, and it's a life changing decision, and there is just no way you can go back on it . . . I just never went back, ever.

Sheila described her parents and extended family as very supportive throughout this time, although her mother was not physically present due to a move after the dissolution of her parents' marriage. Sheila had experienced her family rallying around her at an earlier point in her life, when she was diagnosed with lupus.

Mom wasn't around; she was in [another town] at that time. Dad, he's a rock. He just said, "We'll do what you want to do. We'll deal with it; it's fine." I was diagnosed with lupus when I was 11, so I have not been able to go out in the sun

since I was 11. I have had a lot of restrictions; I have had to grow up real fast at age 11. So this was just another thing that was happening to me. Dad was really good about it. And my whole family, my grandpa, and my aunts and uncles, because we all live here, so everybody was just very supportive, which was really good. So I had my great aunt who lives in Edmonton, and that's where I stayed while I was still pregnant, and while I had Stephen, and afterwards for a bit too. And I couldn't have done it without family support, that's the big thing: you need family support.

Making the Choice of the Adoptive Family

Sheila turned to her father for a supportive presence when she went to choose the adoptive family.

I needed him, I needed somebody, there is no way I could have done it myself, there's just no way, you do need that support . . . Dad and I went, and filled out the sheet you know, what kind of people you want raising your child, and looked through the files, and picked Barry and Val, kept coming back to them, looked at them, kept coming back to Barry and Val. That was how it was.

Sheila considered a number of factors when selecting the adoptive family.

First, I wanted a couple that didn't have any children. So I wanted [my child] to be their first, I guess. Of course money, religion, and where they lived. I was moving to Edmonton, living with my aunt while I was having Stephen, and I knew I would probably stay there, so I kind of wanted him to be in Edmonton, so that I could see him, cause when they explained open adoption to me, it was like, "Oh, my God, I'm gonna know when he cuts his first tooth, I'm gonna know when he takes his first step", and I was so thrilled at that idea, cause I was gonna see him. I was gonna know him, and he was gonna know me.

Sheila knew about adoption because she had a cousin who was adopted, but she knew nothing about open adoption, until she met with the adoption agency. She was pleased to find out that openness was a possibility. She especially valued the altruistic aspect of open adoption, the fact that she would be able to provide a child for a couple who was childless.

We had heard about adoption because I have a cousin who is adopted, but he doesn't know his birth family, or anything, so of course I knew what adoption was, but hearing about open adoption, It was, "Wow, this is so cool." That was it, that was my answer, and of course, I knew that I would be making another couple happy too, and that's the way I am, I always said, "If I could have more kids, I would have had more for Barry and Val." That's just the way I am, so I said, "This is it, this is the answer."

One particularly helpful part of the process was the opportunity to meet the adoptive couple prior to the birth. Upon meeting Barry and Val, Sheila reported that she felt an instantaneous bond with them.

Once you have made your decision, you can meet and you know how they say, first meeting, you know if it clicks. I had the same thing with Darrel's birthmother. Her and I just totally clicked; we talk on the phone at least once a month now. . . I don't know how to put it into words. You just know. Even with the file. Dad and I just kept going back to it. And then when you meet them, you just know; it just takes everything away. You totally concentrate on having this baby for them. It just takes everything away.

Meeting Barry and Val was a great relief for Sheila. Meeting them provided her with a sense of hope.

It was the light at the end of the tunnel. It was the light at the end of the tunnel . . . all the dark and gloom that I had gone through . . . with mom and dad, with me, with everything that was happening. You're kind of living in this tunnel, and all of a sudden you see that light, and then you realize, "Hey there's gonna be light, and everything's gonna be just fine."

Although she only met them in person on one occasion before the placement, Sheila felt confident in her choice of Barry and Val because of the detailed case history provided by adoption Options.

There's so much information; the file, it's just amazing, there's so much information you get about the people you choose, so I knew them on paper, and just meeting them just brought them to life, of course, and it was just like, "Oh my God, they're it." It's just like, click, you just know.

Sheila was attracted to Barry and Val because of what they had to offer her child.

They were in their early 30's. They had a house of their own already. They had money. They were all set. In a 17 year old's mind you think, "Look at what they can give your child." To me that was so important, because I knew I couldn't do that sort of stuff for Stephen.

She also felt positive about them as a choice because they were so similar to herself and her family.

They were kind of the same people as us. They went to the United Church, you know Christmas, baptisms, weddings, that sort of thing. Social drinkers, they list all this stuff. It's like, "Oh that's us, that's us, that's the way we live." Even though they live in the city, and we live up here, there are so many similarities.

Sheila had the opportunity to meet Barry and Val once prior to giving birth, and she was impressed by their thoughtfulness at a difficult time in their lives. That thoughtfulness has been a model to Sheila as she herself has taken on the role of the adoptive parent.

I met them once, just once. And actually Val was in the hospital. She had had a hysterectomy. She had cancer in her cervix, and so when we met them, she had just had her surgery, so there's Barry sitting in the chair, and Val in her bed, and I'm out to here pregnant, meet them, they had a gift for me, just a little kind of cosmetic bag for my stay in the hospital. Just that alone, like the thoughtfulness and I said to Darrel's birth mother, Amelia, "I have such good role models in Barry and Val, that I've learned that I can be a good adoptive parent to your child," so it all kind of worked out.

While her father offered her support, Sheila felt it was important that she make her own decision about what to do about the pregnancy, and who to pick for the adoptive parents.

The big thing is the birthmother is in control. She chooses where her baby lives and with who, that's a big thing. The teenager still has this ball of control; it's their decision, they have to write their name on the bottom of that form. . . . My mom and dad weren't doing it, they weren't forcing me. I got to choose Barry and Val. Even though I had my dad there, it was still my decision.

The adoption agency provided support in setting the initial terms of the adoption plan by way of a contract.

Well through [the adoption agency], there's a contract you sign, the birthmother and the adoptive parents, and you sign a contract to say how often you want to be in contact and through what venue, you know letters, telephone contact, visits, pictures, that sort of thing. So when we signed a contract with Barry and Val, I said three times a year, I wanted pictures at least, and then at least once a year seeing Stephen.

Sheila spoke very highly of the non-judgmental support offered by the adoption agency to the birthmother.

They're always there for you; 20 years down the road if you needed to talk to them, about placing or whatever, they're still there for you. You feel really welcome; you feel special; and they're so supportive of your decision, but if you change your mind, they're that much supportive too. They're super women.

Giving Birth

Sheila's family showed support by immediately coming to Edmonton when they heard she was in labor. Sheila also had the support of her close friend Ruth.

Well I had my friend Ruth who was living with me at my great uncle and aunt's. She was my birthing coach, and my dad and mom and sister drove up. They came after; I phoned them and said, "I'm in labor." That was at 10:00 pm and I had Stephen at 1:00 am. They had to go and pick mom up, so they were there afterwards.

Sheila specifically chose not to have Barry and Val in the room with her through labor and delivery, and now, as an adoptive mother herself, she questions that decision, because she believes the early infant/adoptive mother bonding is so important.

I chose not to have Barry and Val there at the hospital. Don't know why, it was silly of me, cause I got to experience it with Amelia, and now I think, I deprived them. I can't believe I did that. But at the time, no, this was me, this was my time. Back then you got to stay in the hospital for four days. So I was in the hospital for four days with Stephen. And I had my great aunt, auntie Betty was there. So that's who I had with me there. And then we phoned, as soon as Stephen was born, I made sure there was a phone, and I phoned, "We have a boy."

Sheila did not really view herself as a mother at that point in time. She perceived herself as a surrogate mother.

Back then you didn't hear of surrogate mothers, but that's obviously how I felt. Is I'm renting my womb, except of course it's my child totally because Barry's sperm wasn't involved but at the time, when I hear about surrogacy, that's how I felt; that's totally how I felt.

Sheila was very aware that the hospital staff were against the concept of open adoption primarily because it was a new concept, and they just didn't understand it or believe it would work.

Yes everyone knew, they all knew. But they weren't for it. . . It was a fight; it was a struggle; because it was so new; the whole process was so new. . . They just didn't think it was gonna work.

Sheila is grateful that the birthing experience went smoothly.

It was a breeze. . . It wasn't hard; I was already five centimeters dilated before I went to the hospital; rapidly dilated; and they broke my water so of course it happened really quick. Back then they had the labor room so you were in this huge room with all the other women in labor until it was time to deliver, and there was one lady across from me having twins, and she was like, "I need drugs, I

need drugs," and I had no drugs; and I'm reading my book, and my best friend Ruth is French braiding my hair. That wasn't traumatic, thank goodness, that wasn't traumatic. When he was born, they cut the cord, and they placed him on me, and I held him, and did all that, that part was quite normal.

Naming the child

Sheila did not feel it was her role to name the child because she did not feel the child was her child, yet now she draws great meaning from the name that Barry and Val chose for the child.

I left it up to them. It was their child. Of course, Mary [the adoption agency counselor] had said, you can name your baby, and then they can change it. I didn't want to have two names, my name and their name. It was gonna be their name, and what's really bizarre is they named him Stephen. . . My dad has a brother and a sister and we all lived in town, so, my sister's name is Susan, and I'm Sheila, we have Stacey and Sheldon and Shane. So we're all S's. And when they named him Stephen, we went, "Oh, my God, another S name." It's really cool. So it's Stephen Ryan, and we named Darrel Ryan. So I have my boys middle names are Ryan.

Sheila perceived the naming of the child as a major responsibility that she did not feel entitled or ready to undertake.

Back then too I didn't want the responsibility of naming him, because that's his name for life. . . I thought it was very important for Barry and Val to make that decision. That was the name they had to live with for the rest of their life too.

While she felt that she didn't have a right to name the child, Sheila did want to link her subsequent children to Stephen by name in some way. That connection was established through the middle name.

Yes, that's why I knew that if we had a boy the middle name would be Ryan, no matter what. And if we have another boy, it's going to be Ryan. So if we have another boy, I'm hoping it will be Dylan Ryan or something like that. So all my boys have Ryan as a middle name.

The Time in the Hospital

The hospital experience was very difficult for Sheila, primarily because the nurses and the other mothers held judgmental attitudes toward open adoption.

It was horrible, it was horrible. I could tell they [the nurses] looked down on me and were frowning, and the other mothers too, while they [Barry and Val] were off doing things with Stephen, I would go into the room where there were a bunch of moms with their babies, and I would hang out there too, and they would look at

me like I had the plague, and they would say, "How could you do that?" and I said, "Well sorry, that's just the way it works. It's my decision, and just go with it."

When Sheila compared her birth experience with Stephen to that of Amelia's experience with Darrel, she noted that open adoption much better accepted and understood when Amelia gave birth, as compared to when Stephen was born. Sheila had to argue with the nurses to even gain permission for Barry and Val to participate in the infant care lessons provided by the hospital.

I was in the hospital for four days, and of course open adoption wasn't as accepted, as it is now, so Barry and Val couldn't stay in the hospital. Back then it wasn't as accepted, so when it came to the classes on cleaning the cord, and the circumcision and all that sort of stuff, I said "Barry and Val [should take the lessons]." The nurses said, "You're the mother," and I said, "They're adopting him, so I'm staying in the room, and they will go with the bassinette and the baby and do all this stuff." The hospital wasn't very accepting at all about it, but I was firm on it because I wasn't going to be doing it; they were going to be doing it. They were first time parents, so, I was just like, "No way, no way, they are going."

Sheila appreciates the fact that she was able to spend time with Darrel right after he was born. She was a welcomed participant in Darrel's birth, which was not the case for Barry and Val when Stephen was born.

Darrel slept on me right after he was born. He was born at 6:00 and by 9:00 I was on the cot; they put a cot in Amelia's room for me, and Darrel slept on me; he was three hours old and so we made that bond so fast.

Sheila is now very philosophical about her difficult hospital experience, noting the benefits she gained from it, yet she is appreciative of the fact that today hospitals are more hospitable to open adoption.

I think that made me stronger. It made me know my decision was right for me. Amelia didn't go through anything like that, nothing like that. There was three others, Amelia, and two other birthmothers giving birth. So just in that little hospital, there were three at that time. And the one, it was a private adoption, so she knew the people, so they didn't go through [adoption agency], and her and Amelia talked quite a bit, which was nice. Back with me, I didn't even have anyone to talk to.

Dealing with the Relinquishment

Sheila chose to place Stephen right from the hospital.

I wouldn't be able to look after a new born baby, and all the details that go with it; there was just no way; I was not mentally or emotionally ready for a newborn, at all.

Sheila, her family, and her close friend, Ruth, brought Stephen to Barry and Val's house on the day Sheila and Stephen were discharged from the hospital, and had a small celebration with Barry and Val.

We actually drove Stephen to Barry and Val's house, and they had Dom Perignon, My dad and mom were there, and friend Ruth, who was my birth coach was there, Gave them Stephen, had a kind of a celebration, and then we left, and of course and then we all bawled. You do, you just bawl. We had that and it was done.

The tears provided emotional release for a wide range of feelings including grief, happiness, and relief.

It was grieving because you had just given away something very precious, but you were happy, just seeing this house, seeing his room, seeing where Stephen was growing up; it was just relief, tears of relief. It was just everything . . . And hormones, especially for me, They were just raging at the time.

Sheila compared the grief she experienced with the loss of Stephen, to the recent grief she experienced when a young couple who had placed a child in her home through open adoption, changed their mind during the revocation period, and claimed their child back. A dissociative tendency coupled with the lack of preparedness to become a parent constrained her grieving experience with Stephen.

I grieved to a point [with Stephen], not like what I went through with Julie, because I was ready to become a parent, and I wasn't ready to become a parent with Stephen, so that made a huge difference. And maybe my dissociation, and withdrawing a little bit, whatever, it was just all grieving to a point. We had our good cry in the car after we gave up Stephen, and that was it, I didn't cry ever again.

Yet the overwhelming feelings of grief she experienced with the loss of Julie were hauntingly familiar.

It was just . . . like . . . another child being taken from me, to a point . . . I had no control with the Julie, which I did with Stephen, I mean that was my choice . . . it just kind of brought it back, bang, it was there again. Holy cow, that feeling in your chest, Oh my God, I felt this way before, It just kind of brought that back to a point . . . different though, It's kind of that feeling . . . I've felt this before. And that's how I felt

Building the Open Adoption Relationship

In the first few months after the placement, Sheila experienced some ambivalent feelings about contact. She did make some phone calls to Barry and Val, but she also experienced a desire to back away from the whole adoption experience, and to withdraw into herself. Sheila notices the same phenomenon in Amelia, Darrel's birthmother. Thus much of the initiative for early contact came from Barry and Val.

After you have the baby, and the shock, and everything is over, you've placed him, and life has gone on, you kind of disassociate for a little while. You want to back away, because of course you are going on with your life, and you want to give them time for the family . . . Well just to give them their space, and I needed my time to just to forget about it, and go on. I mean Amelia is doing the same thing. She really pulled back a little, and I totally understand, So I keep the lines of communication happening, and Barry and Val did the same thing for me. I wanted to know . . . and I wanted to see . . . but I wanted to give them their space . . . this was their child, they needed to have their time, and it was a good thing.

For the first five years, the relationship was pleasant, but somewhat distant. Sheila was busy establishing her own life, and contact was maintained largely through the initiative of Barry and Val.

I had moved out on my own with a friend, and I had started work at [a clothing store], and I just got on with it . . . It was I would say like distant relatives, people that you see, you love knowing and hearing about, but that you see about once or twice a year.

Sheila noticed a gradual shift in her relationship with Stephen. That shift became evident when she married.

It was once a year until Stephen was about five or six years, and then it kind of started, when I got married, for sure . . . because I wanted every piece of family that I have around me and with me, Especially when I got married, that was when it really started coming together.

Thus, in the initial stages of the open adoption relationship, Barry and Val took the initiative to make sure that contact occurred. The plan that they had arranged suggested the sharing of pictures at least three times a year, and an in person visit once a year. For the first 10 years, they adhered to the plan as outlined.

Barry and Val were really good about it. They would phone, and say, "Come on over." So I went and saw him at three months, and it was December, just before

Christmas. I went over and gave him his Christmas present, and had pictures in front of the tree and all that sort of stuff. . . Pretty well, the first 10 years, it was school pictures, once school pictures came in, and letters, my birthday, Mother's day, and Christmas for sure, Stephen's birthday. I always sent him a present and a little note, and then once a year, wherever I was, they would come and see me, which was so good. I know I wouldn't have made the effort I don't think to go see them. . . Barry and Val were very good. Once a year, wherever I moved, cause I've moved 11 times . . . they always came once a year to see me, and so I do that with Amelia now, once a year for sure, I get to Smithville and see her.

Sheila's family continued to be an active support to her during this time in her life. They supported her in building a relationship with Stephen, and also expressed a sincere interest in getting to know him, and his adoptive parents.

They are always there, no matter what, and when I lived in [name of town], mom and dad both lived in [same town], so when Barry and Val came with Stephen, we all saw Stephen, My sister she'd always come down, if they phoned ahead and said, we're coming this weekend, she'd always come; they were always there. Even my aunts and uncles who live in town, they've always seen pictures of Stephen. Dad would always take pictures home and stuff. There has always been that support, and there always is.

The initial visits were marked by a sense of relief and confirmation that the adoption choice had been a good choice.

The more I saw him, the more I knew my decision was right. That's what I think is so cool about open adoption; because it just solidifies your decision; You know you did right by making your decision; and seeing Barry and Val become parents; it was just phenomenal; it was amazing.

The relationship has evolved to a point where there is much more frequent contact, and now that Stephen is older, he initiates phone contact on his own.

And of course they say when you sign this contract, they tell you it's not written in stone . . . You judge by your relationship. Now I see Stephen almost every month; it seems like either they're coming here; we were just there for the CFR, and I mean Stephen just phoned me this morning because they went to David Copperfield last night. Of course he was telling me all about it, and we talk like all the time. As the years go by your relationship gets sometimes stronger, it depends on what happens.

Sheila deeply appreciates the ongoing contact she has with Stephen. Sheila has also become a special person in Kristin's life.

It just makes me feel included, and that of course that I made the right choice. That's it totally . . . Kristin just adores me too. You gotta do that . . . we've all grown too. We weren't ever this close, up until basically our wedding . . . Up until the wedding we'd see each other once or twice a year, and then it all just kind of fell into place. We were seeing each other a lot more.

For Sheila and Barry and Val, the relationship grew stronger in a very natural way as they got to know each other over the years. Now they visit as families in each other's homes and have even spent Christmas together as extended families do.

You get more comfortable because you get to know them better. We stay there every time we go to Edmonton. That's where we stay. We don't stay anywhere else, but we stay there. . . It's cool. It's almost to me like they are my aunt and uncle, you know to a point, and Stephen and Kristin are my cousins, in a way, cause there is that kind of family bond. Extended family. They're just part of us now. Stephen was our ring bearer for our wedding.

As Sheila matured, she feels she has become more maternal with Stephen. Yet she likens her relationship with Stephen to that of a special aunt. Sheila has developed a number of intimate relationships with children over the years because of her work as a special needs teacher's assistant. Yet, her relationship with Stephen is unique and special.

I've gotten more maternal with Stephen. But more in an auntie sort of way, like I relate to my nieces. That's how I am with Stephen. . . He's top priority, he's number one with all my other kids, but I am such a kid person, I worked in the school for eight years, special needs, so I have a little girl, Angelica, who I worked with for six years, so I mean she was right there too, so that's just the way I am.

Sheila and Stephen have grown to become very close and affectionate over the years.

Stephen and I always end our conversations, "I love you." "I love you too." That's how we end our conversations on the phone. And when we're leaving or whatever, it's always a kiss and a hug goodbye.

Sheila appreciates knowing about the challenges and difficulties that Stephen experiences in his life.

When Stephen broke his leg in gymnastics, then he phoned me and said, "Guess what", and I said, "What?", and he was bawling, and he said, "I broke my leg," and I got to live through that, I got to experience that with him, which was good.

Sheila is very supportive of the parenting practices of Barry and Val, and she is very proud of the young man that Stephen has become.

I want to say he's a sheltered teenager. He's still quite young in his mindset which is so refreshing, because you see 13 year olds now who are out there smoking and hanging out with friends, and Stephen isn't like that, but that's the way he's been raised too. With Barry and Val, everything was so similar with how I was raised, with how they're raising and how I'm raising, and it's refreshing to see that. Stephen is respectful of adults any adults; he's a really really good teenager. . . And I think that helps because he's got so many people who love him. When he was little he used to say, "I'm special, because I've got so many people who love me." And it's true, it's so true.

Sheila has also built a special and comfortable friendship with Val.

Val and I can phone each other and bitch about our husbands which is so cool, We've got this amazing friendship happening now.

Val is now a close confidant to Sheila. When Sheila and Corey first thought about open adoption, Sheila turned to Val for support and advice.

I know I have her support, Like when we, we decided we needed to adopt, we went through fertility drugs, and we thought, we just can't do this any more, I phoned Val first, and I said, we're going to adopt, how do I go about it, Of course I knew about [the adoption agency] being a birthmother, but she just said this is what you do. You just phone, and you get everything going, And she said, you'll need a case study, and yada, yada, yada.

Though there have been many changes in Sheila's life over the last 13 years, her commitment to Stephen, a commitment she shares with Barry and Val has remained constant, and unchanging.

Stephen has been the constant through it all. He's always always been there and always will be; that's the one constant thing I have, have had in my life the last 13 years; no matter what else is happening there has always been Stephen.

Sheila believes that the adoptive couple is well advised to show leadership in the development of the open adoption relationship, a notion that was emphasized in a recent adoption seminar that Sheila attended.

In our . . . seminar, they do stress, that if there is a beginning of a relationship, make sure you follow through; don't give up on that birthmother, because 20 years down the road, she's gonna . . ., "Oh, I wish you would've, you know." Don't let that happen . . . If Amelia weren't wanting to be as involved, I would still insist on once a year that we get together, because you have to. And I think that's where that contract comes in, because if you break the contract, well then

[the adoption agency] is then informed, because either the birthmother is saying, "They're not," or the adoptive parents are saying, "She's not." You have that contract.

Barry and Val and Sheila are very clear about the boundaries of their roles as adoptive parents and birthmother, and this clarity has helped to prevent relational difficulties.

In my mind Stephen is their child, and they decide. I don't, I don't have a deciding factor. I'll be there if they need me or whatever. When Stephen wanted to quit hockey, of course, [Sheila thought to herself] "Ah, you can't quit hockey," but of course, that's what he's done, right. Barry and Val are supportive; he's doing cross-country skiing now, so you know . . . he's their child . . . You are still involved to a point. . . Like with my nieces, I don't decide, of course; it has to go by Susan first, you know it's the same, kind of process.

Thus, Sheila is comfortable in her role as the birthmother. She feels a bond with Stephen that is similar to that of an aunt. It is a family bond, and the physical similarities that are evident are a reminder of the blood bond that they share.

I'm birthmom, but he calls me Sheila, I'm not, "Hey birthmom," but Sheila. But we know the bond is there. Stephen and I have the same teeth, and the other day, we got talking about our teeth, and about how similar they are, and it's just so cool to be able to do that.

Integration of the Open Adoption Experience into her Current Life Circumstances

Sheila has always been very open about her pregnancy and the adoption. Corey, her husband, knew about Stephen before they started dating. Corey and Sheila started dating when she was 21, and he was 20.

I'm very up front with everybody, He knew before we started dating that I already had Stephen, cause I'm friends with his sister-in-law. Her and I were really good friends before I met Corey. She took me home and introduced him and from then on we were together. He knew right away that I had Stephen. And he met Stephen, that summer already because Barry and Val came to [name of town] to visit us that summer. . . Corey is the same as me, people person, outgoing.

While Corey was and is very accepting of Stephen, he did indicate to Sheila early on in their relationship that he may not have dated her if she was parenting, simply because he just wasn't ready to take on the responsibility of caring for a child at the age of 20. Sheila understood that sentiment, for it mirrored her own feelings of not being ready to be a parent at that stage in her life.

He had commented to me while we were dating that, "You know, I don't think I would have been dating you if you had a child." . . . If I would have kept Stephen. He was a year younger than me even. So it was an interesting comment for him to make . . . He wasn't ready to become an instant daddy is basically what he was saying.

Yet Corey has taken a real interest in Stephen, and was always supportive of her involvement with Stephen. Their ongoing relationship with Stephen through open adoption helped sustain them as a couple and gave them hope as they embarked on their own journey as an adopting couple.

He's been so accepting of Stephen, and now with us having to go through adoption, it's just been great. Even though we've had all the negatives [reference to the failed adoption plans], he's seen Stephen, the positives, what can happen how it can happen, and that's what kept us going too. It wasn't just me, pushing him. He saw it, so he said, "No, we'll do it, we'll do it."

The open adoption experience has become an integral part of lives of Sheila and Corey. Sheila and her husband now feel like family to Barry and Val and their family.

Even now, I consider, we consider them part of our family. Actually last year they came and had Christmas with us. It was my first Christmas with Stephen in 12 years. We did the Santa thing at night, and had Christmas in the morning, and we went to my sister's house, and we had the whole family, and they are so part of us.

The high level of intimacy and trust are evident in the fact that Corey and Sheila were chosen to be the guardians of Stephen and Kristin in Barry and Val's will. Sheila was thrilled when Barry and Val approached them with this request.

Corey and I are guardians to Stephen and Kristin. So if something would happen to Barry and Val, we would be guardians to Kristin and Stephen . . . Amazing, just amazing. How many people can say you're the guardian to your own child? I bragged about that.

In contrast, Fred, Stephen's birthfather, disputed Sheila's claim that he was the birthfather.

Fred denied it, He denied, denied, denied it. There were never any blood tests taken. But he's [Stephen is] the spittin image of Fred, and his mom, Helen, says, "He could be Fred all over again," because he's looks so, so similar. He denied it like right away when I phoned him and told him what was happening and that I was placing Stephen, because I, of course, needed to have his consent, and he just did it, and then washed his hands of it.

Even though his entire family has become involved in the open adoption, Fred has chosen not to get involved.

He has nothing to do with Stephen, but his mom and dad, his sister and her husband and kids, and his brother and his wife and kids all do, so when Stephen comes down, we all live in the same town, so we go and visit Helen and Lee, and when there are school pictures, Helen and Lee get a picture. They're not as involved as I am or my family is; it's a little difficult because Fred doesn't want to accept it, and do anything or have anything to do with him. Fred is the birthfather, but he's married now and has three kids of his own and his wife is very against it, she doesn't speak to me or look at me, and we live in the same town, so it's a little tense at times but Stephen knows that his birth family on his dad's side is willing to see me and do things with me, but he just says my birthfather doesn't want to have anything to do with me, and he has accepted that.

The families of Sheila and Fred seem to have accepted Fred's choice to not be part of the open adoption arrangement.

It's just something that he has put out of his mind and forgets about. But I mean the whole community, we're 700 people that live here, and they all know, and he's got a huge extended family that we're friends with all of them, and they all know. It doesn't seem to bother him, which is good. Cause he's moved on now.

Sheila recognizes that adoption has become a very natural part of the story of Stephen's life. Stephen and his sister Kristin are comfortable speaking to their friends about adoption. Sometimes, they have to explain open adoption, and clear up the misconceptions of their peers, but they are learning to do so at a young age with confidence. Sheila draws on these experiences to help her anticipate how to help Darrel deal with his own adoption story.

I've gone to his school, I just went in November again, and Kristin, his sister, was adopted too. Her birthmom is Stacey, I haven't met Stacey yet. We're just in the process of meeting each other. I think it's so cool that we can meet each other. Kristin, all her classmates know that she is adopted, and Stephen's class mates do too that he is adopted, and so when Darrel and I show up, she says "Look here's my little cousin, this is Stephen's birthmother, and this is now her baby". And that's how Stephen explains it to his friends too. . . Stephen has said that some of them think, " I live in a foster home, because I'm adopted," so there are still narrow-minded people I guess to a point, whose families don't talk about it, or ignorant people. But Stephen's good at explaining it. Stephen was about four when he really kind of understood what really had happened, but all through their life they are going to have to explain it, so you raise them to tell the story, and to tell it right, and to know that that's just fine.

Sheila is also very comfortable talking about and explaining adoption to all who may not understand it.

I think everybody interprets it differently, but I'm very verbal, so I just tell them how it is.

Sheila wants her adopted son, Darrel, to also see adoption as a normal way of creating a family. She is happy that there are a number of families in her community that have also participated in open adoption, and expects that, as a result of these open adoptions, Darrel will not feel markedly different from his peers. Sheila, herself is very comfortable talking about adoption

See there are the Davidsons, and the Smiths, two other families in our community who have adopted too, Davidsons have two boys, Kirby is in Grade 3, and Mitchell is in kindergarten, and William is in Grade 4, and Trevor is in Grade 3, and so you know, they're in school too. So when Darrel goes to school, he's going to have these older kids who are already adopted, so I mean it's all very open.

Sheila noted that in a small town where everyone knows so much more about each other, it may be easier to share the adoption story. She is appreciative of the efforts made by teachers in school to talk about and explain adoption to the students.

In a small town, we live in, Darrel's not the first adopted kid to go through our community . . . Everybody knows everybody's business; it's talked about in school; the teachers are very good, they start right in kindergarten, talking about adoption especially if there's an adopted child in their class, it makes the adopted child feel more special . . . Where we live, some of the teachers that taught me, taught my dad, and might be teaching Darrel . . . It's the family thing. I really do think it's different.

Sheila and Corey are now in the midst of creating their own family through open adoption, and they have drawn an incredible amount of strength, guidance, and hope from Sheila's experience of placing Stephen through an open adoption. Prior to adopting Darrel, Sheila and Corey were chosen on two separate occasions to be adoptive parents to an infant. In the first experience, they had the child, Julie, in their home for nine days when the adoption was revoked and the birthparents came to reclaim the child. This was a devastating and grievous experience for Sheila, Corey and their extended families all of whom had all bonded to the child.

She was already a month old. We had all gone to pick her up from Edmonton. It was an instant placement. We got a phone call on Sunday. Monday we were taken up to Edmonton. Tuesday we were coming home with her. So that's what they call an instant, the baby is already born. And Jenny and Chris had her for a month at home, they came right here and saw her, and after they saw everything, they changed their mind. If you look through the book (the photo album), everybody was involved. There's my mom, and there's my grandma, there's my aunt, of course, Susan's husband, her kids, my best friends, Rick and Georgina and, their kids, Corey's mom and dad. So when they took her, it affected the whole community. . . I can look at from a birthmother now to an adoptive mother, I see the whole circle.

Sheila and Corey had also been selected by another couple whom they had met, only to have that couple also change their mind. This couple changed their mind prior to the placement in their home, but that experience was also devastating. Sheila is quite philosophical about these experiences, and accepts them as risks that are associated with the process of open adoption. In spite of the pain associated with a revocation, Sheila still believes that it is better to place the baby with the adoptive family during the revocation period because it provides less disruption in the bonding experience for the infant.

I've had everything that could go wrong in an adoption. We've had it all now. There are no more surprises for me. . . The outcry of the whole community was, "We've gotta phone our MLA. There's gotta be something that should be changed; that baby should be in Social Services for 10 days." . . . I felt that way at first, but now looking back I feel, no, You can't take that baby away from its birth parents, and put it into Social Services or a foster home, and then put it with its real family; that first 10 days is so important. Especially if you're talking a newborn you know.

Sheila fully accepts the risks associated with 10 day revocation period. She likens her experience to that of couples who have had a miscarriage, who grieve their loss, and then proceed to continue to try to have another child.

When you sign on for adoption, they totally tell you, 10 days. That's the chance you take. 10 days/6 months, cause the birthmother still has that six months to reclaim. More often than not, if it ever happens it has to go to court, the judge usually goes with the adoptive parents, just because of the stability. . . It made our marriage stronger, because we went through this together. It was like a miscarriage, That's what I consider it like; or it was like a stillborn birth, You know because you have to go through the whole grieving process . . . There's ups and downs with everything; it's like having a miscarriage, are you not going to try again? That's the way I look at it.

Sheila attributed the bonding that she felt with Julie and Darrel to the fact that she was envisioning and anticipating a life with these children. This sense of anticipation, and the subsequent bonding was unique to her experience as an adoptive parent and was a sharp contrast from her experience as the placing birthparent.

Oh instantly, and she was ours. She was ours. Even before hand, you anticipate the child. . . You have a picture of your life, and what it will be like with the child. Christmas, all the presents under the tree. And now I'm thinking hockey with Darrel . . . But even that first 10 days of having Darrel, we were still on pins and needles even though I knew Amelia would not change her mind, we were so alike, but still once that 10 days was up we were, whew, I didn't set the crib up till the ninth day, I didn't put the nursery up till the ninth day.

Sheila believes the adoption experience has benefited her in a number of very positive ways. In addition to the personal strength she has garnered from the experience, she feels she has been able to be a support to other young women who face an unplanned pregnancy.

I would say it probably made me stronger. It made me realize what I was capable of doing. It made me feel like a better person, for giving Barry and Val a chance to be parents that's' for sure, that's a big one. . . Its really bettered my life, just because I could share my experience with other people too. Being in the school, I've seen some girls who were pregnant, and I said, "If you need me, I'm here." I could have been a social worker.

Goals and Plans for the Future

Sheila's goals and plans for the future focus on her family. She and Corey are actively planning to adopt another child.

I waited seven long years to be a mommy, so that's my goal. If you have to wait and go through what we had to go through to become parents, that's number one.

Words of Advice to Other Young Women Who Face an Unplanned Pregnancy

Sheila encourages other young women who are considering what to do about an unplanned pregnancy, to think realistically about what the future would entail if they were parenting a child.

Think about your future, and think about your future with a child. That's what I said to Amelia. Amelia doesn't even have a driver's license. And I said, "Think about what you would do with this baby, if something happened, you couldn't get it to the hospital right away." . . . "If you're still a) in school, and b) if you still want to be in sports, partying, and hanging out with friends, think about it. Think

about if you're gonna be living at home with a baby, think about your parents", cause that's the other thing I said to this one girl at school "Is your mom gonna wanna be a full-time mommy again?" . . . And think about the baby, what you can and can't give this baby. . . Emphalac alone, if my husband didn't have a good job, I don't know how we could have afforded diapers and formula.

Sheila believes there has to be much more education in the schools about open adoption. She also believes that parents need to be educated about open adoption, so that they will be able to support their children should they become pregnant.

Open adoption has to be out there more; and they have to realize that Social Services is history; why would anyone even do that? Unless that's what they really really needed to do. But open adoption has to be out there more, And even when this book [the researcher's dissertation] is published, I want a copy for our school, just so our guidance counsellor, Barry, can have it, because there is nothing. . . It's not only the teen, but it's the teen's family that has to be aware. Like with my family, I guess because we all knew that I couldn't keep this child, so we were looking for other avenues of where to go, so the family has to be aware of it too. When [the adoption agency] goes into the school and has their panels, they should have every teenage girl's and boy's mom or dad there so that they're more aware of it, so that if this happens, and the news comes home, "Oh my, my 15 year old is pregnant, what are we gonna do?" At least then they know. That's my feeling. More adults have to be there; the teenagers moms and dads have to be there and hearing it too.

Sheila firmly believes open adoption has been a positive experience for herself, and that is the message she wanted to share with other young women who might be considering it.

Just that it is a very very positive experience. And there should be no regrets. There really should be no regrets.

She did, however, recognize that some young people will continue to choose to parent; she just wants to be sure that people hear the message that open adoption is a positive experience.

You have to let it be their choice. I mean Ben and Sandra are a prime example; looked into it and met us and everything else, and, "Hmm no, we're gonna keep the baby." Then that's their choice; you know, fine. Whatever, whatever floats their boat, type of thing you know, but if more people hear more positiveness about open adoption, it's gonna change their attitudes.

Heather's Story

An Introduction to Heather

At the time of the interviews, Heather was an 18 year old college student who was enrolled in her first year of a two year Early Childhood Education program at a rural Alberta college. She was enjoying her program, and enthusiastically provided the following description of her program of studies.

First semester, we had a Child Development course, and then a Play course that we have to take, and we had to take a Communications Skills class which is basically English 30 all over again. And Early Childhood Professionalism and we took a course in Curriculum Practices where you did a whole bunch of activities that we planned, implemented and evaluated ourselves. And we did all those with the children in the day care. I love it; it's so much fun. I love being around the kids, learning more about kids.

Heather had recently graduated from Valleyview School, a school for pregnant and parenting teens. Heather had completed her full high school program at Valleyview, and was quick to attribute her success in her post-secondary program to the maturation she experienced as a result of having a child and attending Valleyview School.

Valleyview really matured me; well, having my child really matured me. I had lots of support there.

At the time of the interviews, Heather was back in Edmonton, doing a practicum placement at the in-school day-care at Valleyview School. She was happy to be back at the school, and enjoyed reacquainting with some of her former classmates as well as the new students. Being back at the school in a different role was strange at first, but she soon slipped into the role quite comfortably, and enjoyed the special privileges of being "staff", such as eating lunch in the staff room.

It was strange in the first week. Like I wanted to talk to all my friends, but I'm so busy in the day care and stuff. I got to each lunch in the staff room which is really nice. I wanted to go back. I missed it so much. I missed the school. Most of the moms there I know, except the new ones but I've gotten along great with everyone. I love it.

Heather was an active contributor to the school when she was a student there, and was well received by staff and students when she returned for her practicum. Heather described herself as an outgoing person who is easy to talk to.

Some of the girls at Valleyview, last year, well the last three years, found it really easy to come and talk to me. And well if they had something really important, they came to talk to me. I'm very trustworthy.

Heather also described herself as a very independent person who generally has an open positive attitude towards others.

I really don't like to be dependent on somebody else unless it's say my boyfriend. I care about everybody, I don't hate anyone, I dislike a few people, but hate's is a big word.

Heather reported that she has come to a deeper awareness of how much she valued her own family ties since she left home for college; in particular, she missed her 16 year old brother very much, and she deeply values their close relationship.

I came back here because I missed my brother so much; it was hard to leave him. We've grown close, really close; we've been close all my life, but just closer now.

Heather's relationship with her mother has been strained since her unplanned pregnancy, but since returning from college, she has noted a measure of improvement in the quality of that relationship.

My mom and I didn't get along very well; we've grown apart since Jason was born, and we just haven't talked, and that was three years ago so, but just lately we've been talking again, starting slowly.

Prior to leaving for college, Heather was hurt by her mother's prediction that she would not be successful in her program. Noting that she currently holds a 3.7 GPA in her program, Heather recently challenged her mother's prediction with these words,

"Look, I have 10 weeks left of school, and five more weeks of another practicum. Do you think I'm not going to make it now?"

Heather's plans for the future include completing her two year diploma and then working in the day care field to pay off her student loans. Heather is completely responsible for her tuition and living costs. Two scholarships, amounting to \$2,800, helped pay for her tuition for her first year. Her long range plan is to eventually return to university to complete a Bachelor of Education degree.

Heather is currently in a serious relationship. She describes Brian, her boyfriend of nine months, as “*a really great guy.*” Heather was quick to mention that she and her boyfriend respect and care for each other as individuals, recognizing and accepting individual differences.

I'm not going to change for you, and I don't want you to change for me.

Heather describes Brian as a young man who is focused on his own goals, just as she is focused on hers. Furthermore, he is a very caring person, someone she can rely on.

He's very focused in what he wants to do. He's very caring, he's just awesome, he'll do anything for me that he feels is necessary. He'll take care of me.

The Circumstances Surrounding the Pregnancy

Heather's memories of the circumstances surrounding her pregnancy are very vivid. The first four or five months were marked by denial, a hope that the pregnancy did not exist, that it would just go away.

At first, I kept ignoring it, I thought it would pass, you know. But at four or five months, I went, oh, this is not going away. So I felt. . . I told myself, I'm gonna hide it as long as I can, until I'm ready to tell somebody.

Heather never really felt ready to tell anyone, because of a strong sense that she was doing something terribly wrong.

I just felt like I was doing something wrong. . . I remember it very vividly. I was 14 when I found out that I was pregnant. I didn't tell anybody. I thought my mom would disown me and kick me out, so I didn't tell her. I went to summer camp with Sea Cadets over the summer, and I was seven months pregnant, and it was a three week course, and I came back home, and I knew I had to tell somebody, but I thought my mom would just kick me out, and never ever talk to me again, so I went to the people I baby-sit for, and we're really close, and she said, “OK Heather let's go get a pregnancy test.” She was already pregnant so really, it was like, I went with her, she knew all the symptoms, so I took it, and she was really scared I was just going to dip it in the toilet water [as an attempt to sabotage the test], and I thought “No, I might as well do it.” And well, it didn't take the whole minute to show that it was positive, and she went, “Oh, OK what do you want to do,” and I'm like, “I'm 14, Shirley, and I don't know what to do.” And she's like, “OK, Let's look in the phone book,” and we looked at all the adoption agencies, and of course it was too late to have an abortion, and I really didn't believe in it. And I told Shirley, “Give my mom the pregnancy test.” She opened it, and I felt really uncomfortable, and Shirley said, “Don't worry Heather it's going to be fine,” and I started bawling and my mom was like, “OK so, what are you gonna do?” And I'm like, “I just told everybody today, give me

a few days to think about it.” And she’s like “No, you have to decide,” and my mom was really pushy, and I didn’t need that. And I told Shirley, and I like talk to her about everything, I told her, and she said, “We’ll take you to [the adoption agency],” and we phoned and made an appointment and we went, and my mom came, just out of you know, she just had to come right? I wanted my mom to be there, but she didn’t want anything to do with it.

Heather came to the realization that she was pregnant at about the fifth month. Yet, she guarded the knowledge of her pregnancy for a considerable period of time, not telling anyone, until she was eight months pregnant. She was able to cope with the physical symptoms of the pregnancy fairly easily because she didn’t experience morning sickness, and she did not appear pregnant, but the isolation associated with the secrecy created an emotional strain.

I didn’t have any morning sickness, I didn’t have a belly or anything, and emotionally, it was hard, but I knew I couldn’t, I knew then that I couldn’t go and talk to my mom, or go and talk to anybody. I didn’t have any close friends in junior high that I could talk to,

Heather purposely tried not to think about the pregnancy, and not to attach to the fetus. Once she decided on adoption at about the sixth month, she purposely tried to dissociate from the pregnancy experience.

It was here and gone. I didn’t have time. I didn’t want to think about it. So when I was 8 months, there was only one month left to really focus on it and enjoy it. I didn’t. Like once I decided on adoption, around six months, I said, “You know what, I’m not going to get too attached, I’m just gonna leave it, wait till the time is right, tell somebody, and just be done with it.” I didn’t want to get the attachment.

Heather now regrets not telling anyone about the pregnancy sooner. By not telling, she was not able to obtain prenatal care until late in her pregnancy, and she realizes that that was not wise. Now that she is aware of the adoption process, she regrets not involving the adoptive parents in the pregnancy experience.

I think I should have told somebody sooner. And I would have enjoyed it so much more. And Curt and Jean would have been able to see me through my pregnancy, And that’s what I really missed, cause Jacqueline, her birthmom was, Curt and Jean were with, knew her birthmom before. So I felt kind of upset that I didn’t give that too.

The emotional strain of keeping the secret was heightened when some of her Grade 9 classmates suspected Heather was pregnant, and began to tease her about it.

Yeh, kids in grade nine, I was pregnant the last couple of months in junior high. And, the kids teased me you know, I remember one girl in my class, "My sister's pregnant, those are maternity pants. She has them too." And I'm like, "So, nothing else fits me," is what I told them. "Oh, you're pregnant." I'm like, "No I'm not." I just didn't feel comfortable telling people, them in grade 9. I mean I was immature in grade nine . . . everybody is.

Even though her classmates suspected she might be pregnant, no teachers seemed to notice. Furthermore, Heather felt there was no adult in her school that she could turn to for support.

Well our counsellor was the vice principal, and she was also the school nurse, if you could call it that, And I didn't get along very well with my guidance counsellor, And I didn't really connect with any of my teachers in junior high, and my principal didn't like me, I guess he didn't like me because he suspended me for no reason. Like this girl came up to me and said, "Do you want to pick a fight?" And I said, "No," and I walked away, and the principal suspended me. It was horrible.

Heather's main reason for not telling her mother was her fear that she would be rejected by her mother. Heather now believes that her mother did in fact care for her, but was so shocked and stressed by the pregnancy that she coped by simply avoiding dealing with the pregnancy.

Well, my mom, I knew she wouldn't want to have anything to do with, basically me, but then I found out after, that she still cared about me, but it was shocking to her, and she didn't want to have to deal with it, so that's why she's like "No, no, I don't need to have anything to do with this."

Making the Choice of Adoption

Thus, Heather was all alone when she faced her pregnancy at five months. She pondered her options and rather quickly came to the decision to place her child for adoption, citing her inability to care for an infant at such a young age as the primary factor.

Oh yeh, before I told everybody, I was thinking about it [adoption]. I knew, at around five months pregnant, I knew I can't [parent], being 14 . . .

Heather did briefly consider abortion, but when it was too late to be an actual option. Furthermore, the more she thought about adoption, the more she considered the child as a person with a future and a life.

I considered it at first, but I didn't consider it till I told my mom and Shirley, and then of course then it was too late . . . When I started thinking about adoption and stuff, I thought, "No way, could I not give this child a life." It's not in me.

Heather does not consider herself a religious person although she does believe in God. She was quick to note that she does not want to judge others who might choose abortion as a way of dealing with an unplanned pregnancy, and she would be supportive of that person's right to choose what is best for them.

I'm not religious in any form. But I have gone to church; I do believe in God and stuff. But it's just me personally. I wouldn't do it for myself. But if someone else came up to me and said "I had an abortion," I'd be supportive, because it's not my decision, and like if somebody comes up and asks me "What's my best choices?", I'm not gonna sit there and say, "Oh, parent or adopt". I'm gonna say, "Do what's best for you. I'm not gonna tell you." . . . If somebody close to me had one, I would still be very supportive.

When Heather decided on adoption, she was not aware of open adoption. She believed that once she placed her child she would never see him again, and her struggle with this prospect also contributed to her need for secrecy.

I thought I was never going to see this child again. That's probably another reason why I didn't tell anybody. Because I didn't want to never see this child again. So I didn't want to do that. I wanted a contact with him. Cause if I had had closed adoption, I would be lost. I would probably not finish high school; I probably wouldn't be in college now. I just think about it, I did the right thing. I did the best thing for me and Jason.

Heather clearly drew her emotional support from her adult friend Shirley, who accompanied her to her first meeting with the adoption agency. Her mother was also present at the counselling session, but Heather didn't really want her there because she believed her mother didn't really want to be there.

Shirley was with me, she came with me to my first session with [the adoption agency], and my mom came too; I basically had to force her. The counsellor said it was good for her to come. I didn't want her there, she didn't want to be there. At least that's the impression I got, and I found out later that she didn't want to be there anyway.

Making the Choice of the Adoptive Family

Heather had two interviews with a counsellor from the adoption agency. The first one involved an explanation of the whole process of adoption. She did not feel that she really needed counselling about whether to parent, adopt or abort, because she had already clearly decided on adoption in her own mind prior to the counselling. At her first counselling session, she was given two books to read, which helped her decide that she wanted to have an open adoption. The second session involved identifying what Heather was looking for in an adoptive family.

They gave me a list of questions that I had to answer, and they were like where you would like the adoptive family to live and stuff, and I wrote them out, and they gave me seven profiles, basically profiles of the families.

Heather appreciated the opportunity to articulate what she was looking for in an adoptive family. Heather' description of what she wanted in an adoptive family indicated a deep commitment to and concern for the future well-being of her child.

I knew even before I went to [the adoption agency], I need a good family to raise my baby. I wanted the adoptive family to already have a child, because I didn't want him to grow up not having another sibling. . . and you know they might not be able to adopt another child, so I wanted them to already have one. I wanted them to live in a small town, because I knew growing up in the city, and I didn't like it, still I don't like being here, so I wanted them to live in a small town, or on a farm, or whatever. And I wanted them to be mid 30's or 40's; I didn't want them to be older than 50. I didn't want . . . when he's 20; he'll be having a 70 year old dad and mom. I didn't want them to smoke, cause I know my allergies. I can't be around second hand smoke, and my son, he's more like me than anything. He already has signs of asthma, and so I knew for a fact, no smoking no alcohol; I didn't want that [alcohol] to be an influence, cause I knew how that stuff influences children. I wanted them to have a good paying job, or have experience with children. Curt works as a pharmacist, and so I knew there was good money there, and Jean was a kindergarten teacher. She taught music and stuff. K-3, she taught music there, and she quit her job to raise Jacqueline, their previous adoptive child, so I knew, this is good. So that's how I chose them.

It was important to Heather to make the choice of the adoptive parents her own personal choice, not the choice of her mother or someone else. She went through a deliberate selection process in the privacy of her home, carefully reviewing the portfolios, before selecting Curt and Jean.

I had to read them over, it took me 2.5 days . . . I looked at each of them and had them in the “no” pile, the “maybe” pile, and the “yes”, and the “yes” pile only contained Curt and Jean’s. And I thought . . ., I want to meet them.

Heather experienced some tension with her mother over the selection process; she had to clearly set the boundary that the selection was going to be her own personal choice. Yet she wanted the support of her mother and Shirley in the selection process; she wanted them to confirm that she had made a good choice, and was quite relieved and thankful when she received this confirmation.

I said I didn’t want to be forced. I told her, “This is my choice; You can see the family that I chose after I’m done.” I let them look, my mom and Shirley, I let them look, and they had their minds set on which ones they thought I would choose, not forcing me or telling me, and both of them had Curt and Jean. . . . After they told me that, I’m like, “Thank God.” Because my mom would have just went along with Shirley, but when Shirley told me that she [Heather’s mother] went “Curt and Jean” too, I went, “Oh my God, yes. Thank-you”.

Heather didn’t get a chance to inform the adoption agency of her choice or to even meet Curt and Jean prior to the birth, because shortly after making her selection, Heather went into labor. Being certain that she wanted Curt and Jean to take the baby home from the hospital, Heather asked her mother to make the phone call to the adoption agency before taking her to the hospital.

So it was a Thursday and I came home from school, and I was walking home, and I don’t feel right. And I went inside and phoned my mom at work. And I said “Mom, I don’t feel good”. And she said, “OK pack some stuff, I’ll be there in a second.” And she didn’t really sound encouraging. She said . . . whatever, “Just get your stuff ready, and I’ll come and get you.” And I said, “Mom, you need to phone [the adoption agency], and tell them the family that I picked.” And she said, “OK, I’ll do that,” and she phoned.

Giving Birth

After being admitted to hospital, Heather’s counsellor from the adoption agency stopped in to tell her that Curt and Jean had been informed that they had been chosen, and that Heather was in labor. Heather was very pleased to hear that they were excited, and were coming to Edmonton as soon as possible, to be there for the birth if possible.

When I went to the hospital, my counsellor from [the adoption agency] came. She said Curt and Jean wouldn’t be in till the next morning because they had to sing

at a wedding that night. So they couldn't really drive in. They wanted to be there for Jason's birth, but they couldn't.

Heather chose to include Shirley and Clifford in her birthing experience, because they had been her main source of emotional support. Heather was frustrated with her mother during the birthing experience. Heather remembers her mother offering half-hearted words of encouragement. She did acknowledge that she was likely quite grumpy towards her mother, an attitude which likely heightened the tension between them.

So, when I went to the hospital, my mom was there and I called Shirley and Clifford. They had been right there for me for a long time, and I thought, you know what, you are gonna be there [at the birth] too. So Shirley and Clifford were there, and my mom was there, and the counsellor from [the adoption agency] had to leave, so she wasn't there anymore. I remember so vividly my mom, "Ok you can do this," whatever, no support, but, then again I guess I kinda was a grump to her because I was related to her and during my labor I was frustrated because my mom wasn't really caring or anything. And I went in at about 6:00 pm to the hospital and I had Jason at 2:34 am.

Shirley and Clifford offered emotional and practical support and comfort to Heather throughout her labor. They also seemed to provide a buffer between Heather and her mother.

At first it was a hard because I didn't want to get the epidural, but my doctor assured me, "You'll be fine," but you know how the hospital has a window? And you can see right through if the blinds aren't closed. Well the first time they tried to give me the epidural, I could see myself in the window, getting this, in the window, my reflection. And the minute Shirley and Clifford walked in, Shirley said, "What's wrong?" And I said, "I can't do this I can't, the epidural." So Clifford walked over, closed the blinds, held my hand, and I did it, got the epidural. I felt relieved that I had Shirley and Clifford there too, because, I knew I would just freak on my mom, if she was the only one there.

Just before Jason was born, Heather was asked by the nurses whether or not she wanted to hold him on her abdomen after the birth. She declined. After he was born, he was rushed to the nursery for observation because he was three weeks premature and he didn't have a sucking reflex.

The nurses asked me first, before he was born, "Do you want to hold him on your belly?" And I said, "No, clean him up first." And then after he was cleaned up they rushed him right to the nursery, so I didn't get to see him till the next, till later that night. He was born at 2:45 am, and I went up to see him at 4:00 am . . . I was glad to see him, cause I didn't know what they were doing. Cause he was

just out, gone, cause he was 3 weeks premature. So they had to take him. His Apgar score was normal, but you know how they stick that thing in to clear up the stuff? They put a finger in his mouth, and he wasn't sucking; so he didn't have a sucking reflex, so they had to keep him in there, take him to the nursery and check him out there.

At 4:00 am Heather's mother took her in her wheelchair to the nursery to see Jason. Both Heather and her mother held him. Heather remembers feeling both pleasure and relief when she was holding Jason. She also thought about the fact that she was going to meet Curt and Jean in the morning, and she was looking forward to that.

I was glad that it was done and over with, and I finally get to meet Curt and Jean tomorrow. I was excited about that.

Curt and Jean arrived at the hospital at 8:00 a.m. the next morning while Heather was still sleeping. Heather felt an instantaneous bond with them, noting how deeply they cared for their adopted daughter Jacqueline.

I was still sleeping, but they came in, and, I looked at them, and I thought, "Yah, this is them." I knew from the very first time I saw them, because they cared so much about Jacqueline. And they treated her so well, and they came in and treated me like I was their own. . . . They were all smiles when they came in; they couldn't stop smiling at all. Oh, it was amazing. Jason was three weeks premature, so he was in the nursery. He wasn't with me in the room, so we went down and visited with him, and I saw how caring they were to him and Jacqueline. I thought, "You know what, I made the best decision in my life, and I don't regret it. I won't have regret over it."

Heather does not regret the fact that Curt and Jean were not in the labor room with her, because she had not had the opportunity to get to know them prior to the birth, and therefore their presence may have been uncomfortable for her.

I wanted the time. I felt it was my time. You know I told Curt and Jean, "I'm really glad you weren't there," and they understood. They asked me why, and it was because it was my time with my support network to have a chance to say what I needed to say and stuff to Shirley and Clifford and my mom. It would have been fine to have them there, but it would feel uncomfortable, really uncomfortable because I didn't know them, I didn't meet them before. . . . I told them that about 6 months after. And they're like, "OK, that's fine". With Jacqueline, their other adopted daughter, they had a chance to meet with Jacqueline's birthmom. I didn't [meet with Curt and Jean prior to the birth]. And they were in the delivery room with Jacqueline; and I thought, "You know, I didn't meet them."

Heather did not second guess her decision to place her baby for adoption after her baby was born because she felt incapable of doing the host of things that needed to be done in caring for a newborn.

I knew when I had him, I can't do this. When he was in the hospital, he was in there for 10 days, so that was basically my period of time where I could take away my consent, and I knew I couldn't do it [be a parent to the baby]. I was in the hospital, like caring for him in the hospital. I didn't know what to do, being 15, no; I don't know what to do, so that [the decision to adopt] was good.

Naming the Baby

Heather and Curt and Jean talked about the names they wanted and named the baby together. Curt and Jean wanted the name Jason, and Heather wanted Daniel. After discussing names, Heather suggested the name Jason Daniel, a name that Curt and Jean happily accepted.

They wanted Jason. And I wanted something that meant a lot to me. So Daniel is his middle name. My older brother's name is Danell, and Shirley's Dad is Dan, and all of them mean a lot to me.

The Time in the Hospital

The relief Heather experienced after giving birth soon gave rise to another range of feelings related to the impending physical separation from the child. She was somewhat surprised at the intensity of these feelings, since she believed she was so clear and sure about her decision to place her baby.

I felt I was relieved that it was done, the labor part. But I had this feeling that I wouldn't get to see him everyday after he was gone. That . . . really hit me. "Oh my God, I'm not gonna be able to hold him once he's gone," you know, but then I thought, "Well that's something that goes along with placing your child for adoption." I knew that from the very start. I didn't know why it was upsetting me then.

Heather struggled with attachment issues during the 10 days that Jason was in the hospital. She consciously tried not to attach, believing that attachment was harmful, but she found herself becoming attached anyways. Along with feelings of attachment came some nagging feelings of doubt about the adoption, yet she was able to address her feelings of doubt, and reaffirm her decision to place her baby, reasoning that the decision to place was in the best interests of both her and the child.

Oh, in those 10 days when he was in the hospital, when he was in the nursery, I just felt some feelings that I wasn't doing the right thing. With that little devil on my shoulder telling me, "Don't do that." And then I realized . . . I have good things going on in my life. Having a child will limit my chances to do all these things. And then I thought, "No, the only reason why I was doing this [the adoption] was for him, for my child.

Getting to know Curt and Jean through many conversations during those first 10 days helped Heather deal with her anxiety about the impending relinquishment.

It was hard. . . . It was really hard. . . . Until I met Curt and Jean and got to know them a little bit better, it was so hard, because I didn't know what I was putting him into, right, what family I was giving him to. I even once thought, "Why and how can I be doing this?" . . . But after I talked with them a few times, I was fine.

Because of his health problems, Jason remained in the nursery. Adoption Options had recommended to Heather that the baby be bottle-fed to ease the transition from the birth mother to the adoptive family. Heather was reluctant to breast-feed the baby, so this was very acceptable advice to her. Heather did occasionally feed Jason, but much of his care was provided by the nurses in the nursery.

I couldn't [breast-feed] because I was placing him up for adoption. . . . I wasn't allowed to [breast-feed] and I didn't want to either. . . . Jean couldn't breast-feed him so, if he got used to me, the changeover would be too difficult. They told me it's not recommended, "Don't do it," because it's an attachment thing. "So I thought, "Ooh, attachment, no, I don't want that."

Heather did not think of Jason as her baby at this point in time, and at present she still does not believe she should call him her son. Instead she refers to him as her birthson. She reserves the use of the term "son" for the adults who are parenting the child, and that clearly is not her role.

I gave birth to him yes, and I'm the birthmother, but I'm not raising him, and I knew that from day one. I'm not raising him so, he's not my baby. Sometimes it slips out that I say, "Oh, my baby's three," and then I have to explain it, explain open adoption, and what I did. He doesn't say mom to me, so why can I say, "my son." He's my birthson, if that makes a difference, but he's not mine.

During the 10 days that Jason was in the hospital, Heather learned many important things about Curt and Jean.

They were caring. They cared for Jacqueline and Jason so well. And they cared for me. They sent me flowers, and they took me out for dinner. They're not supposed to do that. [The adoption agency] specifically tells any adoptive parents not to send any money, but Jean was like, "I'm gonna take you out for dinner". . . . They're very caring and sweet. They treat every person so well. . . . I just bonded with them so well. I thought that I knew them all my life.

While reading the profiles ahead of time was important, Heather stated that meeting Curt and Jean and getting to know them was a much richer and more reassuring experience.

Yes, it's just not the same as meeting them and talking to them basically. It's like I'm reading about them. I pictured them yes, but . . . I learned a lot when I saw them. It was awesome. We just talked, talked and talked.

Heather's one visit in the hospital with her mother and her two brothers was a sharp contrast to the visits she had with Curt and Jean, and with Shirley and Clifford.

When she [mother] came to visit, she just gave me just these looks, like, "What are you doing?"

While she sensed her mother's disapproval, Heather could not really determine what it was that her mother wanted her to do.

Well I know she didn't want me to keep it. Well I think that this was the best choice, that she would think I would make. But I don't know, what goes on in her head.

According to Heather, Curt and Jean were sensitive to her needs as a birthmother because of their previous experience with Jacqueline's birthmom. They realized and respected the fact that Heather needed time alone with Jason, and proposed a plan that allowed for that private time, as well as a time for Heather to get to know them better.

With Jacqueline's birthmother, they went through it. So they already knew what feelings and stuff, what they should be doing. They told me when I was in the hospital, if you want to go in the mornings, stay till noon, and we'll come in, and then we'll stay longer, and they were so flexible. If I needed time alone, they knew.

Heather was discharged from the hospital in three days, but Jason remained in the hospital for the full 10 days because of some health concerns. After she was discharged, Heather continued her morning visits alone with Jason, and then was joined by Curt, Jean

and Jacqueline in the afternoon. While this was a difficult time for her, it was also a very good time, because she learned a great deal about their beliefs, values and morals. This knowledge helped confirm her choice of Curt and Jean as excellent adoptive parents for Jason.

I'm glad he was in there for a while, the first 10 days, because if he wasn't, I wouldn't have been able to talk to Curt and Jean like I had been able to, and I got to know them real well. We found out we believed in the same things, Jean and I. If she were younger, like my age, we would be best friends; that's what I felt.

Curt and Jean became part of Heather's support system, and they were able to offer her reassurances of ongoing contact. These reassurances seemed to address her fear of never seeing Jason again.

After those 10 days were over, I felt like I knew them forever, all my life. So I had them as a support network too. They told me, "If you ever want to see him, if you ever want to talk to him, phone."

Heather was generally quite positive about the care she received in the hospital with the exception of her encounter with one nurse who didn't approve of open adoption.

I was treated fairly well, but on my chart they had it that I was placing my son for open adoption. They treated me differently. I remember one nurse was just so rough, her words, were so hurtful. She's like, "Well, how can you be doing this?", and "This is not what we would be doing in my family." I tuned it out and I ignored it, and I went on. That was the only thing that was rough in the hospital. Otherwise it was great. Everybody else was really supportive.

She also found it upsetting to deal with the salespeople who frequent maternity wards of hospitals with their goods and services.

You know those advertisement sales people that come in for baby gifts and pictures and stuff. I'm like "I'm not keeping my son. Please get out." I had to say it nicely. Other than that, it was fine.

Heather felt a strong need for privacy in the hospital, because her circumstances of giving birth were so different from those of the other mothers

I was in a room with another person. And I couldn't do it. Just having all the family members from there [family members of her roommate] . . . so Curt and Jean got me a private room, and they paid for all my hospital bills; they paid for it all. Curt and Jean wanted a private space so we could talk. That was good. I was only in the shared room for about three hours.

Dealing with the Relinquishment

Jason was discharged from hospital when he was 10 days old. His discharge coincided with the end of the 10 day revocation period given to the birthmother who decides to place her child for adoption. Heather was at the hospital when Jason was discharged, and Curt and Jean and Jacqueline and Jason, dropped her off at her home as they headed back to their home in Georgetown. Heather remembers feeling overwhelmed with anxiety and sadness as she watched the car pull away from her home. She wept bitterly and turned to her brother for comfort and reassurance.

Ah, they drove me home from the hospital; I stood by my door and watched them leave in the car and wondered if I'd ever see Jason again. And I thought, "Oh my God, what if I never get to see him again?" And I saw them drive away, and tears just flowed. I went upstairs and bawled, and told my brother, and he said, "They'll phone, they'll phone." And I thought, "Oh my god, I shouldn't have been thinking these things," because I knew I would see them again. And I'm like, "Oh, this is the reality; I won't get to hold him everyday, and see him everyday." And sure enough, they phoned when they got home to tell me that they arrived safely, and I felt better.

Heather spent the first few days after the relinquishment in her room, thinking through her decision, coming to terms with it, and mourning the loss. She experienced the loss at a physical palpable level, noting that she missed the feeling of holding Jason in her arms.

Well the first few days after he left, I cried. I needed my time to think, to make sense of what's going on in my head, and I thought, "OK, I'm just going to take some time for me," and I came out to eat and stuff. After those couple of days where I was talking to myself, and figuring things out, I came out, and I said, "Why am I worrying so much about this? I know Curt and Jean will come back, I phone them every week." Like I phone them once every week. I have to talk to them. That's just something I had to do. The feeling of wanting to hold him in my arms and he is not there. I had to deal with that.

Heather needed that time alone to think through and process what had happened.

Well I thought about what a good choice this was, and how this was best for me, and I thought if anybody else doesn't like it, then it's not going to bother me. . . . I knew it was going to be hard, and I thought to myself, "It's gonna be hard, and it will be tough, and I have to be strong; like if I'm not being strong, everybody around me will be like, What's wrong, what's wrong?" I did have my emotional outbursts, I was very emotional, but that's fine, because I felt that I was doing the right thing, and I knew I was doing the right thing. I was just getting my

emotions together. . . I didn't have a lot of time, before and after, and so I was thinking you know, what happened, reflection, and what I'm gonna do in the future. . . . I did it on my own. I didn't want anyone to come and bother me and ask me questions, like, "Are you alright, or do you need help?" I just wanted to be alone, and have my time to myself and think. And that's what I did. And everyone respected it and they stayed away, and if I asked them for something, then they would help.

Upon returning to school, Heather also had to deal with the questions of the other pregnant and parenting teens at Valleyview School. She experienced some judgment from some of the girls who questioned her as to how she could give up her child.

Well there's a lot of misconceptions about adoption, and I lived that, through some girls at the school at Valleyview, in my first year, and then from the nurse when I was in the hospital.

Other students had honest, non-judgmental questions about the open adoption experience, and she readily shared her experiences with these students through private conversations or through participating in panel presentations on open adoption. Through the Terra Association, she joined the Peers Educating Peers program, and participated in numerous panel presentations which served to educate junior and senior high school groups as to the life experiences of pregnant and parenting teens. Heather valued these opportunities to educate others about open adoption.

Heather realized that many people in society have a negative bias towards adoption. According to Heather, the negative bias begins with the belief that a child should not be born out of wedlock.

Society can think sometimes that it [adoption] is wrong. But it's not, it's not wrong, it's just a choice that somebody has to make. . . . Well, some of the older people in society, were raised, like my mom for example, to say, "Oh, no children till you're married." . . . And these young women today are just so overwhelmed because their parents are telling them, and other people, other relatives are telling them . . . "Don't do this; it's wrong".

Building the open adoption relationship

Heather believes that she and Curt and Jean have built a very successful open adoption relationship. She attributes that success to a commitment among all participants to wanting involvement, being flexible and making it work. Initially, the visits and the

weekly phone calls revolved around getting to know each other better. The first post-relinquishment visit took place on Boxing Day, and the next visit took place in February, at the finalization of the adoption.

We talked about what I like to do, and what my interests are, and what they like to do. It was just basically getting to know each other more. It was awesome, and then they came down for Christmas, on Boxing Day so we spent more time together, and it was really good.

The visits generally took place in Heather's home, with her mother and brother present. Heather did not experience sadness after the visits with Jason and Curt and Jean. She enjoyed seeing how Jason had grown and changed, and she deeply appreciated seeing how he fit into the Curt and Jean's family.

Oh, my God, it was amazing. It was fun. It was just fun.

The finalization of the adoption in February was not a difficult day for Heather.

It was awesome. Curt and Jean were, OK, let's go. The judge just said "This is an adoption hearing, a finalization, and if everything is right, here we go". Check, stamp.

Heather let Curt and Jean and the adoption agency organize the finalization proceedings; she did not speak to a lawyer. The dominant emotion of the day appeared to be relief rather than grief.

I was happy that it was final. I was very emotional that day just because everything was final and that it was done, and I knew then, this, I can't take it back. That's why I wanted to do it. Have it finished. So I don't have to think about it. So I viewed it as final.

The birthfather was not involved in any aspect of the adoption. He was a young man who Heather had met through air cadets. They dated for a brief two week period, and Heather hadn't seen him since six months prior to Jason's birth. She hadn't told him about the pregnancy, and hadn't planned on involving him in the adoption procedure, but willingly provided his demographic information to the adoption agency when they requested it. She understood the agency's interest in obtaining a medical history of the birthfather, but she also had concerns that contact with the birthfather might not be in the child's best interests.

He didn't play any role [in the adoption]. [The adoption agency] sent out the papers for his medical information. I didn't think he'd fill them out, but he did. I

haven't seen him since about six months before Jason was born, so that's about three and a half years ago. I haven't seen him since, and I don't want to see him. I told him, "You know what, call me if you want to see your son. I'm happy to do it." . . . About a year after Jason was born, he was into drugs and stuff, and alcohol, I didn't want Jason, and Curt and Jean to see what he really was like. I tell Curt and Jean what he was like. And Curt and Jean are like, "I'm glad that he's not in the picture that he hasn't seen him." But in a way I'd like him to, because it's his responsibility. . . . I didn't do this alone, like I just want him to see him, at least once in his life.

The birthfather was provided with information about Curt and Jean, and how to contact them, but he has never initiated contact. Furthermore, he has never contacted Heather again, for which she is grateful, because she views contact with the birthfather as an additional pressure or stress in her life. Heather acknowledged that it would be up to Curt and Jean to manage contact with Jason, should he at some point desire it. She did feel a strong sense of duty to warn them about him.

I told Curt and Jean . . . I wouldn't trust him. . . . That's what I told them. He's into drugs and alcohol; I can't really tell them what to do. I just mentioned it.

Curt and Jean have worked hard to facilitate ongoing contact with Heather, working around Heather's schedule as much as was possible. Jacqueline's birthmother also lived a distance from the Curt and Jean's home, and they also made regular trips to visit with her. Heather appreciated their efforts to make contact possible, and is also willing to be flexible to ensure contact.

What's best about Curt and Jean I thought was, they involved me, whatever is best for me. They worked around my schedule, which is really good. But then again, if they have a meeting or something and I want to see Jason, they'll say, "No, let's schedule it a different time." I'm very open; I would love to see Jason as much as I can, but if it conflicts with them, with what they're doing, I'll schedule it another time. I don't mind.

Heather advises that open and frequent communication is the key to a successful open adoption arrangement.

But just be very open. Talk. . . I talk with them about everything.

While visits have not always been possible because of distances, phone contact has been an invaluable link to the building of a relationship between Heather and Curt and Jean. Initially the phone contact was weekly, but now it is once every two weeks.

I phoned them on his birthday, September 10. And I phoned once every two weeks when I was at college. When I got my phone, I gave them my phone number and they phoned me. They have that yak pak thing, so it's only 20 bucks a month. . . . If I don't hear from them at least once every two weeks, I'm like, "Oh my god, what happened?"

Heather has become very close to Curt and Jean, and, at different times in the interview, she likened her relationship to them as similar to a parent/child relationship, an aunt/uncle relationship, and/or a very close friendship.

They're like my mom and dad, no, but, just . . . It's more like an auntie, auntie and uncle thing. But I feel like I'm best friends, more or less.

Similarly, Heather feels a special bond to Jason, a bond that is difficult to define.

I guess you could say it's more of I guess I could say a friendship bond. But I feel more close than a friendship bond too, like when I saw him at Thanksgiving, he wasn't crying to be around me or anything, like I think he knows. Curt and Jean started telling Jason and Jacqueline when they were first brought home, that their birthmoms are their guardian angels, so, and now he's three, he's able to establish that connection. So, it's awesome, it's great.

Heather was pleased to note that Jason looks like her brother and is very thankful that he does not look like the birth dad.

I'm glad because my brother means so much to me. So it makes me feel that, it's still within the family. I'm so glad he doesn't look like his birth dad. Just to have a visual of his birthdad wasn't . . . I wouldn't have bonded with him as well as I did, because I could see his birthdad. And now when I look at him, I see my brother. So I'm pleased just because it's one less thing I have to worry about.

Heather wishes that she could have more contact with Jason, Curt and Jean, but the distances prohibit more frequent visits.

I would really like to move closer to him. Not like right in the same town or whatever; but that would be a dream because I won't, my boyfriend won't move. I wish I would have phone contact every day, but I mean that's impossible especially for me. I just want to be closer, be able to drive not four hours you know. And I feel bad for them too, having two kids, coming down to see me.

Heather usually feels uplifted at the end of a visit because it serves to confirm that she has made a good decision.

I feel great. It's good to see him; I know my decision was right. To see him with Curt and Jean, in a loving family.

The visits have now settled into a fairly predictable pattern. Curt, Jean, Jason, Jacqueline, and Heather usually try to attend the annual Birthmother Day at the adoption agency. As well, they try to spend time together on Christmas, birthdays, and Thanksgiving. The first Birthmother's Day is still firmly etched in Heather's memory.

[The adoption agency] puts on a Birthmother's Day, the day before or day after Mother's Day. . . . And that's just for birthmothers. We went to it the first year, and that was awesome. . . . It was just a big celebration. We had pictures of birthmoms and the adoptive families. And we had guest speakers. And Curt and Jean wrote a birthmother's poem for me and Jacqueline's birthmom.

Heather expressed no fears or worries about the future of her open adoption relationship because of the solid foundation that has already been built. She trusts Curt and Jean, and sees Jason as often as is reasonable given that they live a significant distance from each other, and she is a college student. She sees him approximately once every two months, but has weekly phone contact with them. They are important people to her, and they participate in the milestone events of her life such as her recent graduation from high school. It was especially important to Heather that they attend her graduation, because she attributes her sense of direction and her commitment to her goals in life to the adoption experience, an experience which they helped make a success.

Yah, I'm glad that they came, because I had to share it with them, because if I didn't have Jason, I wouldn't be graduating, like I probably would have, but not with high honors that I did.

As her relationship with Brian has become more serious, it was important for Heather to have Brian meet Jason, Curt and Jean. She was somewhat apprehensive about the first meeting, primarily because of Brian's "punk" style of dress, but the meeting went well, and she was pleased that Curt and Jean connected with Brian and were happy for her.

I thought Curt and Jean would be "Who is this guy? Why are you dating him? He's a punk, What are you doing?" But they were really good with him. Curt and Jean were very happy that they saw me happy with him, and they liked him too. I was worried about that.

As Heather looks into the future, she is very optimistic about the relationships she has formed through open adoption.

It's just gonna go stronger, and grow and grow.

Integration of the Open Adoption Experience into her Current Life Circumstances

Heather's strained relationship with her mother was one of the greatest difficulties she experienced during the time of the pregnancy and the relinquishment.

Not having my mom there, that was really hard for me, and I didn't like that, and yah, that was the only thing that wasn't helpful for me, was not being able to trust my mom, not having my mom to be there for me.

The relationship has remained strained in the ensuing three years. Heather's parents separated when she was about eight or nine, and Heather's mother actively discouraged ongoing contact with Heather's father for reasons that Heather now believes were not valid. Heather had reacquainted with her father in the last year, and was pleased to be rebuilding that relationship. She was delighted when her dad and Grandma came to her graduation.

I used to be a daddy's girl; I was a daddy's girl. Since my mom kicked him out, I grew apart from him. My mom kicked him out basically when I was around eight, eight or nine. And he moved out on his own, and we saw him weekends basically, but at the start, I was too afraid to go visit my dad, because my mom was telling me, "Please don't go visit your dad; he's gonna hurt you or something." When I started to go with my brothers and my sister, I found out mom was lying. So I kept going to see my dad. Now he's living in Manitoba with my grandma and my uncle. My uncle works for a trucking business, so my dad helps him out, goes along with him. So he's out on the road. Since grad of last year, I've gotten so close to him, he's helped me out a lot, like financially, for school and stuff. He was just upset, he was mad that he couldn't spend more time with us kids. My mom wouldn't let him over to her house.

Heather's family went for counselling at the time of her parents' separation, but it did not go well, and for this reason, she did not even consider that family counselling might have helped her and her mother deal with the trauma of the pregnancy.

My family's been to family counsellors and stuff, for different reasons obviously. They didn't work for me; they didn't help my family; they didn't help me, so I had no trust in family counsellors. I had no hope.

Heather was very worried that she had done something very wrong by becoming pregnant. She had been raised on the belief that pregnancy outside of marriage was wrong, and she was very worried about how her mother would react to the pregnancy. Part of the fear that Heather felt with regard to her mother was the fear that she would be kicked out of the home and abandoned if her mother found out that she was pregnant.

My mom said when you're 18, you move out of the house unless you have a job. My sister moved out three weeks before she turned 18, and to my knowledge, it was because she got kicked out. And again, my brother moved out two weeks after his 18th birthday, and again, I thought she kicked him out.

Working out her relationship with her mother has continued to pose difficulties for Heather.

Since Jason was born, we haven't gotten along. . . . We would be mad at each other, and have a fight, be mad at each other for a week, then get better for a day, and then have an other argument. It was just, just bad.

In the last two years that Heather was home, her relationship with her mother became quite distant. They hardly saw each other.

In the last two years she's gotten to go out with her friends. Tuesday nights she plays darts; usually Monday nights she will go out for coffee, but in the last year, she's had her boyfriend, so it's Monday night come home from work, pack up your things, stay at your boyfriend's, stay till Tuesday morning, go to work, come home from work, pick up a few things, but she was never home. I would see her for about one half hour total in a week, when I was living here.

Just before she left for college, Heather made an effort to open up the lines of communication, because she didn't want to leave home on poor terms with her mother.

Yes, I made a decision for myself that I did not want to leave for college on a bad note. I did not want to be mad at her.

So Heather asked her mother to sit down and talk things out.

Well, one night we sat down for a conversation. Time to get it all solved. . . I told her how I was feeling about everything, and she said, "Oh, I didn't know how hard it was on you." It was about six months ago, just before I went to school, and she said, "Oh, I didn't know it was that hard on you," and I'm, "OK, well thanks for asking how I'm doing you know." But well, life's tough. After that it's been rocky. But I keep my mouth shut, she keeps hers shut, unless we have something decent to say to each other.

Heather was disappointed and hurt that her mother was not willing to spend her last weekend prior to going to college with her.

Her boyfriend went to the States for the weekend. It was the same weekend that I was leaving. She was supposed to go with him. And her boyfriend begged her not to go because I was leaving. But she said, "She'll be fine." She stayed with him. That hurt, that she would rather go to the States with her boyfriend than to be with me. . . . But I don't really care. . . . I've gotten over it long ago, I'm not going to change my mom.

The teasing and questioning from her peers at school was also difficult, and a desire to avoid her former classmates was one of the reasons leading Heather to choose to attend Valleyview School for her Grade 10 year.

The people from grade nine, from junior high, I didn't want to see them anymore, and explain to them. That didn't help at all, the teasing, is what I'm getting at; that was hard.

Heather is now very comfortable in sharing her story with people she meets in the course of her life. She finds that people generally think she is older than 18, because of her maturity and life experience.

At college, I put up pictures of Jason and Curt and Jean, and everybody goes, "Oh who's that?" "My son," and they're like, "You have a son?" And I'm like, "Yah, I placed him for open adoption." And they go, "Really? I want to learn some more about that." And I just tell them. And in one of our classes, Early Childhood Professionalism, we talked about roles and responsibilities and how much maternity leave for adoptive parents and stuff, and some of the people in our class got into this heated discussion, and I'm sitting there. . . . I said, "You know what, if you guys need any information about open adoption or if you just want to see or want to hear what happens, come talk to me. I've been through the process, and I'm very open, just come talk to me." And ever since then, they've been coming up and talking to me and asking me questions. I'm very open. . . . I don't have a problem sharing my story and my life experience, but if someone has rude comments I'm gonna stand up and tell them.

Heather clearly stated that she experiences no feelings of shame or guilt about adoption, yet she acknowledges that others in society will judge the woman who makes the decision to place her child in an open adoption. She offered the following words of encouragement to other women who make the choice for adoption, but suffer the judgment of others as a result.

Well, I would just like to say that if any woman has to do this, life goes on, and it changes for the better. If somebody says any comments about adoption just be strong and stand up for what's right, and what's right is what you believe in. And that's what I've had to do. Like if somebody doesn't agree with it, I just say, "You know, don't tell me that you don't agree with it, because I'm just gonna stand up and tell you right back that I agree with it." So like if somebody doesn't agree with it and has really good points, then I'll listen. But if you're gonna come and lay blame, and say, "It's the wrong thing," I don't need to hear it. And neither does anybody else. If somebody else is going to come up to another young woman that has placed her child for adoption, and say, "You know this was wrong, a bad choice," then I would tell them, "Just tune it out, move on. They're not good enough for you, they're not good enough for you to listen to them." Like even if it's a family member, "Just tune them out and ignore them cause what's right for you is what's right for you." That's what I had to learn with my mom; I tuned her out.

Heather acknowledged that her mother was first against the adoption, but that gradually, as she saw it unfold, she became more accepting of the adoption.

At first she was, but then she grew out of it and matured, as she saw me mature.

Heather recently introduced Brian to Jason, and was pleased that that visit went well.

He came with me on Thanksgiving to visit them, visit Jason. And he was so good with him. . . . He's never had a younger brother or sister, so it's a new thing. But he took to him very well. Jason liked him.

Heather's life changed dramatically with the pregnancy, and the experience of the adoption continued to impact her in a positive way after the placement. The pregnancy inspired her to settle down and work hard.

I got more mature in that first year. I grew up so fast, I wasn't staying out; I wasn't going over to any of my friends, getting into trouble. I stayed at home, focused on school and that was it. And work, and babysitting, but that was it. I knew I had to do something good for me. Because I had to, I wanted to be a positive influence on Jason, and everybody else.

Heather strongly believes that she did the right thing in choosing open adoption for Jason.

I feel strongly that I did the right thing. I feel that I made the right decision, because I gave Curt and Jean a little child that they really wanted, and like right now I feel like I've done the best that I can do, and I'm just moving on from it and making a better life for me.

Goals and plans for the future.

Heather has many hopes and dreams for the future.

After I'm done my diploma in early childhood, I want to open a day care for low income families. But I can't open a daycare until I have at least one year experience in the field after I have my diploma. And then I want to do my four-year transfer program, after I pay off my student loans. I like the day-care setting. I like to do the hands-on things with the kids, so preschool would be my ideal.

Heather does eventually want to have a family of her own, but not until she is married and ready to settle down.

After I get married, have a house, settle down, then I'll think about it. Right now, I can't do it. I want to have kids, yes, but right now, I want to get through school. I want to get an education, and get a paying job. I just want to have the stable environment, and not be a single parent, like my mom, I don't want it, and I really don't want to be living with my boyfriend's parents, even though I love them to death.

Words of advice to Other Young Women Who Face an Unplanned Pregnancy

Have a really good support system, have one person that you can trust,, make sure you have someone there for you, because you can't do it alone. I couldn't, I held out for 7.5 months, I couldn't do it. . . . It was really hard for me to trust my mom with this information. And the only people I really did talk to was Shirley and Clifford. They were the only two people that I really talked to about this. . . . And it doesn't matter who it is, if it's a teacher or a friend. Have somebody there that will go with you to the meetings or be there in the delivery room. Just do that. . . . And even if you are a woman that's gonna put your child for adoption, make sure you consider all your choices. Don't be like, Oh this person said I should do open adoption. Just think of what's right for you, no one else. Have someone there to talk to. Just don't let anybody force you. And it should work out.

Kaitlyn's Story

An Introduction to Kaitlyn.

At the time of the interviews, Kaitlyn was a 19-year-old single parent of a 2-year-old son named Brad. Three years prior, at the age of 16, Kaitlyn had placed her infant

son, Joshua into a family consisting of April and Mike, the adoptive parents, and Jeremy, a six year-old brother who had also been adopted at birth.

Kaitlyn, who is currently working part-time as a cashier, hopes eventually to enter a social work program. At the time of the second interview, Kaitlyn was looking for other work because her hours had dropped from 30 hours a week before Christmas to hardly any hours after Christmas. Furthermore, Kaitlyn found the shift work very difficult because it was disruptive to both Brad's and her sleep patterns.

I would start at 4:00 in the afternoon, and I would have to work till 11:00 at night, and my mom would pick Brad up, and then she'd come and pick me up, cause Brad can't stay out till 11:00, and if I was taking the bus there or something, I wouldn't get home till 1:00 in the morning, so those are pretty bad hours. It's really messed up . . . Even now, I could go for a nap and then wake up, eat and go for another nap try to catch up on sleep, so I can't handle it, and he needs a routine.

At the time of the interviews, Kaitlyn was in the process of sending out resumes to find employment that offered more consistent hours, and which would pay enough to cover her bills and daycare costs. She required supplemental support from social assistance since her earnings did not fully provide for her financial needs.

Kaitlyn's life has changed dramatically in the last five years.

It's a lot different, with more responsibility, a lot more independence, and definitely a lot more problems. It's changed in a good way too. My mom and I aren't fighting all the time. . . . Five years ago, it was really bad. It used to be I would just be a little witch, and she would respond and be just as bad. So you kind of feed off each other, but that doesn't happen very much now.

Kaitlyn's parents and two brothers live just a five-minute drive from her basement suite apartment, and they offer her much practical support as she cares for Brad. She now gets along well with her family although she is still annoyed by her 13-year-old younger brother who she describes as quite immature.

My parents . . . take Brad often, when I just want to go out to a movie or just for coffee. Every couple of weeks they'll take him, just so I can have a night out. My mom takes him to my brother's hockey games.

When asked to describe herself, Kaitlyn reported some critical comments that others have used to describe aspects of her personality. She has been told that she is

sometimes perceived as rude and sarcastic, yet she sees herself as a very thoughtful person who will give up her seat on the bus for an elderly person or for a mother with young children. She recognizes that she wasn't always thoughtful, that at one point in time she was quite self-centered.

I have to admit that, I was kind of self-centered. But the last little while, it's been more like I'll drop a lot of things I'm doing for myself for someone else, just because they ask, or just because it's more convenient for them. I've been doing a lot of that lately. . . . I'm always thinking of others before myself.

Kaitlyn attributes the positive changes in her personality to her experiences of giving birth to Brad and Joshua, experiences which helped her to mature. These experiences also helped her to become less reactive to the behavior of others.

I think, growing up overnight helped and definitely Brad and Joshua . . . When it came to my brothers, I would always be like one major light switch . . . I'd fly off the handle with them. And I just kind of thought "Forget them. Let them be jerks, let them be immature, let them be, let them bug me, I don't care. I'll just ignore them, I don't care. If I just ignore them, they'll just get tired of it." I kind of got past that.

The Circumstances Surrounding the Pregnancy

Kaitlyn became pregnant at the age of 15, and gave birth at the age of 16. At the time she became pregnant, she was attending an outreach school program at a mall. She was a part-time student who was not very serious about her studies.

At the time, I was going to Fresh Start on the north side, just because of the flexible hours. I just kind of got lazy and regret it now. But, oh well. . . I just kind of did what I wanted with school mostly, and at home, just kind of do what I wanted. . . I was really fighting with my family, like real big arguments about dumb little things. . . . Although nothing was pushing me to go to school at the time, I still did want to go.

Kaitlyn stopped going to regular school during high school when she started spending time with a group who skipped school.

I was going to [name of school]. I don't know what it was about the school. I just didn't like it. All of my friends went there . . . 'cause of the French program, we all went from like elementary through junior high through high school together through the same schools . . . So we all grew up most of us from kindergarten. Some even from . . . the same day care, there was a couple of them; it wasn't that I didn't have friends. It's just that I started hanging out with a totally different

crowd that was "Oh yeah, let's skip class and we'll head out to the mall," I said, "Sure." I was still doing good in class. I remember I'd skip a weeks worth of class, I missed a week of English, and I wrote an exam, and I got the highest mark in the class.

Kaitlyn had developed a negative attitude towards school in junior high.

Junior high was not fun for me. I didn't like junior high. I'd go back to elementary or high school again, but not junior high . . . That's when I said, "Screw it". I just didn't give a damn . . . I just didn't care much. And when high school came around I was already in the habit of "Ah, forget it. Ah, let's hit the mall. I'll do my homework when I get home," and that usually didn't happen.

Kaitlyn's parents insisted she go to school at least until the age of 16.

They were pretty angry. . . . They were telling me, "You have to go to class. It's not an option. We're not giving you a choice of going to school or not. You have to." It's like, "Well you live under our roof you're going to school until you're 16. Then if you don't want to go to school, then you're working full time and you're paying rent." . . . So I ended up sticking with school, sort of.

While Kaitlyn's parents voiced the expectation of school attendance, they were ineffectual in implementing it. Kaitlyn believes she was rebellious because she was:

. . . Spoiled rotten. . . . Even my brothers, they get whatever they want whenever they want. It was the same for me. If I wanted it, I got it, and I think that had something to do with it. And when the answer was no for something, you just keep pushing, pushing, pushing, cause eventually my mom would say, "Yes," or eventually my dad would say, "OK." I even notice that now with my brother, Like he's grounded, but "OK, You're staying in the house." "Oh, well, can I just go to Joe's house? Oh just for a little bit, just for a half an hour, I just want to pick something up." "Fine, get out of here," and he's gone. So he's just spoiled rotten, not taking no for an answer. I think that had a lot to do with it with us, being like that.

Kaitlyn knew that the consequences for skipping school were minimal. She also knew that her parents just weren't able to force her to go to school against her will.

Like skipping school, well you're grounded, and your dad's gonna pick you up from school everyday and he's gonna drop you off everyday. Well sure drop me off everyday, I'll head to the mall and, I'll come back at 3:30. It just didn't work, I knew I could get away with it, and I did my best to do it, which was probably my fault. . . . They could drop me off at school everyday, but they can't really sit with me in class and hold my hand.

Kaitlyn was in denial with regard to her pregnancy until she was about five months pregnant.

I just didn't want to admit it, I guess, I was like oh, whatever, maybe it'll pass . . . I just had that mentality. Didn't admit it more than anything, denied it.

At the urging of a friend, she went to a medi-center for a pregnancy test.

My friend told me to. Her mom is a nurse at the medi-center. . . And I knew, my friend's mom that I could trust her that she wouldn't go and tell, running to my mom. The bad thing was I knew she would leave it up to me. It might have been a little bit of a relief to have someone else do the dirty work for me.

Kaitlyn experienced a wide range of thoughts and feelings when she discovered she was pregnant.

I was more, I guess, angry, upset, angry, pissed off at times, definitely scared, unsure, just a little bit of everything. Everything from really angry, to at points really happy to really unsure to totally confident, everything in between. Like sometimes, I would say, "OK, yeah, this is what I'm gonna do," and then, "No, that's dumb," and then I'm thinking, "I could do this," or "Well, I could also do that," or "This could happen, it could be really good," or "This could be really bad." There wasn't just one thing at any set time. And before feeling something, I'd go through eight other emotions, and then settle on scared or whatever other emotion it would happen to be, definitely not one thing.

Kaitlyn believes that her parents experienced similar feelings:

They were pissed off, and they're obviously probably scared and angry, and everything else as well. Probably very similar to what I was feeling to an extent, I guess.

Kaitlyn dealt with her feelings by initially retreating into herself; gradually she started spending more time at school where she joined a support group for pregnant and parenting teens run by the Terra Association. Eventually she developed friendships with students in that group, and her marks rose into the honors range.

Well, I stayed in my room; I just kinda started not making plans with friends. Well I've got other things. I'd rather just sit at home by myself, didn't go out much, just to school and back, and I actually started going to school. At the school they had a class for young moms and dads, so there was a few of them at the school. They had a class once a week for the pregnant and parenting teens there. I pretty much picked up new friends . . . They weren't all honor students . . . I found a lot of them smart, intelligent, average, dumb, annoying, whatever. There was something . . . be it, them being pregnant, them having a baby, being

calmer . . . I found I could talk to them, they had gone through similar experiences at the time.

Kaitlyn had met Adam, the birthfather, through a mutual friend, and they dated for about four or five months. But the relationship had already waned when Kaitlyn found out she was pregnant. Kaitlyn now feels a great deal of anger and contempt toward Adam, who she views as irresponsible and immature. She reported that she tries to curb her expressions of hostility towards him when she is in the presence of Brad and Joshua.

May he rot in hell. I cannot stand him. He's dumb, irresponsible, he couldn't hold down a job, not for like two days, he couldn't hold down a job. . . . He was too lazy. . . . I usually don't say anything bad, usually not even in front of Brad, because I don't even mention it in front of Brad, but in front of Joshua, I don't say anything. April, asked, "What was he like? Do you have any pictures?" Well, I'm thinking "Fuck you, Well if I see him again, I won't be taking pictures, I will be giving him a shot in the face or something." And then I think, "Well no, I've got to think of something nice. . . . We didn't ever watch movies, we didn't ever go out; if he ever invited me over for dinner, it was spaghetti noodles with butter on them. . . . He couldn't hold down a job, but, yah, he was an OK guy.

Mary, the counselor from the adoption agency, asked for identifying information about Adam, as part of the adoption proceedings, and Kaitlyn reluctantly provided it. She preferred to act as the intermediary, and contact Adam if they needed medical information, and she was under the assumption that that would be the case when she provided the information.

I don't want him to have anything to do with it; I don't even want him to know; I don't want him contacting my child when he or she is older; I don't want him contacting me; I don't want anything to do with him at all. And she said, "We don't have to contact him. It just helps for medical reasons I think we contact him, and ask him if he's got any illnesses, or any kind of thing like that," and I said "I don't care. Anything that he has, I would know about, anything that was real important . . . he had a slight allergy to milk when he was little . . . there was nothing major except that he was an idiot, but then, if there was anything like a life or death situation, I would much rather try contacting him myself, rather than have him know anything, and she said "Well we don't have to contact him, but they sent him a letter anyways, which really pissed me off, and I'm thinking like why would you do that?"

Adam did contact April and Mike, which upset Kaitlyn greatly.

He also tried calling April and Mike, which I was totally dead set against, like I said over my dead body. Everything I didn't want just happened so that was one thing that really really really really pissed me off, got me really really angry.

Kaitlyn does not carry ongoing angry feelings against Mary, or the adoption agency. She just believes it was an accident.

If it was Mary, maybe she slipped up. Maybe it was a good intent on her behalf. . . I know what kind of person she is. I know she's not a bad person at all, so I just think maybe it was someone else that misread the file, or maybe she accidentally did, or maybe she didn't understand me completely. So it's not a bad thing, really, and . . . it's not such a big deal anymore.

Kaitlyn described her family as dysfunctional, but safe and predictable. All her physical needs were provided for, and she never had to deal with serious problems like alcoholism or abuse.

We're dysfunctional, but I have to say that 99% of families are dysfunctional. Like if you say you are a perfect family, I'd say you are a liar. Every family has their problems. But my dad never came home drunk. My mom has had the same job for 20 odd years, my dad has had his job for 20 some odd years, my dad has owned his own business for the last I don't know how many years; it's been years. The bills have always been paid; there has always been supper on the table; there have always been lunches in our knapsacks for school; we always got new clothes for Christmas, for school days, you name it we had it. We were fairly well off compared to maybe some people . . . not overly rich, not overly poor, they were just kind of average. . . . My parents had the odd fight over something dumb, and I'm thinking, "This is the stupidest fight about who gets to hold the remote when you both agree on the TV station. Like, gee, just put the remote down on the table." It was kind of like that. We all sit down for dinner at the table. OK, the TV was on, and it was "Oh how was school. Oh, good," and keep shoveling the food down, but no major problems.

Making the Choice for Adoption

Kaitlyn feels she was coerced into adoption; it wasn't a choice she willingly made; and she initially was as uncooperative as she could possibly be.

I don't think I really did [make the choice for adoption]. I think it was more my parents. It was kind of like, "Do this or do that. Either you do what we want you to, or, do what you want to do and get out." . . . So there wasn't really much I could do, and I thought, "Well, I'm not even gonna give it a chance. Screw it, forget it, I don't want anything to do with it."

Kaitlyn's mother tried to encourage her to meet with the adoption agency to find out about adoption, but Kaitlyn refused and was brought in against her will.

She [mother] said, "Well why don't you just look into it and give it a chance," and I said, "No." . . . But then my mom even almost physically dragged me into [the adoption agency], and I talked to Mary, and she said, "Well take these home studies home," and I'm thinking, "Yeah, I'll take them home and crumple them into little balls, and throw them and see how many I can get into the garbage can." And then she gave me about eight home studies. And I'm thinking, "I've got books if I want reading material. Like I don't want to read this." And then I started reading one . . . and I just kind of went from there. And I just kind of then decided, "Well these people don't seem like bad people; they don't make it sound like a bad thing." I'm reading the home studies, and I'm thinking, "It's not that bad, it could be worse. They could be shipping kids off to Korea and selling them in the black market or something like that. That could be a lot worse. Or they could be smuggling them across the border to sell to rich snobs in the States. Or whatever." And I'm thinking that could be worse, or I could move out at 15, and be a loser for the rest of my life, and not know what to do because my parents told me to get out, and yeah, that probably would be a lot worse too. So then I started actually looking into it, and making my big long lists, and narrowing it down, I guess.

As Kaitlyn learned more about open adoption, she realized that she had been influenced by some myths about adoption that were not accurate.

I've heard horror stories of babies being practically stolen out of hospitals and given to families without anyone knowing where the baby is going, and who is really taking the baby, and I'm thinking no, never, like over my dead body . . . I never heard about . . . open adoption, it's all closed, the old school.

As she started researching and speaking about open adoption, she found that some of her friends were not supportive.

I looked into it, and started talking to people. Like at school, I had one friend say well, "If you give your baby up for adoption, I won't be your friend anymore." And I'm thinking, "Thanks a lot bitch." . . . I told one of the teachers, and he said "What's up?" . . . and he said, "Well I'll talk to her," and I said "No you don't need to talk to her, like if she doesn't even have the sensibility to be a human to another human then you shouldn't have to talk to her about something that. It should be obvious that I am angry, pissed off, hurt, offended." I think he did say something to her about that was really uncalled for.

At other times, she felt people considered placing a child for adoption as an evil act.

A lot of people say “you put your baby for adoption,” like “evil witch,” and I’m thinking, “Go read a book.”

Kaitlyn is very angry and upset that some people would interfere and be judgmental about the choice of adoption, a choice she considers a personal matter.

Like whether you agree with it or not, it’s none of your business. It’s called my personal choice, not yours.

Furthermore, Kaitlyn takes exception to the notion that adoption is the easy way out.

I definitely wouldn’t say that adoption is the easy way out as a personal experience because it’s definitely not. From personal experience again, parenting isn’t the easy way out either.

Kaitlyn did find the teachers at the Fresh Start program were supportive and non-judgmental, and she deeply appreciated their support.

The teachers at school were more educated on it, because they were running classes for pregnant and parenting teens, so they obviously knew some about it. It was more like, “It’s not my choice, it’s your choice, it’s not your parent’s choice, it’s your choice, it’s not your friends’, it’s your choice, it’s your choice.” . . . They were telling me it’s nobody’s business but yours, and you’re the only one that can think what’s good for yourself for your child and even for your family and your friends, like what would be best for everyone who is involved directly or indirectly or who will be involved in the future or whatever, so it was good. . . . The school is helpful.

All through her pregnancy and even after Joshua was born; Kaitlyn received negative messages from people about the choice of adoption. People suggested that she would regret the decision and want to take him back. Furthermore, they suggested that adoption wasn’t a normal way to build a family.

Before or even after Joshua was born, I got a lots of, “Oh, you’re gonna regret it. Yah, you’ll regret doing this, or you’ll want to take it back.” . . . They’re like, “Well it’s just wrong, that’s not normal.”

Kaitlyn challenged these statements and exposed the fallacies in the assumptions underlying them.

I know that either way, I’m probably going to regret some decisions I have made. I don’t think we do anything in life without regretting it, no matter what it is whether it is buying a brand new car, or buying a house, or with children, or with anything . . . and I’m thinking, “Well I’ve got 10 days to take it back; and I’ve got the next few months or whatever to take it back.” . . . “It’s not normal for

someone to want a child? Like it's not normal for someone who isn't able to have a child to want a child? That's not normal?" And I'm thinking, "I don't follow you."

Kaitlyn has great difficulty putting into words how she feels about the decision to place Joshua for adoption.

I regret the decision, but I wouldn't take it back. It's kind of hard thing to explain, . . . I didn't want to do it, and I don't like the idea, but I had to do it, and now like if that's the only choice, really it was, then definitely I don't really regret it. It's hard to explain . . .

It was a painful decision, a decision she had to make because her parents would not have allowed her to take the baby home.

When you think, what would be better to have, to jump from friend's house, from the street, to wherever, with a baby. Is that better? No, it's not, so there is really no other option. At least I know where he is and how he is, and how he's doing and I can call whenever I want.

Had Kaitlyn's parents given her complete freedom in her decision making process, she probably would not have chosen adoption, primarily because she held very negative stereotypes about what adoption was.

I didn't know about that option. I thought it was like, I had this impression like, steal your baby in the hospital and run off. I'd heard all kinds of horror stories of the old system, so I'm thinking, no.

Kaitlyn sums up her current perspective on the decision to place Joshua in this way:

Yah, I still don't really feel it was mine, but I guess now when I think about it, I'm glad that either it was made for me, or that I made it for myself. I did think that it probably was a lot better.

Making the Choice of the Adoptive Family

When Kaitlyn first set out to make the list of what she wanted in an adoptive family, it was an act of defiance. She specifically set out demands that she felt were unrealistic, that she thought would never be met.

I had a list, a whole sheet of paper. I made a list of everything. They had to have absolutely everything. Their income had to be at least this, they had to live here

and not anywhere further and not anywhere else; they had to be between the ages of this and this and this; they had to be married x amount of years; they had to have these interests. . . . I wanted a couple who was married for at least six or seven years I didn't want someone who had been married a year; that could be me, I could do it myself; I could go get married tomorrow, and then, yah, ok, I've been married for a year, I can do this now. They had to own their own house. They had to be settled down, not planning to move anywhere or anywhere far.

In spite of the fact that Kaitlyn constructed her list in a defiant mood, the content of the list was not frivolous. She became quite absorbed in identifying what she wanted in an adoptive couple. Of paramount importance was her request that they live in the vicinity of her home. She believed her list was unreasonable, and she did not expect the adoption agency to come up with a potential match.

I wanted to have contact. I wanted to know how my baby was doing, what he was doing, where he was. I wanted to be able to call them whenever I wanted to and I wanted someone who was open to me maybe calling them once a day, twice a day, eight times a day if that's what I needed, or once a week or once a month, dropping by every once in a while. That was an absolute must. They had to have a dog and not a cat. . . . I never had a dog, and I always wanted a dog. We had cats, I hate cats. They're annoying. Like dogs are affectionate, cats are snobby, stuck up, independent. I like a dumb, stupid animal. I like the hugs. They're fun. When I come home, the dog's happy to see me. He's wagging his tail, he's all over his owners, he wants to be petted. You go to watch, and like right now, where's my cat? Well my dog would be sitting right here or here and I could be petting him. My cat's off sleeping somewhere, but when I don't want her around, she's always climbing all over me, rubbing against me. So that's why they had to have a dog. A bonus would have been on acreage. Like I thought, "OK, they get extra points for having an acreage or a farm, because I really like farms and farm animals, like horses, dogs, more like those kind of animals." They had to have no other children. Cause I figured, well, he's my first child so he's gonna be someone else's first child, and I wanted them to be fairly young. I think I wanted them to be between about 28 and like 32, like right around the same age as like when my parents had me. By then, they have to have a decent job, some kind of job that pays more than the minimum wage that pays even more than \$10 or \$15 an hour. They have to have some kind of health care plan. Some kind of good job that pays the bills. They had to have at least one car. Oh there was lots. I had a list that was so unreasonable; it was like, I thought, "Ha, ha, ha, here's my list." Mary suggested, "Make a list of stuff you want and stuff you don't want." And I want, a big huge list of unrealistic things, and I remember looking at it and thinking. "I'm not going to find anyone," And I thought I could throw all these back at Mary and say, "Ha, ha, ha, try me; I'm not going to be happy until I find someone who matches exact criteria."

While April and Mike did not fully meet her criteria because of their age, and the fact that they already had a child, Kaitlyn was drawn to them as potential parents for her baby.

And I read one home study, and I'm like, "Wow," and I'm like " Hmmm, first one I read too." . . . They're already as old as my parents; they're the same age as my parents,; they're 45, 46 years old, but they're not like senior old, but they're in their 40's, and they already have a son, and so I'm thinking, "One, two, minus for you," but then I started reading and like Jeremy, their boy, he plays hockey, and I wanted my boy to play hockey, cause my brother just loves hockey and he never got to play hockey till this year. He's good, he just loves it. And Jeremy, their boy, he plays hockey, he plays soccer, and I always played soccer, and I loved it.

When Kaitlyn found April and Mike did meet her expectations, she interpreted it as a sign that adoption would be a good thing for her child.

When I made my big list of unrealistic characteristics and personalities, and ended up finding almost the spitting image family of my unrealistic characteristics . . . then that was a sign.

Giving Birth

Planning for the birth was difficult because Karen had ambivalent feelings about who should be present at birth.

At first I didn't want my mom to be there. It was like, "I don't want you around me. I don't want you to be around me at all," but then after a while I thought, "Oh no, she can be there." And then my mom said, "Do you want April to be in there?" and I said, "No," and then I thought about it, and I thought, "Well no, Well this is gonna be her baby." And I thought I could bring it up and ask her. And obviously, I didn't really want Mike in there. . . . It's a little different with guys.

Giving birth was a very difficult experience for Kaitlyn. The baby was in a breech position, so the doctors had to perform an emergency caesarean section. Thus, she was heavily medicated, and the medications that were administered to her caused her to hear voices and hallucinate. Furthermore, because of the caesarean section, Kaitlyn was faced with a number of circumstances that she didn't anticipate. Kaitlyn had made some plans with regard to the birth with her doctor, but those plans fell by the wayside.

In particular, she had hoped to have the baby in her room with her, but her mother told her that was no longer possible.

My doctor was really supportive. I had her for Brad as well, the same doctor, and she was really supportive. She talked to me before Joshua was born. She got to know what I wanted and what I was gonna do. I didn't get what I wanted in the hospital. I wanted Joshua in my room with me, and I didn't know that I was able to do that till after. My mom said, "No, he has to be in the nursery." He was born in the evening just before 5, and then they knocked me out, and when they woke me up, I just slept. . . . And the next morning when I woke up I was more there and I knew what was going on, and I wasn't all morphine, and that kind of drugs, and that's when I wanted him in my room. And my mom said, "No, his room is already in the nursery and you just can't get up and move him." I really wanted him in my room, and nobody gave me that option.

Kaitlyn believes that her mother was well intentioned in her meddling, but she has lingering feelings of regret at the missed opportunity to get to know her baby prior to the adoption.

She probably thought that was better because there's two ways with her. There's her way and the wrong way. So, don't get me wrong, I love her, but there's her way or the wrong way; it doesn't matter what it is, if she thinks it's right, then it's right. Maybe she thought it would be easier or better for me. I don't know what she was thinking. All I know was that I found out later that he could have been in my room. I could have been the one who held him the whole time; I could have been the one, cause he was still my baby. He was my baby in the hospital, so if I wanted to change his diapers, and feed him myself, I could have done that. I could have breast fed him in the hospital, or I could have bottle fed him in the hospital, but I didn't know that. You can't change that, no big deal, life goes on. Him being in the room or in the nursery, it's not going to kill either way, it's not going to kill me; it's just kind of a personal preference. . . . They still are little people with personalities, not much I guess, but they do definitely have their distinctions from one baby to the next. So I kind of wanted to get to know that, and I figured, April and Mike would have him for the rest of their lives, so I thought, "Give me my baby. He's not your baby; he's my baby. For the next couple of days, he will be my baby." . . . If I could have gone back and changed it, I definitely would have done that.

Joshua's surprising physical appearance contributed to a feeling of unreality in Kaitlyn.

I thought he was huge, and I thought, "No this can't be my baby". He was pasty white, like me, and he's half native, well, quarter native. But his dad is like dark, fairly dark; Joshua had blond hair, blond like when I was born, blond hair and blue eyes. And then I'm thinking, "Wait, he looks a lot like my brother, just like my brother when he was first born." When I look at the newborn pictures they

take in the hospital, he looks just like my one brother, exactly. And now, once he gets older, he looks a lot like my pictures when I was around the same age. I'm thinking like "Wow, is this real?" It's kind of like not real.

The Time in the Hospital

Kaitlyn felt that the nurses looked down on her because she was young, unmarried, and placing her child for adoption.

I notice a lot of the times, being young, it's kind of like they like to push you around. They kind of look down on you, not all of them. Being younger, obviously not married, deciding to place your child for adoption . . . It's obviously not what they think and feel. It's different from what they're used to. So I think maybe because of that, you do get looked down on.

Kaitlyn had very vivid memories of her encounters with one particular nurse.

Well, I had a really nasty, mean, mean, lady for my nurse. She was on for the evening shift. Bitch. She was just downright nasty. She came in the next morning like after when Joshua was born, to wake me up at about 8:00 am or whatever it was in the morning, She comes in and I think it was at the end of her shift cause I don't remember the night, and I think by then she's probably ready to get out of there and almost ready to go home and she's like, "I want you to get up out of bed," and I'm lying there thinking, "Well how am I gonna do that?" I couldn't even roll over in bed, and I'm thinking, "I don't think I can get up; it's only been less than 12 hours." No, just over 12 hours it would have been. And she's like, "Get up out of bed. I want you to get yourself out of bed. Go have a shower; do whatever you have to do." And so I'm taking my sweet time getting up, and I don't think that pleased her very much, and she said, "Can't you go any faster?" I said, "Can't you help me?" and she said, "No you have to do it on your own. Someone is not going to be here to baby you for the rest of your life." And I'm thinking, "Excuse me, do you do this to all the people, being mean and nasty?" and she's like, "I want you to hurry up, I've got other patients to tend to, I have things to do, I have a schedule to keep, you're not the only person here". And I'm thinking, pardon my language, but "Bitch", and she's just nasty. She's always mumbling under her breath, "This is what you put yourself through," or whatever. . . I can't remember the exact words, but it was rude little inappropriate comments, that really didn't need to be said, and if she really had to say them, she could have gone and gossiped with her coworkers or something like that. It would have been better than saying them right in front of me under your breath. . . I had one nurse rip staples out of me and then tell me it doesn't hurt, that was the mean nurse again, the real big mean tyrant.

Kaitlyn remembers one nurse who was kind and thoughtful.

I had one nurse that was really nice. I really liked her. Actually I was hoping that by some strange chance I could get her again with Brad. She'd come in and

always ask me how I was feeling. She'd come in and just sit down, and just say, "Are you feeling any better? Do you want to eat, do you want to have a shower?" She's asking me, not telling me. She's probably thinking, I'm old enough to decide whether or not I want to have a shower. She'd always come in and she just was really really friendly. She was always bubbly. If I wasn't in the hospital under morphine and everything else, I probably would have found her kind of almost a little bit annoying for being too overly friendly, but I had a feeling that she definitely meant really well.

Kaitlyn was under the impression that the nurses disapproved of adoption. She does acknowledge that she was also heavily medicated while she was in the hospital, and she may have been overreacting to her stressful experiences and misinterpreting what was going on.

I was so drugged up, I was so confused, I didn't know what was going on, so I could have been overreacting, or taking them the wrong way, You just kind of think what you think, and it could have been totally opposite, like I was hearing voices when I was on that morphine, so I know what they were saying, I could hear people mumbling under their breath, like nurses or whatever.

Kaitlyn also felt uncomfortable when she went into the nursery to see Joshua.

I'd go into the nursery to see Joshua. The first time I saw him, the nurse said, "Is this your baby?", and I said, "Yes, it is." And she looks at me . . . and sort of smiles, and I'm thinking, "What did I do?" As if I'm not under enough stress as it is. Like all the nurses knew. . . . They could make it a little easier by not trying to be so rude.

It was difficult for Kaitlyn to spend time with Joshua in the nursery, because there was no place for her to lie down with the baby.

They got a big chair, I couldn't sit; laying down with the baby would be a lot easier for me . . . rather than sitting straight up in a chair; like it was a nice comfortable chair; it was low like this, I sat down and I fell into it, and I was, "Oh God, my stomach." I couldn't get up; it wasn't very fun to sit in the nursery. There's other people in the room; it wasn't a personal place. There was another big open space with cribs lined up; there was those little incubator things for the premature babies or sick babies. There was x amount of nurses per baby that got to run between a couple of babies at a time. So I couldn't sit in my room and just sleep; I couldn't sleep when he was sleeping; I couldn't watch him sleep I couldn't feed him in private; I'd just sit there, and of course someone had to be there in case like I needed to get up and go somewhere; someone had to help me get out of the chair into the wheel chair or walk or something. It wasn't very good.

Kaitlyn's mother stayed with her the first night and her family came to visit in the evenings. Kaitlyn was in the hospital for four or five days because of her caesarean section. Joshua was able to leave the first day, but Kaitlyn decided to keep him in the hospital.

They said he could leave the first day, I said "No", I said, "If he leaves, I want to go down to another floor for sick patients", and they said "Well no, you can't do that." and then I said, "Then you're not moving my baby.", and they were like "Why?" I said "Because I don't need a maternity ward if I don't have a baby." and so the nurse just looked at me and was like "Huh?" And I talked to Mary from the adoption agency, and she said, "That's fine, If that's what you want, that's fine, everyone's just gonna have to live with it. April and Mike, they can wait; they can wait for as long as you need them to wait. Your parents are going to have to wait. This is your decision. You're in the hospital anyways. If you want to keep your baby in the hospital with you, then fine."

Kaitlyn also exercised control by refusing to sign the relinquishment papers in the hospital the day after Joshua was born.

The lawyer came to sign the papers the day after he was born I think, and I said, "No I don't want to sign them now, because then they can take him," and she said, "Yeah, as soon as you sign the papers, then they can leave. That's what they have to wait for. That's the release for him." So then I said, "I don't want to sign them right now."

The lawyer misinterpreted this as an indication that Kaitlyn was not going to sign the papers at all, and so Kaitlyn had to phone April to clear up that misconception.

She took it as I wasn't going to sign them at all. So she went and told Mary that I wasn't going to sign them. She obviously misunderstood me, and I told Mary, "I want to sign them, I don't want to sign them now." And she said, "Oh, April and Mike already left." So they're thinking that I changed my mind. So they probably went home crushed. So I phoned them back I phoned them on the answering machine, and I said, "I want you to know that I didn't change my mind, that I did tell the lawyer that I'm not signing the papers, but I told her that I wasn't signing them right now." I told them that when I was released, I'd sign the papers, and I said, "You're welcome to come back if you want." Originally I didn't want them to come at all to the hospital until the day I gave them the baby, but, they came anyways, and I wasn't going to tell them, "No, get lost." After they were actually there, I thought, "No, it's not that bad; it worked out all right," but then they went home and they didn't come back till the day we were released.

Kaitlyn had an intensely negative reaction to the young interns who were providing care:

The only real problem I had was with interns, and I had the same problem with Brad. I don't like eight people who range from my age to a year older than me, or look that age, in a room with me. It's like five doctors and about a hundred people in the room, and I'm thinking "No." One intern comes up to me and he says, "I'm gonna break your water," and he's got that crochet hook in his hands, and I said, "No, you're not." I'm like, "You can get out though; you're like what, fifteen, twenty maybe. You're not any older than me. Get out." I didn't like the interns.

Naming the Baby

Kaitlyn had hoped to pick a name jointly with April and Mike, but they ran out of time.

Well originally I wanted to pick something that we could all agree on, so no hard feelings. I didn't want to walk away thinking, "That's the dumbest name I ever heard," and I didn't want them thinking, "Well, that's the first thing that's gotta be changed," cause they can do that. I wanted to pick something that we could all agree on. Then we had no time, and then I just named him. . . . Then April and Mike said, "You know what we're gonna do, we're gonna use one of his names as his middle name, and we're gonna give him a name, and take one of your names." So he ended up with Joshua, Jonathan. I had named him Jonathan Matthew. And they wanted Joshua, and I thought, "Yeah, I can live with Joshua; that's not bad." I used to have a doll when I was like 6, that I named Joshua, one of those twin dolls, Meagan and Joshua . . . and then I thinking Joshua Jonathan; it doesn't really flow very nicely; it didn't flow to me. And then I thought, "No, I can live with that." So I wasn't walking away pissed of. And we were all walking away happy, and it's not like they just changed his name and said, "Ah, to hell with her; she can just find out on her own." They told me and they said, "Would you have a problem with that?" And I said, "No I kind of wanted to pick a name together, us all come up with names that we like, but we never got a chance to. I can live with Joshua Jonathan," and they said, "Yeah, we can too".

Dealing with the Relinquishment

Prior to placement, Kaitlyn had had several phone conversations with April and Mike, and a couple of visits, including one to their home. She had had only one brief encounter with them in the hospital, and they had not arranged a formal placement ceremony. Kaitlyn has since heard about various types of entrustment ceremonies, and thinks they are interesting and a good idea, but at the time of her placement of Joshua, it was not something she wanted.

I do think it is a good idea; it's interesting. I wouldn't say, "Oh you're crazy to do that," or "That's dumb," or "That's stupid." I'd probably say, "Oh, that's a good idea," and it is now that I think about it. . . . But for me, at the time, I wouldn't have liked that. . . . I would have probably been even worse then. . . . I needed to be alone. If you want to have the whole family kind of celebrate, go ahead. That sounds great, but I couldn't take that; I didn't want to take that.

On the day that she and Joshua were to be discharged, Kaitlyn said good-bye to Joshua early in the morning, and then arranged for her mother to pick her up, before April and Mike showed up at the hospital. She had planned to avoid contact with them, but it didn't work out that way.

By my bad luck, I was waiting for my mom to bring the car around. . . . I was waiting inside the doors, and Mike comes in, and he's carrying the baby car seat. . . . Yah, It was really uncomfortable. . . . and I was thinking like, kind of in a rude way, but not really in a rude way, "Get out of my face, like I don't want to see you right now." But they're great people, and it's not that I wanted them to piss off and leave me alone, it was more like, "I don't want you around right now, I don't want anyone around right now, it's not you, and it's not anyone, it's just everyone." I was thinking, "If I could take the bus home right now, I would. I don't want to sit in the car with my mom."

It was difficult for Kaitlyn to identify just what she was thinking and feeling at this point in time.

I think probably everything rushed through my mind at one point, like a little bit of happiness for them, a little bit of relief, regret, a little bit of everything. It wasn't one thing of any kind. . . . it's hard to explain. You don't really know. You can't really tell. You can't think of what you were feeling, cause, I don't think I did know.

Kaitlyn chose to try to deal with these confusing feelings on her own.

I wanted to deal with it; I didn't want anybody to talk to me. I didn't want anybody to say, "Hi, how are you?" People ask questions in good intent, but you always take it the wrong way. You know that they are not trying to be mean, or nasty or hurt you, but it comes across as mean and nasty or hurtful when you hear it. But then you think after, "Oh they weren't trying to mean to me, they were trying to be nice, trying to show they care," and they do care. It's just that you think at the time, "Well fuck off, leave me alone. You don't know, and you don't care, and if you really did care you wouldn't do this." . . . I just locked myself up in my room. I didn't talk on the phone, and that's what I always did; I was always on the phone non-stop, 22 out of 24 hours of the day. Some of the calls maybe like short one or two words answers, "Yes, no, I don't know, OK, sure, bye." I'm sure it would last maybe two minutes and someone would say, "OK,

I'll let you go," or I'd say, "I'm busy, I gotta go." I'm thinking I'm just gonna be sitting there, moping, doing nothing, but just let me do that. I didn't go out, I didn't really talk to very many people. And I think, having people come around me saying, "Oh, it's OK, don't be angry, don't be sad, don't be this." "Well don't tell me what to be or not be," and that's what happened. People would say, "Well it's OK." and I'd say, "No it's not OK, how would you know it's OK?" It was something I didn't want from other people. And I knew I would just lose patience, and my frustration would definitely wear onto them. So I wasn't into a big party or lots of friends or trying to go out and party to forget about it. I couldn't do that. It was more like I could sit and read a book, or I would sit and just stare at the wall and watch TV. That made it a lot easier for me. I think it helped.

Kaitlyn found the first days of relinquishment agonizing and difficult, and she turned to her best friend Wesley for support.

During my 10 days, I'd call my best friend, and I'd just like cry to him, "I need to call you because I'm gonna either . . . pick up the phone and go to call the adoption agency to say, "I want my baby back," or go to call them [the adoptive parents] to say, "I want my baby back, I'll come and pick him up." But I'd dial his number, and say, "Help, I almost called again." And he'd say, "What's going on?"

Kaitlyn was often overwhelmed by intense emotions, and she knows that she was often rude to Wesley who was just trying to help. When she would call Wesley, she would ask for advice, but she simply needed to talk to someone. When he would give her advice, she would become annoyed with him, and it wasn't until she was really clear with him as to what she wanted from him, that he became the good listener that she needed.

It's just a time when you're down right rude, like you're obviously upset, angry and bitter, just everything all over again. I would call him, and I would say, "What do I do?" By talking to him and asking for advice I know it was more like, "Let me talk. Shut up and let me talk," but I never actually said it, so he'd say well, "Why don't you try calling them?" . . . I know he was trying to be helpful, I know he was trying to show support, because he never once said, "You shouldn't do this," or "You have to do this." He never did that. He was definitely trying to help, but the fact that he was saying, "Well I know what you mean." One day I just said, "Don't even bother saying it. That that just grinds me; it's like fingernails on the chalkboard to me, when you say you know how it feels." I just exploded . . . "When I call you just shut the hell up, like change the subject if you have to, but if I won't let you, then you're sticking to the subject." "OK, so you just want me to listen?" And I said, "Yes, when I ask for your advice, do not start off with, 'I know how you feel, I know what it's like' . . . That just makes it worse." And after I more or less bit his head off, he just listened, he just let me

talk, and talk and talk, which helped a lot. . . . He just listened when I was yelling at him, I was practically screaming, like swearing, screaming, calling names, just like totally flying off the handle, like the hormones, and the pressure. I was just a basket case. He definitely understood. . . . When he got so that he wouldn't say, "I know what you mean," it was like I flew through the rest of those 10 days, and then the next 10 weeks.

Kaitlyn believed that if she called the adoptive parents when she was so emotionally distressed, she might have been making the biggest mistake of her life. She might have asked them for her baby back, and then she'd have to try to raise the child in poverty. She also knew that she might amplify the adoptive parents' fears that they would lose the baby, and she didn't want to do that. Thus, it was very important for her to sort out her feelings prior to having any phone contact with Mike and April.

And I'm thinking, "Why [should I call them]? So I can just [say] . . . "Give me my baby back? [Raise the child] in poverty? That could be the biggest mistake of my life. . . . Call her up and make her wonder, and have her on pins and needles even more, cause . . . Oh, better believe it, they are on pins and needles. Like one phone call and somebody could be at their door to take their child that they are already getting to know, getting to love. [The child] could be gone in a matter of an hour. I'm thinking like, why put them on pins and needles even more, like that's not fair to anyone. It's not fair to me; and it's not fair to them.

On about the fifth or the sixth day after relinquishment, Kaitlyn felt a strong desire to see her baby. Not wanting to alarm April and Mike, she called Mary, the social worker from the adoption agency, for help in making the arrangements.

I called up Mary and I said, "I want to see my baby." And she's like, "Are you sure?" and I said, "I want to, like this is just really bugging me." And it was only after five days, four or five, six days at the most, and she said, "Is this what you want?" And I said, "Yes." And she said, "OK, I'll call her, or do you want to call her?" And I said, "Maybe you call her cause I don't want her to get the wrong idea." Cause our conversations always started off with, "Hi it's me, I haven't changed my mind yet." Or they would call and say, "We haven't changed our mind yet, things are going great; what's new with you?" And they were really good. But that one time, I'm thinking they might get the wrong idea, cause I never said I want to see him. They're also in that position where they probably want to say, "No," because they don't want to risk something, but if they say "No," I'll say, "Well screw you; give me my baby back; he's gone for good." So they are kind of at a position where they're at a loss, they don't know what to do.

Kaitlyn knew that April and Mike were likely nervous about a possible revocation of the adoption, because she had refused to sign the relinquishment papers while she was still in the hospital.

I know what they're feeling. Definitely, cause I refused to sign the papers, the release papers while I was still in the hospital. They sent the lawyer in to get the papers signed, and I said, "I don't want to sign them right now, I've only been here one day, I'm gonna be here for the next three days; I'm not signing them till I leave." And I think they got the wrong idea, that I wasn't gonna sign them, cause at that point, I was still confident about signing them. I still wanted to sign it, but I think they got the wrong idea, so probably through that whole time they were on pins and needles,

Kaitlyn was also nervous because she was afraid that April and Mike might back out of the adoption.

Like I didn't want them to say, "We don't want your baby; because we're scared that you're just gonna take him away." Cause then that puts me at a big loss too, cause I finally make a decision, and I screw it up for myself, because they're scared, like they don't want to get attached to the baby, because they know for a fact that they're gonna loose the baby. Of course they always take that chance, but when they are more confident than not that they are going to loose this baby, they are not going to risk it. . . . They've gotta think about their son who is six or seven years old. "Look you have a new brother one day, but tomorrow you don't?" Like how do you explain that to a little boy?

In spite of these apprehensions and the awkwardness, the visit went well, and helped to cement Kaitlyn's decision.

It went really good, it went really good. And April said, "I feel this went really good." I said, "I do too." I feel 500% better, and I feel 100% better about my decision than I did an hour or two hours or three hours ago. And she said, "You know, we were really scared; we didn't want to do this." She said, "We didn't want you to come over, because we were scared; we didn't want to have to tell Jeremy that he was losing his brother." And I said, "Yeah, I know," but I think if I missed out on this, if I didn't come out and see him, I think I might have changed my mind at that point, so it kind of definitely worked out in the end. And she told me how she felt, how they were definitely scared about everything. They didn't want me to come over, and they didn't want to bring him over, but they didn't think they had a choice. And I said, "As mean as it sounds, I knew you were in that position." Like I knew I was putting them in that position, but I knew as much as they knew, that they were putting themselves in that position, but that's the choice, that's what they had to do right? The 10 days just go by so slowly and they also go so fast at the same time if that's possible.

When Kaitlyn saw Joshua in their home, she was reassured by what she saw.

I needed to see that, yeah, clean diapers. He had a brother who loves him; he had a mom and dad who ran at every single little noise he made, to see he had food and clothes, to see that he wasn't unhappy, that he wasn't mistreated, or dirty or in bad shape or anything like that. So that was definitely good. It just made me feel a lot better to see how Jeremy acted with the baby. It was just a big relief, more than anything.

Kaitlyn experienced an amazing level of relief from her emotional turmoil at the end of the 10-day revocation period.

The fact that you had a deadline, you had pressure, you had choices to make that kind of made it worse. . . . I don't think I was at all relieved until after the 10 days. Like on that 10th day when it was finalized, then that was relief.

Kaitlyn found much support at the monthly Birthmother's group at the adoption agency.

What was helpful definitely was the Birthmother's group. . . . Cause I could sit down with girls around my age. . . . They were anywhere from about 16, 17, to in their 20's; Mary [one of the facilitators] is an adoptive mother; Marlene [the other facilitator] placed her daughter for adoption. So there's anywhere from the old system of experiences to this new open adoption to being an adoptive parent. . . . I can sit down and I can listen to Sarah, Angelica, or Bobbi, whoever talk about their experiences, and I can say, "Yeah, you know what, the same thing happened to me. I feel the same way about it. You know what, I feel the same way as you do." I can definitely relate to them a lot more than just sitting down with friends, and having coffee, because they don't know; they haven't experienced it, so they don't know.

Kaitlyn described the group in this way:

You get together the last Monday of every month, and it's just us, nobody else, just the birthmothers, and Mary and Marlene. When I started going, about three years ago, it used to be the same group of people, probably about six girls, anywhere from four to say about eight or nine. The odd time we would have, a girl come in who's pregnant still and who's either picking out a family, or who has already picked out a family, or is in the end process of it, the end of the pregnancy, and the beginning of the adoption system. . . . We'd get together in a room, light candles, light candles for whoever of us had a child's birthday that month, we'd light a candle, just a floating candle in a big bowl, and then we'd light big pillar candles, and then turn the lights off. We'd just sit and talk. If there were new people, we would just introduce ourselves, tell our stories, like our experiences.

When the core group was there, the conversations became much more intimate.

When it was the same group who were normally there, it would get really personal like, "It was his birthday, or it was her birthday, and we had a birthday party, and it just made me feel like shit, like I just couldn't take it, but I didn't let them know".

Kaitlyn appreciated having this opportunity to be honest about her feelings in a safe place with other young women who had also experienced adoption.

We can sit and talk with someone with whom we feel comfortable, and it's private, whatever we talk about pretty much stays in the room. Whatever we feel; it's kinda like a place to just laugh or cry or get angry or whatever, just sit and talk with whoever is there . . . If I have a problem with something, maybe someone else could say "I had that problem, this is how we got through it, Try it, it might work for you". Or someone is having a rough time in their relationship, I can say, "You know what, I went through the same thing, and you know what, it does get better". And it's a good place for other young people to come in and if they're thinking about adoption, and they're all for it, they can see it's not a horror story, it's not all bad. It's good for some people; it may not be good for all people, but it was definitely good for us.

The birthmothers' support group was also a place where Kaitlyn received support in understanding and dealing with unhelpful comments of well-meaning friends who would tell her they knew what she was feeling.

At the support group, the birthmom's group at the agency, we all agree that, "No you don't know how I feel." "No, you can't even relate how we feel during, before, after, like 10 days after, 10 years after. You can't." My mom can't, my brothers can't, none of my friends can, unless they have actually done the same thing. The only persons who can relate are the people who have done it, be it open or closed adoption.

Kaitlyn now is able to put her friends comments in perspective, and challenge them appropriately when necessary.

It was to help . . . but the fact that they were trying to help and not helping . . . I just finally said "Don't."

Building the Open Adoption Relationship

Kaitlyn found it difficult to build a trust relationship in just a few months. She experienced some insecurities and uncertainties in the relationship.

You're strangers for your whole life and then three months before you have a baby, you're supposed to be best friends and know each other inside out. But like you can walk into a meeting, and know everything about them; you know what their family was like; that home study has got everything, like any illness, any disease, and criminal records if any. I'm sure, if I asked, I could get their driving record. You name it, it's in there. It's so personal, you can walk in knowing these people, but you think, do you really know them, and do they really know you? Do they think of you? How well do you know each other?

While Kaitlyn and April and Mike did not make up a specific adoption plan, she did have specific expectations about visitation, which have largely been met.

I wanted to see him at least once a month. And have some kind of visit. Not just like walk by each other in the mall, and say, "Hey, what's up?" Like an actual, sit down, and see what's new, what's going on, whatever. That was OK, we did that. It wasn't a real actual agreement, like you'll see him this day, this day, and this day. It wasn't really like that. It was kind of more like along the lines of, "OK, how about you call us when you need to, and we'll call you every once in a while too." That worked out just great.

Kaitlyn saw Joshua approximated once a month in the first six months. She would go to see him or April and Mike would bring him and Jeremy over to her parents' home because she still lived at home. She enjoyed the visits because she got a chance to know April and Mike as people.

It was really good. We just sat around and talked, not just about Joshua, but about everything. . . . "So, how are you doing?" "Oh we went shopping," or "We started swimming lessons," or "Jeremy had a hockey game, and he won or they won. We went to provincials," or whatever it was. It wasn't just around Joshua, which was OK, cause I'd like to know the people who he'd be living with for the rest of his life . . .

While the home study had provided her with lots of information about April and Mike, the visits helped her get to know them on a personal level.

It's like yeah, I know Jeremy plays hockey, and I know it's this team, and I know he plays this position, but what does he think about hockey? You can find out actually about them. Jeremy and my little brother are only a couple of years apart, so . . . they would go take off and play, the parents would all talk or whatever. We'd just kind of sit around and . . . visit like going to any friend or family's house, have coffee or tea or juice or cookies. The kids would play outside; get out of the house or whatever, so it was fine.

Kaitlyn felt good after the visits because she felt reassured that Joshua was fine.

I think actually knowing them, knowing that they wouldn't have a problem if I just up and contacted them . . . the fact that I know that Joshua is fine and that there's absolutely nothing wrong with him and there's nothing wrong with them, and that he's healthy, he's fed, happy, he's got parents and a brother who love him, and don't just care about their friends and family. That they accept him, and accept me and my family, and the same goes back to them; it just makes me feel better.

The adoption agency also runs groups for adoptive parents, and recently Kaitlyn attended a meeting for birthmothers and adoptive parents, a meeting which she found very helpful.

We had a Christmas get-together with the adoptive parents, which is something we have never done before. It was great; we could sit down for once, and there was only the three of us, three of the actual girls in the group, and Marlene and Mary, and then there was about five ladies, and one couple who were still on the waiting list. We could sit and talk. . . . When you talk about your family, sometimes you hold back because you don't want to hurt the other ones feelings. You don't want them to think that you're angry cause you might not be angry; you could just be hurt or upset. It's a lot easier; it's kind of like talking behind their back, and getting the dirt on them without actually talking about them. Like one adoptive mom said, she was having problems, and she said, "I don't know what to do in a case like this. Do you have any suggestions on how I can approach my birthmother?" Or, "How can I work through this 'cause it's really bugging me." And we could say, "Well you know what, if I was in that position, I would want you to call me, I would want you to contact me if I wasn't able to contact you, I would want you to invite me over for birthdays, for Christmas, just for a dinner, just to sit around and have a coffee." We could tell them, give them hints, on what us as general birthmothers think. Cause we've all gone through basically the same thing, we can give an idea; it might not work for them, but they have an idea of what works for three out of thousands of other birthmothers. And we can see, "Oh, OK, this is how the adoptive families feel."

Kaitlyn appreciated this type of meeting because it gave her an opportunity to check out how adoptive parents view certain issues. She is sometimes apprehensive about working through difficulties directly with her adoptive family, and thus she sees merit in having this indirect way to obtain an adoptive couples' perspective.

It was great. I thought it was gonna be really uncomfortable cause I'm thinking like, "These are the people that have our babies. These are the same type of people that have our babies and that look at us, and we wonder what they think of us. We wonder how they think of us, and do they think of us. And then we can find out what these people are thinking about their birthmothers, and then I'm thinking, "Is mine?" . . . It's kind of hard to know what they're thinking without directly saying like, "Why did you do that, or why is this like this?" . . . I like to

keep my relationship as open and honest as possible, but just some things, no, I'd rather ask someone else.

For example, Kaitlyn recently felt annoyed because she felt that the contact that she had come to expect had dropped off somewhat, but she felt insecure about asking about it directly.

We haven't really talked for quite a while. And April always used to send me pictures, like all the time. She'd send just a few pictures in a card or whatever. And like I'm thinking, "OK, well, what the hell's with her, she hasn't called me back." I left a couple of messages but OK, they're busy; they've got hockey; they've got soccer; she goes to the preschool classes with Joshua. You name it, they've got it; they're a run-around family just like mine was. And I'm thinking like, "Well why isn't she sending pictures? Why isn't she returning my phone calls? Do they not want to talk to me anymore?" Now I'm getting pissed off. I'm thinking like, "You ugly bitch; you asshole." I'm thinking like, "That's just down right rude. Like can't you even return my calls and say we don't want to talk to you anymore; go to hell. So that I can hang up on you; that would be better than sitting around wondering." . . . When I talk to other people, they say, "I don't think that would be the case." They say, "Personally we respect our birthmother, more than we respect anyone. We have so much respect for her. . . . We always try and take into consideration how she would feel because we wouldn't be feeling anything, none of us would be feeling anything, if it wasn't for her."

Kaitlyn found the advice she received from the adoptive parents at that group meeting very helpful.

If you've been this close, and if they've done so much for you, and you've done so much for them, I don't think they're just blowing you off. Like try and ask them why they haven't returned your call. Ask them, "How's life been; you've been really busy I take it. It kinda hurt me that you never called me back." Or "It kind of hurt me that our last visit didn't go so well," or whatever it may be.

Kaitlyn ensures that she and Brad go with April, Mike and Jeremy to the family picnic sponsored by the adoption agency every year in June.

The final picnic is just with [the adoption agency], where people on the waiting list as well as adoptive families and birth families can get together, just a fun day in June usually. They have it in Calgary and Edmonton. It's good because the Calgary one, it's always raining it seems, whereas the Edmonton one is always nice, so I'm kind of happy about that.

Integration of the Open Adoption Experience into her current life circumstances

Kaitlyn remained close to home the first few months after the placement.

I just kind of locked myself up. I wasn't really old enough to go out to a bar, to hang out with friends, so I just stayed home. The odd time someone said, "Hey you want to do something?" I'd just wanted to say, "Oh, I've got things to do today; I don't feel so great," or whatever excuse to get out of doing something with someone else, and actually going out in public and being around other people.

At her first birthmother's meeting at the agency, Kaitlyn met Bridget, a young woman who had a very similar experience to Kaitlyn, and she spent a great deal of time conversing with this woman who understood her feelings. These conversations helped Kaitlyn acknowledge and process her own feelings of anger and bitterness.

She was a little older than me, and she had a daughter who was I think a couple of years old at the time. I talked to her like on the phone, all the time, any chance I could get. She helped because she was in the same like angry bitter position as I was. So like I could talk to her and say just say whatever. Her relationship, and her experience was the closest one that I could find out of anyone that I ever knew, that I ever met. Her experience was the closest possible to mine that it could be. She didn't like the idea of adoption, but she didn't have much of a choice. She's not angry at her adoptive family, but she is very bitter towards the whole experience. . . . I don't know about now, I lost contact with her. But I can tell you she was very angry with her life with her experience with herself with her family with everything. And talking to her I could say, "You know what, the same thing happened to me." . . . When talking to her it was just like just like talking to myself almost, and getting some kind of response that meant more than, "Oh, I'm sorry," or "Oh it's not so bad." It was an actual response in relation to what I said or what I experienced. . . . I'd say to anyone who's having problems or just needs to talk, "Find someone who has had a really close to the same experience as you had."

Talking to Bridget helped Kaitlyn break out of her self-imposed isolation. She attended the monthly birthmother meetings regularly, and at one month post-placement she started attending school again.

It gave me something else better to do than sitting and doing absolutely nothing, just wasting time and air and space and everything else, so going back to school was a little bit better. At six months, it stayed pretty much the same.

Kaitlyn has remained somewhat of a homebody, preferring staying home and catching up on her sleep, to going out to the bar, a past-time of some of her friends.

Even now, I think it's because of Brad too, I just kind of prefer staying home, and doing absolutely nothing if I can. Whenever I get the chance to I'd rather just kind of spend time alone than just go out with a bunch of friends. Most of my friends are, "Let's go to the bar and get drunk," and sometimes that sounds really good, but, "No, I'd rather not, I'd rather stay home and catch up on sleep," and that's kind of the way I was even with Joshua before Brad was born. It was like, "No, I'd rather just stay home."

Although she was on the birth control pill, Kaitlyn became pregnant again when Joshua was three or four months of age. It was a very upsetting time for her.

I think I was more angry than anything; I'm thinking, "Why this again?" . . . By then I was going out . . . and so I'm thinking, "Oh great. I'm gonna have to do this again, I'm gonna ditch all my friends, they're gonna ditch me, I'm gonna sit in my room again, I'm gonna be pissed off at everyone just when I start to actually get my act together," and I'm thinking, "No, I don't want this to happen again. Why me?" kind of thing, so again a lot of anger and disappointment with myself, not quite the same things over again, cause last time it was more denial, like, "No, no, it's all good." This time it was more like "Oh, shit."

With this second pregnancy, Kaitlyn's parents tried to persuade her to have an abortion. They booked an appointment at the abortion clinic, but Kaitlyn told the counsellor there that she didn't want to do it, and after waiting a suitable period of time, she returned to the waiting room to meet her parents. Her parents assumed she had had the abortion, and Kaitlyn didn't inform them otherwise. With this pregnancy, she wanted to make sure the decision she made was her own decision not that of her parents. Furthermore, with her first pregnancy, she did doubt her ability to parent, even though she claimed that she thought she was able to parent. With this second pregnancy, she believed she was ready to parent, and she just didn't want to battle with her parents about it. She wanted to make her own decision.

Well, I didn't want to have to go through all that bullshit again. . . . I wanted to prove to everybody that I could do it, that I knew I could. When I was 16 or whatever with Joshua, I didn't think I could do it [handle the parenting responsibilities] but I said, "Yah, I could do it," but honestly to myself, I didn't think I could do it. But with Brad, I thought that Joshua had matured me a little bit, not as much as Brad has . . . but I knew I could do it. And I thought to myself, "I'm gonna laugh in your face, cause you're laughing at me now, but I'm gonna have the last laugh," I wanted to prove everyone wrong. . . . I always had to be right. But I wasn't like my mom where I couldn't admit I was wrong. . . . I just did it; I didn't really care about what other people did or thought; I just thought,

“It’s my life, and my decisions. You can say whatever you want.” . . . Plus with my parents too, I was gonna say, “I’ll show you, for once in my life I’m gonna show you that I’m not some little kid that has to have everything laid out on the table for me.” So that’s probably part of the reason, not completely a lot of it, I don’t really know.

Arranging visits is sometimes difficult because of busy and conflicting schedules. This difficulty was evident in the most recent visit, which occurred just before Christmas. The visit went well.

She called and then we kept playing phone tag, for the next three days, and she said, “Oh, we keep missing each other. Like what’s going on; I’m tired of phone tag; Call me back.” And she’s like, “I’ll just try your cell, and hopefully catch you there,” and she did call, later on, after she got that message. I got the message after I got home. She did call me as I was just getting in the house or whatever, and they came over for Christmas, just before Christmas, and they were here for a little while. And then Joshua and Brad took off to the bedroom, destroyed his room, and were playing in it for an hour or two, destroyed his room, so I will never again put a two or three year old in a bedroom. . . . Brad has his things. Joshua is over the age of “mine, mine, mine.” Brad is just getting into the age of “mine, mine, mine,” so Joshua gets on his spring horse, “mine, mine, mine.” Brad wants him off, doesn’t care if he’s Jesus; he wants him off his spring horse. So Joshua says, “OK.” He gets off, no problem. Brad doesn’t want on it. They go play something else. Joshua’s got his truck. Well they’re all his trucks that he can share cause he can’t play with twelve trucks at the same time. So Joshua picks one, Brad wants that one. But Joshua, he’s really good, he didn’t get angry, he didn’t lose his patience with Brad. It was good. . . . The only time like Brad got angry was when Joshua first sat on my lap, Brad wanted to sit too, so he went and he sat on Mike’s lap instead, and I had Joshua and he had Brad, and so Brad’s probably thinking “ha ha ha,” and I’m thinking, “ha ha ha to you.” So they both climb on me; they were happy both sitting on me. . . . So they were really good with each other.

Kaitlyn appreciates the contact that she has with Joshua.

Well it’s not bad, like I know that he’s a good boy, he’ll come and sit on me, and he’ll talk to me on the phone; April will call and say, “Joshua wants to talk to you,” and we’ll talk, and he’ll talk to me about the little man under his bed or in the closet; he’s got a wild imagination, and he’s sure to let everybody hear about it. They call and I’ll talk to him, sometimes more than I talk to April; he tells me everything; it’s not that bad; I wouldn’t say it’s horrible.

Kaitlyn also feels quite comfortable in her relationship with April.

I think it's really good. Generally speaking, I find we have a lot in common, like interests, what we like to do and what we don't like to do, and all that. I think that helps a lot. She can just call me and she can just talk; she can just talk too much I should say; she just talks and talks and talks, and I notice that I can do the same thing. So whoever kind of starts on the conversation first gets to say everything they want and the other one is just listening. She's kind of better at interrupting than I am, and I just kind of I'm like, "Yeah, ah, hmmm, oh, yeah, yeah." It's not that bad, I think it's really good. . . . Generally I can say everything I want to say to her without fearing much she's gonna get pissed; she's gonna be hurt or upset or something like that. So it's not bad.

Kaitlyn believes that a positive attitude towards the open adoption, as well as a realization that adoptive couple and the birthmother have separate lives is essential to making the open adoption relationship successful. An appreciation for the complexity and busyness of each other's lives leads to compromise.

I think it's what you make it. However you make it, that's what it's gonna be. If you walk into the whole process right from the start thinking, "This isn't gonna work, this is dumb, I hate this, I want it my way or no way," then it's not going to be good. It's going to be probably a horrible, worst experience of your life, because they are human beings too, and they do have lives of their own. You're a human being yourself, and you should have a life of your own, that doesn't revolve around absolutely nothing or revolve around their lives. They have things to do; they all have jobs, they have bills to pay, and sports to attend, and activities, school activities. So you can't expect them to do every single thing you want them to, and they can't expect the same thing with you. So you gotta walk in realistically, not wanting everything your way, cause you definitely have to make some compromise. . . . You have to compromise, and bend a little bit, to make things go the way that they should or the way you want them to be.

According to Kaitlyn, it takes a lot of trust to and commitment to the relationship to make the relationship work well.

I guess it's what you make of it. . . . If you do it right, if you approach people, and say exactly what you want, then it will go the way you want it to go. Chances are open adoption, it's the way that the family wants to go too, cause I don't believe that people would wait for a year, or two years or five years to get a baby through open adoption just to tell the birthmother to fuck off. Like that's not what open adoption's about; they wouldn't be on the open adoption list is that's what they wanted. You shouldn't be placing your baby through open adoption if you want to say "Take my baby, totally get out of my life, I'm gonna totally forget about you." That's not what open adoption is; I don't think you get that very often and I think that the adoptive family has to do everything they can to make the experience for the birthmother and the birthfamily in general. They try and please them as much to their ability as possible without ruining their own lives.

Contact with extended family has been minimal largely because of distance. Pictures are shared, but the development of relationships has been limited to Kaitlyn's immediate family.

My Grandma has seen Joshua, she's seen pictures or whatever, but as for an actual relationship, it's not really there. It's more like, me, and then little bit my parents, they're involved somewhat, and then my family, my immediate family. . . . I've seen pictures of Joshua with his Grandma, and they're happy, and they look like nice people. . . . It's the distance thing; they live so far away.

Kaitlyn defines her relationship to Joshua as a very unique relationship that cannot be compared to other blood relationships.

I still consider him my son, but as for being an actual mom, I don't think I am, cause that's what April is. She's not biologically and through blood his mother, but she is every other way. And the way that she's not, I feel that I am. . . . As for being an actual mother to him, it's only pretty much biologically . . . just a natural instinct type thing . . . I'd just say it was really good. . . . It wouldn't be like a brother and sister, and it wouldn't be like even an auntie to a nephew or really even like a mother to a son, or a grandmother to a grandson, or something like that, and I wouldn't consider it, as I would have a relationship with my cousin. It's something else. . . . You can't really explain it; there's not really anything to compare it to.

Kaitlyn believes the adoption has had a positive influence in her life.

After the angry and negative part, I think it changed me for the better. I could tolerate people a little bit more. . . . It changed my thinking for the better in the long run.

Parenting Brad has helped Kaitlyn gain better control of her temper.

I've always had a very short temper where like the smallest stupidest thing would just throw me over the edge, and I'd just freak out over nothing, so that's definitely changed. My temper is way under control compared to what it was. I still lose my temper, but it's a 100% better. Even with my brothers, my temper is not lost as easily. So I think Brad has helped with that more than anything.

The birth of both boys helped improve her relationship with her parents. She no longer expects them just to give her all the things she wants, and she is more appreciative of the help that they do offer her. She also realizes that she is responsible for her choices.

With both the boys, it changed my relationship with my parents. . . . Before it was really bad, me and my parents screaming at each other; my mom was ready to kick me on my ass out the door; my dad was always breaking up fights between me and my mom. . . . Now I realize with Joshua, sometimes you have to make choices, and sometimes you like them, sometimes you don't, sometimes they work, sometimes they don't work out. . . . When it comes to Brad, they won't think twice, if I say, "Oh, can you stop by? It's 10:00 o'clock at night and I've got no milk left, and Brad needs milk for breakfast." My mom and dad will definitely stop and drop off a jug of milk, but if I tell my dad, "Brad is having a nap, and it's cold out, and I don't feel like going out, can you go to the store and buy me a DVD," he'd probably say, "Go fly a kite." . . . It definitely made me realize that I can't expect everything handed to me; I've gotta make choices and decisions on my own.

Kaitlyn continues to struggle with her decision to place Joshua for adoption. She knows she can't turn back the clock to undo the decision, but she continues to mull it over in her mind.

I don't think it will ever change to where I don't want to change my mind . . . so yah, I think that will always be there. . . . I don't think that if I went back in time, that I wouldn't do the same thing; it's not like that, cause I know it's better the way it is now.

The fact that all has gone well has helped her to adjust to the relinquishment. While she continues to doubt her decision, she feels better now about the decision than she did at the time she made the decision.

I feel better now than I did at the time, I feel better now, just knowing how it's going. If it didn't go the way it did, if it went totally the opposite, I would probably say bring me back a couple of years ago, let me change my decision, but even if I could do that now and go back in time, I wouldn't, like I'd just let it go. . . . Nothing's been going bad.

Goals and Plans for the Future

Kaitlyn hopes to become a social worker for a number of reasons. She looks forward to the financial stability that a career in social work will offer her. Her mother was a social worker, and she remembers that there were never any major financial concerns. She also sees social work as a career in which she can share with others all she has learned from her own struggles.

When I look at my life now, and the last couple years, and I know what I've been through with regard to with Joshua and with Brad, and I think I wanna help

people in my position one way or another either who are struggling to pay the rent or put supper on the table, feed themselves and clothe themselves. . . . I figure that if I can help them. . . . I can say, "You know what, this is what you need to do to get on track." And if I can help someone not go through what I did be it with children or without, then that's why I wanna do it. Plus it pays good. It pays decently; and it's Monday through Friday, 9:00-5:00. So I don't struggle with day care or a day home to watch the baby.

Kaitlyn is currently working on arranging her volunteer hours at the Terra Association. She hopes to volunteer in the school day care.

I have a meeting with the volunteer coordinator at Terra. They helped me out when Brad was born. Even before Joshua was born, they were there, and so I wanted to go there.

Kaitlyn also is considering going back to school to earn her high school diploma prior to entering social work. She believes she is a capable student who can achieve good marks if she puts her mind to it. She hopes to eventually obtain more stable employment, and move to a place where she can provide a nice back yard for Brad.

I'll probably end up just seeing if I can write the test and go to school for a couple of years, and get some kind of real job, not like bouncing from some dead end job to another one to another one, from a coffee shop to retail to another coffee shop, to whatever it might be, I'm getting tired of that. And actually get out of this fairly dumpy apartment; it's getting pretty bad, I'd rather have some kind of normal decent place to live, with a back yard. An apartment is perfect for a baby but, as for going outside to play in the summer or spring or whatever, I have to sit outside while he plays, sit outside pretty well doing nothing, kind of rolling around in the grass with him. At least with a yard, we can close the gate, let him run around let him have a swing set, sit under a tree, and read a book. You don't have to worry about him running on to the street, or getting hurt. . . . I need something bigger, and I'm not gonna find something I can afford right now that's any bigger, so having some kind of a real job would help.

Words of Advice to Other Young Women who Face and Unplanned Pregnancy

Kaitlyn advises that they carefully consider all their options, and think realistically about what they can manage.

I would say like, well kind of like to a friend, "I know you have three options as to what you can do. . . . You can go and get an abortion, and you can parent your child, you can place them for adoption. There's open and closed adoption." The only thing I would say is, "Don't keep your baby when you can't do it, and have them bounce from foster home to foster home, to a friend's house, to wherever you're flying around at, that's not fair." I'd ask them. . . . to think

where they are in their life, how they are financially. "Can you afford it? If you can't afford to feed your cat, you can't afford to feed your baby. If you don't have time to walk your dog, you don't have the time to get up and change diapers and, play with a baby . . . If you don't have time to take care of a cat or a dog, you don't have time to take care of a baby. If you would much rather be out partying on Friday and Saturday, it's not going to happen with a baby. If you plan on working full time, and going to school full time and sleeping two hours a day and then getting up to school and going straight from school to work, and then going home and sleeping, it's not going to happen. Even if you plan on going to school with a baby, it will happen if you want it to, but that's really hard." I would just tell them, "Think about what's best for you, like right now, what is best for you? What do you want; cause once you make a decision, there's really slim chance of you changing your decision to something else. Usually you can't," so, like I would probably tell them that. I can't tell you what's good for you, but I can tell you what's good for me; I can't tell you what you should and shouldn't do.

Taylor's Story

An Introduction to Taylor

Taylor was a 22 year old woman who had just graduated from a baccalaureate nursing program at the time of the interviews. She presented as an articulate soft spoken, thoughtful person, who was very reflective on her experiences. Her emotions were close to the surface, and she was occasionally tearful as she spoke about the more painful aspects of her experiences. She also evidenced a sense of humor, and was quick to chuckle about humorous memories. She described herself in the following manner.

I think I am, sometimes easy-going, I like structure, and so I get a little out of sorts if things aren't quite how they are supposed to go, but I'm pretty outgoing, like new challenges, pretty easy going. I've always been very emotional, but I'm much more so, since the birth and the adoption. . . . I think it's usually a good thing, I mean sometimes my class makes a joke that if my shoelaces are untied, I start to cry, but it's not that bad.

Taylor lives with her mother and her 18 year old younger brother; her parents are divorced, and her dad's remarriage has expanded her family circle to include a step-mom, two step-sisters, a niece and a nephew.

Taylor is engaged to Chad, who is the birthfather of James, the infant they placed shortly after birth into the care of Joe and Shelly, his adoptive parents. Joe and Shelly

had adopted a daughter, Karen, five years prior to their adoption of James. Taylor and Chad are planning to marry next summer. They were both 19 when they placed James.

Taylor was happy to have graduated from university, and was enjoying her work as a casual nurse in several hospitals. She finds the work very rewarding, and enjoys testing out her newly acquired skills.

There are times when I think, "Oh, I don't know anything," and then something will happen and I'll be able to say, "Oh, I remember learning about this, so it's nice to have those moments when you feel you know a little bit about something.

Taylor considered a career in social work or nursing when she was still in high school, and chose nursing because of what it had to offer her.

I wanted to actually do social work or nursing, that was the two things I wanted in high school; and my mom's a nurse, and so I thought nursing could offer me the sort of things I really wanted. . . . Part of it was a decent pay, and benefits. Part of it was really helping people at their most vulnerable moments. Just really helping people.

Taylor does have mixed feelings about leaving school. She enjoyed realizing her goals of becoming a nurse, but misses the intimacy of the nursing program and the daily contact with the close friendships she had developed as a nursing student.

I just graduated from nursing school, and I'm having a big life change with that, working for the first time as a real nurse. I'm seeing a light at the end of the tunnel. My goals are starting to become real. Before it was "Oh, it's just going to be so long before I'm done school" . . . Lots of changes. I was all excited about getting done, and I still am, but it was kind of a let down, like oh, school is done now, I wanna go back to school . . . It's kinda cozy and secure.

The Circumstances Surrounding the Pregnancy

Taylor and Chad were in their second year of post-secondary studies when Taylor became pregnant. They had been practicing birth control, so she was surprised at the pregnancy.

I didn't find out I was pregnant till I was 28 weeks. For me to go months without a period was normal. And we were taking birth control and I thought we were safe, it was November 9th or 10th and I was thinking, "Oh, something just doesn't seem right," and so I took a pregnancy test on November 11th and it was positive.

Taylor's first inklings that she might be pregnant occurred at about 20 weeks gestation, but the thoughts were fleeting, and she quickly dismissed them. She didn't

believe she could be pregnant, and she also did not want to believe she could be pregnant. Just prior to going in for the pregnancy test, Taylor discussed her concern with Chad, and together they decided that if Taylor was pregnant, they would opt for an abortion.

When Taylor confirmed that she was pregnant she was very upset. She immediately called her mother for both emotional support and practical help in arranging the abortion, knowing instinctively that she could trust her mother to be calm and supportive in this time of crisis.

I was pretty much hysterical; I phoned my mom at work and told her then. She worked at a women's health clinic, and now looking back I'm thinking, Oh that probably wasn't the best way to do it, but I was just panicky, and she tried to stay calm. She was very calm, and I knew she would be very supportive, just because of the work that she did. We were in shock for about a week, but she was very helpful.

With her mother's assistance, Taylor made a plan to deal with the pregnancy.

She [mother] called to book an ultra sound to confirm dates, because I couldn't remember when I had my last period, and I thought oh, this isn't good. And I actually went to work with her; and this women's health clinic does terminations, and so that was my plan, was to go in and if I was below a certain date I would have an abortion that day, and it ended up not working out that way.

The ultrasound indicated that Taylor was already at 28 weeks gestation, and so an abortion was no longer a possibility. At this point, Taylor held a rather catastrophic view of the future.

I thought, "My life is going to end. I cannot have a baby; I cannot be pregnant; I cannot." Adoption was never an option for me before. I was always one of those people that said, "Oh, I can never do that." As much as I think I admired those women, it was also a scorn for them too. I was just panicky.

Taylor also felt embarrassed by the fact that she was pregnant. She was a nursing student, and her mother was a nurse.

And I was just embarrassed, embarrassed that I had let myself get into that situation and not know that I was pregnant. I mean, my mother is a nurse, and I know she struggles with that too "Why didn't we see that earlier". But you know, I gained no weight until that point on.

Part of the embarrassment had to do with the anticipated judgment of her nursing peers, a judgment that did not materialize.

I was really worried about my classmates We had just learned about pregnancy and stuff, so I was worried about being judged by them. "How could you not know that you were pregnant?" And I was already judging myself and adding that judgment on top, I was very worried. But everyone was for the most part very accepting.

Taylor was very healthy throughout her pregnancy. She thinks of her pregnancy as being very short in duration, because her full awareness of it did not occur until 28 weeks. In the remaining 12 weeks prior to the birth, she experienced a very wide range of emotions with regard to her pregnancy. Her initial feelings of deep fear and shame subsided and she began to feel a deep love for the child she was carrying. The feeling of love was bittersweet in that she was very aware of the impending loss.

I think of my pregnancy only as being only a few months, but it was very healthy. I was very scared and very ashamed at the beginning, but near the end of the pregnancy, I just loved being pregnant. My feet were swelling and stuff, but I just loved it; you know I just felt, "Oh, I wish he could just stay there forever."

She considered herself a mother and became deeply attached to the developing child whom she thought of as a boy. She treasured this time.

I guess part of it was that he was mine. He had to be mine, cause you couldn't take him early. I just thought, "This is my time with him, I am a mom for this little period of time." . . . I always had a feeling it was a boy. . . . Just love, I just loved him.

Making the Choice of Adoption

The abortion option was familiar to both Taylor and Chad, in that they had been educated about it and exposed to it within their adolescent culture.

None of my friends have really had an abortion, but they talk about friends whom they had gone with. I don't want to say that it's more accepted by society, but people feel they know more about it.

When Taylor found out that she couldn't have the abortion, her feelings of panic escalated. Although she loved children, she didn't feel ready to parent, and she had always planned to be a stay-at-home-mom.

I always loved children, I always babysat, and I always figured I'd stay at home and I thought, "What am I gonna do? I can't raise this child." Just real panic:

Taylor conversed with both Chad and her mother around what to do about the pregnancy. She and Chad and her mother came to a consensus that adoption was the only option.

We were first going to have the abortion; we [Taylor and Chad] made that decision together, and then, afterwards, when that didn't come about, I remember calling Chad, and he said, "So I guess we'll go with adoption then," and I said, "Yah that probably would be the best thing," and then we sort of talked a bit about parenting, and how that was probably not the best thing either, so I guess we were both sort of on the same wavelength. . . . My boyfriend and I talked, and my mom sat us down, and said, "You will not quit school," and I think we knew that, and I had always wanted to stay at home with my babies and I just didn't see it being a great way, you know, getting married just because we were pregnant, didn't seem like a great thing to me; I just didn't think it was fair to anybody.

At that point in their relationship, Taylor and Chad were not ready to commit to a marriage. Taylor anticipated a number of stresses that would have had detrimental effects on herself, Chad, and the baby, should they have rushed into a marriage.

I guess feeling pushed into a marriage that we weren't ready for; we weren't ready to be parents, so being forced into a stressful marriage . . . and me feeling resentful because I wouldn't have been able to stay home, Chad would have had to quit school, and him being resentful of me, and in the long run, none of us would have been happy.

Initially, Taylor had just brushed aside any thoughts of adoption, because she had a very negative view of adoption based on some fleeting knowledge of the experiences of several great aunts.

I did have a couple of great aunts who did have teen aged pregnancies back in the thirties and they gave their children up for adoption. I think the only thing that I really knew was closed adoption, and that scared me even more than parenting I think,

She could not picture herself living with a closed adoption.

How can you go on the rest of your life 40 years, without even knowing anything? And so that's what I thought about when I'm thinking oh, I can't do that.

The shift in her thinking about adoption started to happen when her mother provided her with some information on open adoption that she had gathered from the internet and from a colleague.

My mom had been going around looking on the internet, and I think the social worker that worked with her kind of said, "I know about [name of adoption

agency], and I know what they do,” and they had some literature on open adoption, and she gave that to my mom. And I read that, and it seemed more hopeful, and it still scared me.

Chad continued to be very supportive and involved through the decision-making process.

Taylor and Chad discussed the information provided by Taylor’s mother.

And then we just decided that this probably was the best decision considering the situation. I think it took about a week; we hummed and hawed, and then I looked in the phone book and called the adoption agency, and arranged to meet with Barbara from the [adoption agency] office, and she just kind of tried to get a feeling for where we were at and just talked to us about open adoption and so we started. It was probably mid to the end of November.

Taylor was attracted to the honesty of open adoption.

There shouldn’t be, shouldn’t be any secrets. . . . The whole closed adoption system, all the secrets, the secrecy and lies; I just didn’t want that.

Barbara, the adoption social worker, came to the home town of Taylor and Chad to meet with them over lunch. Taylor described the following aspects of Barbara’s involvement helpful as very helpful.

Barbara was always willing to talk. She said, “Call me any time if you have any questions.” I really like to read things and she gave me a lot of things to read on my own, and I did a little bit of research myself, some books and stuff. . . . Barbara gave me Dear Birthmother. . . it’s just a bunch of letters from birthmothers to their babies, and adoptive parents to the birthmothers. It talks about open adoption, and dispels myths about birthmothers.

An emotional and cognitive shift started to occur while Taylor was reading Dear Birthmother.

I couldn’t read two pages without bursting into tears. I think it took me about a month before I got to the end of the book. I thought, “Oh, this just sounds awful,” I’m going to be a basket case for the rest of my life. And then I started reading about the adoptive parents, so grateful for the birthmothers, and the children, how happy they were, and the birthmothers, for the most part, had gone on with their lives. . . . Initially, I was just baffled by this, and sort of overwhelmed, but then I think it made me see that there was some hope, that this wasn’t as dismal a situation as I thought it would be. It wasn’t the end of my life.

Taylor identified with the young women that she read about in the Dear Birthmother book. They described her personal struggle, and through the reading process, she began to anticipate the grief associated with relinquishment.

They talked a lot about their struggle to come to the decision, and I was still sort of feeling that struggle as much as I had pretty much decided on adoption. . . . Just reading the stories of how much these birthmothers loved their children, and they didn't want to place their babies for adoption, and I was feeling sort of the same way, and they talked a bit about their grief in the letters, and I just thought, "Oh, this is so overwhelming." As much as the letters were happy, and the adoptive parents were so grateful for this child, there was just this sad undertone to the whole thing.

Reading this book gave Taylor a picture of what an open adoption might be like. She also believes that speaking to another birthmother would have also been helpful.

I really would have liked to talk to someone like a birthmother who had already placed. Barbara never offered that to me, which I find odd because I'm always talking to new birthmothers that she sends to me; but I don't know if I expressed that to her, but that would have been helpful.

Taylor feels that she and Chad made the decision to place their child of their own volition, yet she struggles with the fact that she never really gave the option of parenting much consideration. She knows she would have been a good parent, yet she knows, too, that she never would have accomplished what she has accomplished in the last three years had she been parenting.

I feel we made the decision. Looking back I wished we would have looked into a bit more of parenting, but I mean we certainly went into it [open adoption] as full participants. . . . I guess it was just always like, "We just can't do it. We're not going to look into agencies that are out there to help us," . . . or getting more student loans . . . it was always just, "No, no, we can't do that." I still struggle with that a bit. . . . I know I would have been a good mom, but at the same time, then I look at all the things I have done in the last three years and I think of I could have never done that had I been a mom.

Taylor believes counselors should ensure that expectant mothers are provided with full access to information on the parenting option, even though the expectant couple doesn't ask for it and is adamant that they do not want to parent.

"Here are the resources for you if this is what you want to do. These are different places that will help you" . . . having a single mother or even hearing her struggles or the things that she enjoys . . . just hearing all sides of the story. I think that would have been helpful. Even though I think we still would have gone with adoption, it's just nice to have the information, and I don't think that that was offered that I can remember.

She attributes her struggle with self-doubt to the grieving process; it is difficult to resolve the loss of the mothering role.

So I mean, I struggle with those thoughts of did we do the right thing, but you know, deep down I know it was the best, the best thing, I think it's just a struggle coming to terms with that you can't be a mother to your own child; that's a hard thing to come to terms with.

Taylor's parents are divorced. She was living with her mom at the time of the pregnancy, and she is still living with her. Taylor considers her mother, father and step-mother as very supportive. Taylor's step-sister also was pregnant at the time of Taylor's pregnancy, and she and Taylor discussed and were respectful of their differing decisions with regard to their pregnancies.

We didn't tell a lot of my family, because the pregnancy was so short, and a lot of them I don't see very often, but my grandmother, was very supportive of me, my dad and my stepmother as well. It was sort of a tough time, My youngest step-sister, June, who is a year younger than I am, was pregnant at the same time that I was, a very unexpected pregnancy, and she has decided to parent her child, Jenny; that was tough in itself.

Taylor knows that many other birthmothers do not receive the level of support that she enjoyed.

Some of the birthmoms that I know that I'm now friends with . . . None of us had a great situation, but oh, I just shake my head and think how lucky I am in some ways that I had a lot of support.

Making the Choice of the Adoptive Family

After carefully consideration, Taylor and Chad selected Joe and Shelly as the prospective adoptive parents. This selection occurred approximately one month before James was born.

Well, we were given a bunch of Dear Birthmother letters, and Joe and Shelly's were one of the first one's we got, and I sort of flagged them as possibilities. We had a few, probably about 15, and I just kept thinking, "What if we miss somebody," so I kept asking Barbara for more, and she went, "OK guys, you need to make a decision," and it was tough. There was another couple in another small town we were considering, and Chad really liked them. . . . Because this would be their first baby, he really liked that idea, and other than that, I'm not sure. The husband was a golf professional; maybe he thought that would be cool, I don't know . . . but I just had some trouble with the potential adoptive mother. She had some real issues with depression, so I didn't feel necessarily as comfortable, so it was a struggle to try and get Chad to see things my way, and so

I gave him Joe and Shelly's home study, the more in-depth thing that we get. It really goes into more detail, and so he, after really looking at it, said, "Yah, these people would really be the best".

One very important criterion for Taylor was the fact that Joe and Shelly were already involved in an open adoption.

They had already adopted Karen; she was five at the time, and they have an open adoption with her birthmother, Leslie. We wanted someone who had kind of been through open adoption, so we decided on them. . . . I just felt that they would be more willing to keep their commitment because they had with another birthmother. I was really worried about being told this would happen, and then it not happening. I thought well, they have visits with Leslie; they are keeping up with their agreement, and that's important,

Other factors were important as well.

We wanted a mom that was a stay-at-home-mom, and Shelly is a stay at home mom, but also educated. She has a degree in Dental Hygiene, so that she can go back to work if, God forbid, Joe dies or something. Karen is now in school and James is three, and she stays at home, and they travel a lot and they go camping, and Chad and I really enjoy camping. I think I said to someone, "They are just the type of people that Chad and I are like, and the kind of parents that we kind of hope we will be."

Taylor and Chad felt sure about their selection of the prospective adoptive parents after the first meeting, and they visited every weekend prior to James' birth. Taylor described the weekend visits in this way.

Shelly was always teary, she's very emotional, and I am too . . . I think she was just really overwhelmed that we had picked them. It was a little awkward at first, cause we don't really know them. We know a lot about them, but we don't know them. They were awkward, but in the end, looking back, we just try and visit, and we would go for walks, and go out for dinner. One weekend we stayed at their house for the weekend, just kind of hung out, and Shelly and I got manicures, so just getting to know them

Seeing Joe as an involved father to Karen helped solidify Taylor's decision.

Joe was very involved, and that was important to me, having a dad that was really involved. My parents were divorced, so, my dad and I get along great, but he was never there, and so, it was important for me to have, for James, a male figure there that would be stable, and really interested. I mean Joe is just a big kid, and every time we go there he's just showing James off. . . . They're very open to if Karen wants to take skating lessons; she's in skating lessons, they're very interested, very involved.

Taylor knew at this point in time that she could still change her mind about the adoption, but she felt at peace with the decision she and Chad had made.

Well I mean I knew it wasn't a done deal. Legally I could change my mind, but I thought, "No, I don't think I will. This is what's gonna happen and I'm OK with that."

Giving Birth

Taylor was very frightened of the actual birthing experience because of the unknowns involved. She did go to two prenatal classes with her mother and Chad. They did not inform the nurse who was the instructor of the prenatal class that they had made an adoption plan, and there were some awkward moments particularly with regard to the education around breastfeeding.

Oh, it was scary, I mean you go to these pregnancy classes, and you watch these videos and you go, "OK, yah, I can handle that." And yes, I did handle it, but it's uncertain, you don't know what's gonna happen. . . . I went to two prenatal classes. And I remember they were going to show a breast feeding video, and my mom asked the nurse who was doing it, how long it was going to be, and that we were going to step out, and the nurse had this snotty attitude and said, "Well you know breastfeeding is very important", and my mom said, "Yes I know, but that's not an option for us", and she kind of got her nose out of joint with this nurse, and actually she was my post-partum nurse, and I thought, "Oh no", and she was very nice, and I think she remembered me and thought, "Oh I shouldn't have been so rude to her."

Barbara, the social worker from the adoption agency, helped Taylor, Joe and Shelly to develop a plan for the birth. They planned for Joe and Shelly to be in the birthing room with Taylor and Taylor's mother. Taylor now reports ambivalent feelings about that plan. She realizes now that she had been thinking about Joe and Shelly's needs, not her own. While she appreciated their intended show of support, she realizes now that she had allowed herself very little time to actually mother James, and she regrets not taking the time in the hospital as her time with James.

Well Barbara came and visited with us all one day just to help facilitate a conversation about that [the birth]. They had been there with Karen when she was born, and that was very special to them, and so I thought, "Wouldn't it be nice for us to share that experience." Looking back I wish they hadn't been there, but it was a great experience. I mean it was a great experience having them there, having them involved, having their support. . . . Well, I just think looking back, that was my time to be a mom to James.

Taylor was the first to hold James, and then he was given to Shelly. Seeing Shelly hold James shortly after birth was painful for Taylor as it vividly reminded her of her impending loss.

When he was born, his respirations were depressed, so they scooted him away and gave him narcan which reverses the effects of morphine, and so initially he was over to the side, and they were working on him, and then they brought him over to me, and I was holding him. Then, when they were doing all they needed to do with me, Shelly was holding him. . . . It was alright, but I thought, "Oh, I wish she wasn't here," only for the fact that I wished things would be different . . . not that we shouldn't have the adoption, but I wished that circumstances had been different . . . more time for the pregnancy to think things through and more time to prepare.

With the benefit of hindsight, Taylor wishes she would have chosen to make the first few days of James' life, her time with him.

I wouldn't have them [Joe and Shelly] at the hospital. I would just have my family there, and I would take the baby home for a few days, and have Joe and Shelly come and have the entrustment ceremony like we did . . . I often say, that you can't really say good-bye until you've said hello. I don't know if one 24 hours is enough time to do that.

The presence of the prospective adoptive parents in the hospital room created an awkward dynamic for Taylor.

That hospital time is supposed to be your time to be a mom. And when the adoptive parents are there, you sort of struggle with letting them bond with the baby, but then that's your place to do so as well. It's sort of a struggle as to who is gonna be with the baby. . . . They struggled with their excitement, and I was struggling with wanting . . . James.

These sentiments should not be interpreted to suggest that Taylor did not appreciate the support offered by Joe and Shelly. She is now simply aware that Joe and Shelly didn't need to be physically present at the time of the birth. She now feels it would have been more helpful to her if they had been in the background, perhaps offering some support by telephone. This would have allowed her the time and space to say hello and good-bye to her child. Moreover, having the prospective adoptive parents in the labor and delivery room created within Taylor a subtle sense of obligation to them.

I felt more of a sense of obligation to them, I think them having been through the whole process, and having them at the hospital. I just wish that would have been my time, completely my time. I think because of them being at the hospital, it was

an unsaid, done deal, and I think I would have felt really guilty, them being through all of this with me, if I chose to parent. [They would have thought] "Why did we go through all this for nothing?"

Taylor savored the private time she had the first evening with James.

My mom had gone home; she was gonna stay but she went home. Chad went home, and Joe and Shelly were at the hotel. And so it was just kind of my time; it was nice. . . . It was tough because I didn't want to fall asleep; I just wanted to watch him, and just do everything I could for him. I guess I thought maybe if I stay up the time will go by slower or something. . . . I wanted to hold him as much as I could.

Taylor experienced the care she received in the hospital as very good. The only concern she raised was that the nursing staff seemed to skirt around the issue of the adoption. She felt that this was appropriate during the course of labor and delivery, but that once the baby was born, she felt that she should have been invited to talk about her choice. Furthermore, she believes the choice should have been reiterated once the baby was born.

Oh they were really good, during the labor. I had a great nurse, and a student nurse, so I really felt as though my needs were being met. Although those nurses didn't talk to me about adoption at all, which was probably fine, because I don't know if I was in a state of mind to be talking about it but afterwards, I mean I think the staff were really interested in hearing about it but they didn't know how to go about asking me about it or were afraid to ask me about it. Being a nurse myself now, I kind of think often people really do want to talk about it, and I really wanted to talk about it, what I was feeling, what I was going through but I think they were afraid to really get into it with me.

Taylor believes the birthing experience has had a powerful effect on her sense of personal strength and competency.

You always hear women talk about it as a spiritual experience. I don't know if it was, I'm not a very spiritual person, but it really has changed me. I feel a lot more inner strength because of it. I can do this; I think I felt a lot of a sense of accomplishment in having done that. . . . I really doubted myself before that I would even survive childbirth, so I did it, I came through it, and now there's this little baby that is beautiful.

Taylor attributes her enhanced sense of inner strength and competence to her demonstrated ability to survive an incredible challenge. She continues to draw on this

experience as a source of encouragement in life. She feels she is more mature because of her experiences.

I guess coming out on top of things, when challenges arise. I think I was worried about the pain, and I handled it well . . . being able to do something you didn't think you could do. . . . We've been through so many challenges already, I mean nothing can be worse than what has already happened.

The Time in the Hospital

The time in the hospital went by very quickly, and Taylor did everything in her power to try to stay awake to make the most of the limited time she felt she had.

Obviously I was exhausted. I was just really dreading [the relinquishment] . . . just wanting that day to last forever. I didn't want him to go home with them; I just wanted it not to end. . . . He was born in the morning, and he went home the next morning with them.

Taylor knew intellectually that she had the choice of when to relinquish him, but a number of fears hindered her from claiming more time with him. She did not discuss these fears with anyone, and she is aware that, had she mentioned her reluctance, Barbara would have advised her to keep James as long as she wanted.

Barbara had talked to me before hand how some birthmothers take the baby home for a week, and I thought that would be neat, and then I thought "I don't know how Joe and Shelly would feel about that," and I really wasn't thinking about how I would feel about it, and I think I was afraid I thought, "Oh, if he comes home then that means I won't want to give him up," and so I decided not to, but I wish I would have, just to have more time to say good-bye. . . . I was really worried about what Joe and Shelly would think . . . if they would feel threatened that I was changing my mind, or something like that.

A fear of bonding also influenced Taylor's decision not to take James home for a few days. She now questions the necessity of that fear.

I was also very worried about having more time to bond and what that would do. Would that play in my decision not to place him or to place him? . . . After he was born I felt I couldn't stop myself from bonding. I couldn't do it, but then why should I because I'm going to have a relationship with him.

Although Barbara, the counselor from the adoption agency, informed Taylor that she had the choice to breastfeed, she declined that option, a decision that she now also regrets. A concern for Shelly's feelings, as well as the fear of bonding influenced Taylor's decision not to breast-feed. She now considers the fear of bonding somewhat

paradoxical in that open adoption supposedly recognizes and welcomes the bonding that occurs between birthmother and child.

Barbara talked to me about, "What are you going to do about breast feeding? Are you going to breast feed?" and I think I wanted to but Shelly said something about that would be painful for her to see me breastfeeding, and so I decided not to, and that's another thing I kind of wish I had done. . . . As much as I wanted to, I think I was afraid; I think it was just another way to bond, another bond to break Knowing what I know now, aside from bonding, I mean, breastfeeding especially in the first few days, I mean that colostrum is all full of antibodies and things that are wonderful for babies, and so looking back I wished I would have done it just for those health purposes, but, you know, there is nothing wrong with James and I bonding, it's not like there is going to be a closed adoption, and I'm never going to see him again.

She has never discussed this issue with Shelly, but she shares these thoughts and feelings with other expectant birthmothers at the adoption agency support group for birthmothers.

I haven't talked about it with Shelly at all. I think I've mentioned it a few times when I go to the support group for birthmothers, that that's one of the things that I say I wished I would have done. At times there are expectant moms who come to the meetings. They say, "Well how did it go at the hospital?", and I say, "Well, you know, that's one thing that I wish I would have done [breast feeding], so consider it. If you don't want to do, you don't have to, but you don't want to have any regrets."

The hospital staff was informed at admission that Taylor was going to place her baby through adoption, and Taylor believes that this information may have led the nurses to assume she didn't want information and coaching on mothering her infant. She also believes they were afraid of broaching the subject of adoption. She also wishes that she would have been treated like any other mother. She wishes she would have been offered the education and support for mothering activities such as breastfeeding.

I guess sitting down with me and having me reiterate that this is what I want to do, and maybe even aside from even the whole adoption. I think they were afraid to even ask me if I wanted to breast feed. Things like that, they never even talked about it. As much as I wished they would have asked me about the adoption and how I was feeling, part of me wished that they would have treated me just like any other new mom.

Her family doctor who had been supportive of the adoption seemed to be uncomfortable with the openness aspect of her adoption, and he made some suggestions in the hospital which were contrary to the plan that they had drawn up previous to the

birth. Although they had earlier agreed that Taylor would have the baby in her room with her, just like the other new mothers, her doctor suggested that Taylor should be discharged shortly after delivery, and that the baby should be sent to pediatrics.

And actually my doctor who I've had been going to since I was a child, he was really supportive of the adoption, but I don't think he believes in open adoption, so he wanted me to have the baby in the nursery. In [our town] babes room in with mom, and he thought it would be a lot easier on me if he [the baby] went to pediatrics . . . and then he wanted to send me home. I mean he said, "If you want to go home within a few hours of having given birth."

Taylor almost acquiesced to her doctor's suggestion, but her mother stepped in and reminded her of the plan they had previously developed.

Well I look at my just having given birth, and him saying, "Do you want to put the baby in the nursery?", and me thinking, "OK well, I guess so", and then my mom said to me, "That's not what you want to do," because we had talked about it when I was pregnant, and I felt he wasn't really advocating for my needs . . . and I said, "No, I don't want to do that."

In reflecting on her hospital experience, Taylor acknowledged that the separation was simply too abrupt and radical but yet at the time, she did not consider any other alternatives.

It seemed that this was the way it was supposed to go, and I didn't really want to upset the system. I think I was very lonely; I just felt really that it was very severe. I was really lonely, having this baby with me really for nine months [and then being separated from the baby so soon after birth].

Naming the Baby

Initially, Taylor did not believe she was entitled to participate in the naming of the baby. Her thinking shifted after reading a book provided by her mother, and after conversations with her mother and the counselor from the adoption agency. Joe and Shelly also believed it was important for Taylor and Chad to be involved in the naming process, and they welcomed their involvement.

My mom had read a book, Woman to Mother, by Vangie Bergum. She had read it before I was even pregnant, and she talks about women who have had abortions, and women who have parented, and women who have placed for adoption. Vangie talks about naming in there, and how it's sort of an ownership type thing. . . I never thought that this was even an option, that I could name him. This was before I had even gotten in touch with Barbara at the adoption agency, and I just thought, "Well what's the point of even naming him, because the adoptive parents

are just going to change it anyways.” And so my mother had said, “No, no, you can name him. Whether or not they keep that name is another thing.” But it was important for me to be involved in that process, and Joe and Shelly also felt that it was as well. . . . They asked me if there were any names that were really important to me, and there weren’t for a boy, and for girls, my middle name is May, and it’s kind of a family name, and so they said, “Well if it’s a girl, we’ll have her middle name be May,” so that was kind of nice. But for a boy, I didn’t really have anything, so we all came up with names and emailed them back and forth our choices, and vetoed them. . . . I think it might have been Shelly, who came up with James, and his middle name is Jeremy, and he has another middle name Austin, which is from Joe’s family. And I really liked Jeremy. We/they weren’t going to put it in, but at the last minute I said I really wanted it.

Being included in the naming process was very meaningful for Taylor. She interpreted it as an indicator of Joe’s and Shelly’s commitment to an open adoption relationship.

I felt that Joe and Shelly really valued our opinion. I mean if they weren’t going to have a relationship with us in the future, why would they take the time to let us be part of it, so I just felt really valued in my opinion and that they valued the relationship that was going to happen. . . . I guess it felt more that they felt that he was not just their baby, but ours as a whole.

Chad and Joe had some fun with teasing the women about possible names for the baby.

He and Joe had this silly game where they would think of these silly names and then try to get Shelly and I to believe that these were names they really wanted.

Dealing with the Relinquishment

Taylor signed the relinquishment papers in front of her lawyer, the day after James was born, just prior to the entrustment ceremony. The lawyer briefly reviewed the question of whether she wanted to participate in the adoption. Taylor now believes she should have received some counselling prior to the signing of the relinquishment papers, just to ensure that she truly wanted to proceed. At the time, she had elected to simply do this through the lawyer, because she knew it would be quicker than dealing with a social worker. She now believes that this whole process occurred too soon after the birth, and was too hastily orchestrated.

I chose to have a lawyer, just because it would be faster. . . . You have to sign that you are doing this on your own free will. . . . Emotionally, I think I was tired; I hadn’t slept I think it was too soon, and I could have said that, but I mean looking back, it’s very easy to say this is what I should have done. I should have said something.

Taylor believes the decision of adoption should be formally revisited after the birth, before the relinquishment papers are signed.

It needs to be done some time before the mothers sign the relinquishment papers . . . I don't think the nurses should do it; I don't think that's their job; I was involved with the hospital social worker; the adoption agency, I think that should be their job.

Taylor chose the entrustment ceremony and, with a help of a friend, made a beautiful program memento to help commemorate the day.

They have one [an entrustment ceremony format] at the adoption agency, and that's the one that I used. I liked it; it had some readings from The Prophet, Kahil Gibran, and a few other prayers. I just liked how it was; I made a little program booklet. My next door neighbor, Marlene, helped; she's really crafty; we printed it out on really nice paper.

The entrustment ceremony, held in the hospital chapel, was helpful to Taylor. Yet she was grief-stricken the first week after the adoption placement, experiencing powerful feelings of loneliness and loss.

We had an entrustment ceremony, and sort of doing the whole, telling Joe and Shelly that I am giving you permission to parent him, sort of handing James over. I think that helped a lot; I'm glad we did that, just as sort of a sense of closure. It gave me permission to grieve, and gave them permission to parent, that they really had my best wishes, and I'm glad we said good-bye that way instead of in the parking lot, or something like that. That next week, I was just a mess . . . I remember sobbing hysterically in my bed . . . I was just feeling lonely.

Taylor dealt with her feelings of grief by talking to others and by journaling. Chad, who was also grieving, was an important support to Taylor.

I talked to my mom a bit, and to Chad, and I did a little bit of journaling, and I phoned Joe and Shelly a couple of times, just to see how things were, and they phoned me a couple of times, and Barbara phoned a few times. . . . The minute I would hear Shelly's voice, I would just start crying. . . . I think he [Chad] just wished that he could make it better; I know that he was feeling a lot of sadness, but he didn't show it; and I think he thought he had to be the strong one.

James was born the week before reading week, and Taylor was given that week off of school. Chad still went to classes that week and wrote his exams.

It was right before reading week in February . . . and the next week was reading week. Chad had midterms to write . . . I didn't. The nursing faculty was just wonderful, They told me I could take as much time as I needed and they'd help me in any way so I wouldn't have to redo any courses.

These gestures of support were greatly appreciated and helped to alleviate some of Taylor's worries.

I was really worried because I didn't want to take off so much time that I would have to repeat a semester. I felt really a sense of relief that there were more people supporting me, they were really wanting to be there for me. . . . One of the nursing instructors that I didn't really know very well, actually sent me a card, that said how much she was really thinking about me; it was really nice to have their support.

Another way in which Taylor dealt with her feelings of grief and loss was to write a letter to James a week after he was born.

I wrote that [a letter to James], and I kept a copy and I gave a copy in a sealed envelope to Joe and Shelly. I wanted them just to keep it for him to read. [The letter said] just how much we loved him, we love him, the decision process, and our hopes for the future. . . . It sort of helped in getting my feelings out.

Along with the sadness, loss, and loneliness, Taylor experienced some unexpected feelings of jealousy.

I was very jealous of Joe and Shelly, that they could parent James, and that they were doing all the things that I wished I could be doing. . . . Well I tried not to show it; I really tried to hide it. And I think I did, but I don't know if that was the best thing, but . . . how would you say that to somebody? . . . It really took me by surprise.

She longed to see James during the revocation period, but was frightened that if she did, she would change her mind about the adoption.

We had talked before he was born. You have 10 days after you sign the consent in which you can change your mind, and I didn't feel it would be healthy for me to visit in between those times, because I thought, "Oh, I'm going to be walking out of the house with that baby," and that wouldn't have necessarily been the right thing, so, it was on the 11th day my mom and Chad and I went down and spent the afternoon with them.

The decision to not see James the first 10 days was self-imposed, and Taylor now has some regrets about that decision especially since her father, who lived a long distance away, arrived the day after she had placed James.

I was so lonely, and so I thought the only way to get rid of this loneliness was to have him with me again, so I mean going and visiting during the time period that I could change my mind, it would just be very tempting for me, and looking back,

I don't know if I would have, or if I would have not. I sort of wish I would have, because my dad had come down. He was supposed to have come down for the birth, but couldn't make it, so he came a day afterwards, and I wished I would have at least gone down with him at that time, or that he would have at least gone down and visited, because that was his first grandchild. I mean he has seen James since, but that was a good year and a half afterwards.

The first visit was both reassuring and difficult. Taylor was not prepared for the intensity of the pain.

It was good to see him but having to leave again it felt like the hospital all over again, them leaving . . . I guess it was good to see that he was growing and doing well and fitting in so well to the family and Joe and Shelly were doing well with him. Just seeing them as a family and that it was going really well. I think now seeing him overweighs the pain of leaving, but at the time it didn't. . . . I didn't sort of expect that, I don't know why, but I never sort of thought about it.

In spite of the pain, Taylor did not question her decision because James seemed to fit so well into Joe and Shelly's family.

I felt pretty confirmed . . . he just seemed to fit right in.

Building the Open Adoption Relationship

While they were getting to know each other, Taylor and Chad and Joe and Shelly discussed a number of issues that had to do with the actual birthing experience, but they had not clearly discussed issues such as the frequency of visits.

We talked a lot about how time at the hospital would go, and what we would like to see afterwards, and we never really set a schedule for visits. Joe and Shelly would say to me, "Well you know, whenever we visit, we visit."

Taylor continued to visit almost weekly after James was born, and at about the third month, Shelly told her that her visits were too frequent.

In the beginning, it was a little hard for me, just going through the role changes. I think I kind of wanted to be there a lot, so I visited quite a bit, and they felt a little overwhelmed.

At this time, Taylor was experiencing pervasive feelings of anger, some of which were directed specifically toward Joe and Shelly. The anger came to a head when Shelly told Taylor that she felt Taylor was visiting too often.

I was still feeling very sad and lonely, and I think it was at about that time, that I was feeling really angry, just really angry at everybody, and especially at Joe and Shelly, because this was during the time, where they were feeling a little overwhelmed by me wanting to visit all the time. And it kind of felt like I was being shut out even though I wasn't, but I just was really angry at them. . . . I never really shared with Joe and Shelly how angry I was with them. I remember sharing it in a birthmothers' meeting with Linda who was facilitating that meeting, and she just kind of let me do my thing, and I was just angry. I was so angry I was just shaking; I had just come from talking with Shelly, and then went to that meeting. . . . As much as I was glad Shelly brought her concerns to me, I just felt, "Oh, they don't want me there," and "Why don't they want me there?" and "They are going to back out of their promises," which they haven't. Looking in hindsight, it was a good thing, because I don't think I was letting go, by visiting so much, but I mean it was very hurtful at the time.

Taylor had assumed that frequent visits would be acceptable to Joe and Shelly, because Shelly had previously expressed concern about Karen's birthmother's infrequent visits. She realizes now that they had never really clarified what an acceptable visiting schedule was.

I think maybe once or twice a year she visits. But I mean, Shelly has said to me before, that she often doesn't even know why Leslie wants an open adoption, because Shelly was always the one pushing for more contact.

In spite of the anger and hurt, Taylor and Shelly were able to work out a visiting schedule that was acceptable to both of them.

I don't know that I was going once a week, every week, but it was more frequent than I think they had thought would happen. . . . Joe and Shelly said it was fine, and so I think they own some of that too. . . . They didn't say that they didn't feel comfortable with this until it just got too much for them I guess. . . . Shelly suggested, "Well what about every three months," and I kind of got this look on my face and started crying, and she said, "Oh, that doesn't sound like it will work very well hey," and I said, "Well you know, that just seems like a long time," and she said, "Well what about every two months," and I said, "I think maybe that will work." So, Shelly and I talked about it, and we decided to visit every two months . . . and it has worked out well.

Taylor was also feeling angry at herself, Chad, and her mother at this point in time.

With myself because I let myself get into this situation, and Chad because he didn't come up with a solution to our problems, and just angry at the world I think, having this "poor me mentality". . . . She [Taylor's mother] didn't say, "You can live here, and I'll help you financially," even though that's not really what I wanted, but it seemed like a solution to make things better.

Taylor managed her feelings of anger by using a strategy suggested by the social worker at the adoption agency.

Barbara had suggested that she sometimes suggests that her clients just write letters to whomever they feel angry with, and then not send them, and so I did that, and it just felt nice to just release those feelings. . . . I wasn't holding them in and I did that a bit. I know that that's part of the grieving process, that anger, and I think it eventually subsided.

Taylor never told Joe and Shelly about her anger, and she's not sure it would have been appropriate.

I just didn't feel safe doing so, and even now, like I don't know how, as much as I think maybe I should have told them, I don't know how I would have worded it in a positive way, without them feeling real guilty.

Taylor turned to the agency's birthmothers' support group for help in dealing with the challenges of the open adoption relationship.

They [birthmothers' support group] meet every month. . . . I didn't go for a while because I didn't have a car, but I really wanted to go. So the first time I went, was when James was six months, and I had met another birthmother over the internet. . . . I went with her to the one meeting, and I have been going quite regularly ever since. . . . It's just nice; I've developed some wonderful friendships through the birthmothers in that group. . . . At every meeting if there are new people, we share a little bit about our story and what's going on in our lives, and sometimes Barbara has a little topic, that we talk about. . . . I have wonderful friends who aren't birthmothers, but they just don't understand, and they can't understand, so it's nice to just talk to people who have probably been through certain things that I've gone through, and get their opinion on how they have handled them. And just support, it's just extra support.

Taylor does not expect her other friends who are not birthmothers to understand her experiences, particularly since their knowledge of adoption is based on the antiquated practice of closed adoption.

For most of them, I'm probably the only one that they really know aside from maybe their aunts or something years ago.

The meetings of the birthmothers' support group include certain routines and rituals which allow for the recognition and sharing of experiences in a nonjudgmental context.

We sit in a circle, and Barbara always has a bowl with water, and if our birthchild has a birthday that month, we light a candle for them. Sometimes when there's months that there isn't [a birthday], you just light a candle for anybody in your life who has a birthday. And Barbara has a bunch of books; usually we open with a reading, just something really simple, and we have some rules: confidentiality and you allow others to speak, just real simple group rules. And we go around and introduce ourselves if there are new people; usually it's the same people that come; occasionally a new face will be there. Usually we just tell what's going on in our lives over the past month, and sometimes Barbara has different topics that we discuss.

Taylor has experienced the birthmothers' support group as a place to understand, accept and process her feelings about what is happening in the adoption. She gives herself permission to express her concerns about the adoption in this place where all feelings are accepted.

I feel it's really a safe place, that I can share whatever I want there. . . . When I have a concern about the adoption or anything, it is OK to say, that I owe it to myself and everyone involved that it is OK to say, to talk about it, so that honesty and communication is really a big thing, and I guess sort of trusting your own instinct too, I've learnt that a bit.

Taylor believes birthmothers need a safe place to explore their feelings and to vent.

The birthparents I talk to are sometimes afraid to say what they're really feeling to the adoptive parents, and a lot of times I don't think the adoptive parents really need to hear everything the birthmothers are saying. They just need somewhere to vent, somewhere where they won't be judged or worry about the consequences of those sorts of things that they are thinking.

Since Taylor and Chad do not live in the same city as Joe and Shelly, visits require extra planning. Sometimes Joe and Shelly bring the children to Taylor's home town, and sometimes Chad and Taylor go to [name of city] to visit at the home of Joe and Shelly.

Yah, well lately we've been going to [name of city], cause it's just easier for the kids to play in their own area, but they've come up here.

At about six months post-placement, Taylor was still feeling quite sad. She was disappointed when Joe and Shelly did not want to participate in the Birthmothers' Day event at the adoption agency. It disturbed her that they did not seem to recognize her as a

mother. In spite of feelings of sadness and of not being recognized, Taylor was feeling more hopeful about her personal life.

Six months, that was May and that was Mother's Day, and I was feeling sort of really sad. I mean they have a Birthmother's Day, the day before Mother's Day, and so I went to that, and Joe and Shelly were supposed to come with me in the afternoon, and then they never did, and so I was feeling quite hurt and sort of unrecognized. I had given Shelly a Mother's Day present, and didn't get a happy Mother's Day, and so I was feeling unrecognized. . . . I mean even Shelly just saying, "Happy Mother's Day," or a card, or "We're thinking of you," or maybe a recognizing that that day might be hard for me . . . but feeling a bit more hopeful in my life, and my life was sort of progressing.

The first Christmas was also a time when Taylor felt hurt and unrecognized.

We visited them just before Christmas. We had went down for an evening, and gave the kids their Christmas presents, and again, we weren't really recognized by them, which was sort of, it was hurtful. And Shelly had said to me, "We don't really do that with Leslie anyways. So we're not going to do it with you as well, for Christmas, buying gifts anyways, we're not going to buy you a gift," and it's not about the gift. Now they send Christmas cards, and they actually sent me a little gift this year. You know that was nice.

The feeling of not being recognized as a birthmother continues to put a strain on the open adoption relationship from Taylor's perspective, and she is grappling with how to deal with this issue.

That's still something that has been my goal for a while is to still tell how much that it hurts to not be recognized; I'm trying to work up the courage to do so.

She discusses this issue at the birthmothers support group, and over the internet.

I'm on a couple of internet support groups for birthmothers and I have a quite a few good friends from there that I talk with and I have one of them has been through that, and she tries to mentor me along with that.

These friends are encouraging Taylor to be more direct with Shelly about her feelings, so that Shelly will understand her better, but Taylor is fearful of doing so.

Just to tell Shelly that I'm hurt by it, and I guess I'm really worried about Shelly's reaction, although I know that she probably doesn't know that it hurts me. . . . I'm not sure what I fear about it. That she'll take badly to it.

The transition back to a feeling of normalcy took some time. Monthly meetings with Barbara and regular conversations with others helped Taylor to make that transition.

It was tough, it was a tough transition. That last half of the school year, I don't think I really was there. [I was] slowly getting back into things, and feeling like my life had some sort of normalcy again . . . I guess having people to talk to about what was going on. I still saw Barbara every once in a while, just having someone to talk to about the transition and how that was going. . . . I wasn't feeling so depressed, and my life was progressing more, and I felt, "Oh yah, things are OK, things can go on, things can go on OK from here."

Taylor's biggest fears about open adoption pertained to the adoptive parents not following through on their promises. She still sometimes has these fears, but now she describes them as irrational, because she has come to trust Shelly and Joe.

Before hand [I feared] that these adoptive parents would make all these promises to me, and then because the contracts aren't really legally binding, they could pretty much decide, "Well, we don't really like this, we're not going to have contact with you any more." I think that was the biggest fear. . . . I think every once in a while, I get these irrational fears that I know won't happen. I know Joe and Shelly and Chad and I and have made a commitment to James, and that means having a relationship and so I know that they will maintain that, because they have with Leslie as well, but still every once in a while, I get these thoughts in my head . . . that if I say the wrong thing, they are gonna take off.

Integration of the Open Adoption Experience into her Current Life Circumstances

As was already mentioned, the Birthmothers' Support Group and the Birthmothers Day event have been very helpful to Taylor. Seeing and hearing from other birthmothers, helped her acknowledge the losses associated with the adoption.

I've gone every year that they had it. . . . They have a panel of birthmothers some from open adoption and some from closed adoption, that share their stories, and they have reading, and you're asked to bring a picture of you and your birthchild. Some of the moms from closed adoptions don't have a picture, and so they bring an empty picture frame. It's just an acknowledgement, and acknowledging of the sacrifices that we have gone through . . . and you can invite people to come in the afternoon, and it's just a celebration, people who want to recognize birthmothers.

Taylor suspects that Shelly's infertility issues and her frequent miscarriages may be underlying her resistance to attending the Birthmothers Day event. Taylor realizes that Shelly is likely dealing with losses that are unique to women who choose to adopt because they are infertile.

I remember when I first got that pamphlet, I had told Shelly, and she was really excited about it, and she said, "Oh that would be a really neat thing for all of us to go do." And I thought, "Oh that would be really neat," and when the time

came, she said to me that it would be too painful for her. I don't know that she has ever really dealt with her infertility issues. She said to me, "That would just be a reminder to me of the children we've lost." And so I think she's still struggling with that. . . . I was kind of taken aback by it. . . . [Taylor thought] "Well you know if you hadn't lost children, you wouldn't have James, you wouldn't have Karen."

Taylor experienced some growth of understanding of her relationship with Joe and Shelly when they all spoke at an information meeting for potential adoptive parents. This event took place at the time of James's first birthday.

Barbara had asked us to speak at an information thing for potential adoptive parents. . . . They have a birthmother, and usually her child's adoptive parents come and tell their story, and so we did that, and then Joe and Shelly arranged a little birthday party for us and we celebrated James's first birthday which was nice. . . . I felt I was honest, but not to the point where I sort of let everything out, because I hadn't shared it with Joe and Shelly, beforehand, so I thought, "Well that's not really fair to them to say before others without speaking to them about it first," but I think we were pretty honest, and I learnt a lot, about what Joe and Shelly went through, and I think they learnt a lot too.

Gaining a better sense of the adoption experience from the perspective of Joe and Shelly was a positive experience for Taylor. She learned,

just a bit about their side of the story, as I was in those first 10 days, what their experience was, I mean even hearing about visiting too often, because we were very honest in that panel, hearing how things were for them, when I was so consumed in my own experience . . . It did certainly help me understand a bit more.

Taylor noted many positive aspects to the visits with James in that first year. Seeing James in a loving family helped affirm her decision, and gave her a sense of peace.

Every visit, he was doing something new. So that was nice to see, and it really gave me peace seeing them as a family and how much, I mean I love James, and how much they all loved him, and how well he was doing, so I felt a sort of a sense of peace, that I had done the right thing.

In spite of the fact that the visits provided a growing confirmation that she had done the right thing, the visits also contained an element of pain related to a sense of loss. The visits have a bittersweet quality in that while it's wonderful to see the changes, the losses are ongoing.

It was painful seeing the things that I missed; I still struggle with that a bit. . . . I mean, the last time we went, he's potty trained. It's tough to see the things that you missed, but it's good to see them, you know so it's sort of a struggle. . . . I think with each milestone, it is a loss I think again, as much as it is a happy time.

Overall, Taylor feels she made the right decision about the adoption, but she regrets that it was a decision that she had to make, and she has some regrets about how some aspects of it were handled. She also longs for a more intimate relationship with Shelly, a relationship that she thought would develop to a deeper level but hasn't.

I still think it was the right one although I wish we would have done a few things differently. And I still sort of struggle because I don't have the relationship with Shelly that I want. I really want to be friends with her, but she's content with how the relationship is, me being the birthmother, and her being the mother, but I hope, I mean James is only three, and I hope that as time goes on that that will sort of grow into a friendship. . . . Before when I was pregnant, Shelly and I would do things together, so we would get to know each other, and I guess I still wish it would be like that, or that Shelly would phone up and say, "The kids are having this sort of thing, do you want to come?" . . . I know she is interested in me outside of the adoption, but that she would show a bit more interest in it.

Taylor believes that both she and Shelly struggle with the limits of their connectedness to James.

I used to think, and maybe I still do, that she struggles with her own sort of feelings of inadequacy, that she will never be what I am to James, but at the same time, I mean I feel that way about her sometimes. I mean, I will never be what she is to him, and that's part of adoption, that's part of the process, and I guess, for her it's just more comfortable this way for her, to keep a bit of a distance

Taylor enjoys her relationship with James, but wonders what Joe and Shelly tell him about her and Chad.

He turned three in Feb. Last time I went, we had had a little bit of a longer stretch in between visits, and so I don't know that he felt as comfortable with us as he had in the past. I mean every time Joe went out the room or Shelly went out the room, he would run out screaming, so that was tough, but I was like that too, I think. I don't know how much Joe and Shelly tell him about us, yet, so I've always wanted to ask them, "How much do you talk about us to him?" Karen knows everything about Leslie, and knows that she is her birthmom, so I know that that will happen. . . . I just wonder how much they talk about us when we're not there, how much they say. I think he just thinks that we're the fun people that bring presents when we visit.

She would like James to be told the following:

That we are very loving, and hardworking, and fun . . . and just the whole struggle; that we love him; that's the main thing.

Taylor still feels a bit of sadness after a visit, but she focuses more on how well James is doing, and she enjoys the visits.

Still a little bit of sadness, but more you know, oh, he's doing so well. It's just good to see him.

Taylor reports that she and Chad have never discussed the issue of whether or not they regret their decision not to parent James. Yet for Taylor, the fact that she is still in a relationship with Chad and is now engaged to him, makes the adoption a bit more of a struggle for her.

We've never actually talked about it. For me, us getting engaged over New Years was tough. I struggle a bit more with the adoption now, because I think, "Man, we're still together, you know, we could have done it". So I know for me that's been sort of an issue, coming to terms with . . . Most of the birthmoms I know, the birthfathers have left, and people look at me kind of funny when they ask about the father, and I say "Oh, we're still together". "Oh, and you still decided to place your child for adoption". It's been a struggle lately dealing with that. I mean I know I'll go through that when I have other children . . . I haven't really talked to anyone who is in a positive relationship, and often, the relationship was over before the birth.

Taylor anticipates an ongoing sense of loss when she has other children.

I think it's sort of seeing the things that you missed, I think just that ongoing loss really becomes present then as you're going through it with other children.

When she and Chad have other children, they will want them to know James and have a relationship with him.

Taylor has continued to experience her circle of nursing friends as supportive to the extent that is possible, given they have not lived her experiences. She believes they secretly wish that she would have chosen to parent her child. She interprets this wish as evidence that they too have experienced losses associated with the adoption.

I was in first year of nursing, and I pretty much had the same friends then, and they were very supportive I think. At the time when I had James they were sort of afraid, and they still are a little bit, to talk about it with me. They were just afraid, because and I think most of them wish that I would have parented him. But they've never said, "Oh, what have you done," things like that. So they've

been very supportive, supportive as much as they can, you know, I mean they always want to see pictures and hear how he's doing but to really talk about the real stuff, you know all the messy stuff, I mean I don't expect them to be able to understand that. . . . I think they have come to terms with the adoption and what went on. I think it was a little bit of a loss for them too.

Taylor's extended family has taken a strong interest in being involved in the open adoption.

My mom is, and my grandma was until she passed away; she died the summer after James was born, but she was involved. When Joe and Shelly would come, she would come for a visit. I mean that was her first grandchild, so she was quite proud of him. And my dad and my step mom, they lived in Alaska when he was born, and they now live in Montana, so they are as much involved as they can. I think that they really struggle; I know my dad does, with not being a grandpa to his grandchild. Like he is very much a grandfather to my step-sister's kids, to David and June, but I think he really struggles with not being one to his own. . . . He sees my step-sister's children as his grandchildren.

Taylor believes her father and step-mom experience some special losses because they were not included in the birthing experience, and they did not see James till he was a year and a half. The distances that separate them from James continue the experience of loss.

I think they struggle with it too, like I talked a bit about saying hello before you can say good-bye. They didn't really have a chance to do that so I think they struggle with that too. . . . I think if my dad and my step-mom lived closer they would have more involvement in James' life, and they might not feel so much of a loss, but they live so far away, so it's hard for them

Taylor feels a very strong enduring bond with James. She hopes that relationship will flourish as James continues to grow and develop.

I know that I will always have a bond with him, that will just be ours, and so I really sort of treasure that, and I hope as he grows older, that he's interested in that, and that he's interested in continuing the relationship, and I'm just really proud of him. . . . He's a ham, he's a showoff, I don't think he got that from me, I was shy; He can be very shy. He's very polite, and loves trains, because of James the train, the cartoon. He loves trains and trucks, and he's just a boy.

Taylor has learned much about herself and about forming relationships from her open adoption experience. She views open adoption as a very purposeful relationship which requires much work.

I feel like I can overcome challenges, because I have, and I feel like I really have shown commitment, and I have a stronger sense of relationship, and what that means, and how to sort of foster them, because open adoption relationships are very different from other relationships, but yet they are very similar, and I learned a lot about communication, and honesty, and trust, a lot about trust. . . . In these situations all you can do is trust what people say, I mean you really are taking that blind leap, just trusting that things will work out. . . . It takes a lot of work.

The birth of James and the adoption experience have also made her more compassionate to others who face personal challenges.

I feel I'm a bit more understanding of anyone who is in a difficult situation, especially women in unplanned pregnancies. I used to sort of shake my head at these women . . . I'm a bit more understanding and compassionate, a lot more emotional. I've always been very emotional, but I'm much more so, since the birth and the adoption. . . . I think it's usually a good thing.

She has also drawn from this experience in her nursing practice, and she feels she is much more empathic as a nurse because of it. She has also been a support to her classmates as they encountered adoption in their nursing practice.

We did our maternity in second year that would have been a year after I had James. I guess watching women give birth, I feel a sense of empathy. I do know a bit about what they are going through. We did the public health, where we go visit the new moms, and there are some younger mom's, teenage moms, and I feel like, as much as they are parenting, and I chose a different plan, we still have common similarities and I feel I can empathize a bit more. One of my classmates, when we were in public health, was talking about a visit that she did with a mom who had chosen adoption, and they had visited the baby with the adoptive parents. She wanted to know if what she did was right, if what she said to this birthmother was right, and I said, "You know it sounds like you are doing OK, but this is sort of what I went through."

Taylor still occasionally struggles with her decision to place James.

I still struggle with it every once in a while; when I see there are a few girls in my class about the same age and they have babies . . . and I kind of think oh, I could do that. Look at them. They were sort of in the same situation, and they are doing all right. I think for the most part, I feel that I have come to terms with it. I think that's part of being a birthmother, coming to terms with that.

Taylor attributes these occasional doubts to the ebb and flow of the grieving process, and she has learned to accept them.

I feel the grieving process is a continuum, and it never really ends, sort of in waves, it ebbs and flows. . . . I don't have that nagging thought in my head every day, every once in a while I get a little twinge . . . I just sort of let them be, and just think about it for a while, play back in my head why we made the decision . . . it's a little less as time goes on.

The feelings of jealousy, anger, and shame have also subsided and are more easily managed.

Maybe I get twinges of feeling I wish that were me, but I don't know if that's really jealousy anymore. . . . I still sort of wish that there would have been a different solution. I don't think it is anger any more. . . . At the beginning, I was ashamed to be where I was, but I'm not ashamed of it anymore.

Taylor maintains her contact with Barbara through the monthly birthmother support group meetings and by telephone as required. She feels that Barbara is someone that she would turn to if she and Joe and Shelly had a period of misunderstanding or a conflict about something. The relationship with Joe and Shelly is a tender and valued relationship, and Barbara has helped her to communicate in a way that does not jeopardize the relationship.

She's helped me work through some things I've been feeling . . . about the visits; we talked about it. . . . Before I was going to talk to Shelly . . . she [Barbara] had given me some strategies, things to say . . . to make sure I said the things I needed to say.

Goals and Plans for the Future

Taylor is currently very busy with the start of her nursing career and adjusting to all the changes associated with the end of university studies. In particular, she is feeling the loss of the daily contact with close friends as they move elsewhere to take up nursing positions.

My friend Jane has just moved to Edmonton to start her career, and my friend Emily has moved to Calgary and so just sort of figuring out those relationships too, and sort of grieving a little bit of that loss of a little bit of a relationship, you know not being able to phone them up and say, "Oh, lets go for coffee."

An ongoing relationship with James, Joe, Shelly and Karen are an important part of Taylor's and Chad's future. They plan to visit every two or three months as schedules will allow.

. . . every other month; that's worked out well, I mean the past year has been crazy, and so we haven't got together as often as we would all have liked, but usually every three months or so we get together.

Joe and Shelly have wished Taylor and Chad well as they begin to plan for their upcoming marriage. Taylor and Chad hope to involve James and Karen in the ceremony.

They [Joe and Shelly] were really happy for us. . . . We'd like James to be our ring bearer, so we'll have to talk to them about that. And also involving Karen in it too, we'd like her to be involved too. We haven't talked to them about it yet, because we haven't made many plans.

Words of Advice to Other Young Women Who Face an Unplanned Pregnancy

Taylor believes young women facing an unplanned pregnancy need unbiased counselling assistance as they deal with their options. She is concerned that adoption agencies may have a bit of a bias as to desired outcomes, and so she believes it may be better to provide a counselling service that is not connected to the adoption agency.

It's tough, they need somebody totally unbiased to talk to, but that's tough, I mean where do you go? As much as [the counselor from the adoption agency] tries to be as, you know [unbiased], "You need to do what you need to do," they still have a little bit of a bias, so I think women need to have an unbiased person that they can talk to that's going to explain everything to them, parenting, abortion, adoption. I think that would be very helpful.

She also thinks talking to someone who has already been through an adoption would be helpful.

Having someone to talk to that's been through it.

Taylor believes that adolescents need to be educated about the adoption option prior to the crisis of an unplanned pregnancy, and she notes that she received absolutely no education on the adoption alternative. She believes education will facilitate a greater acceptance of open adoption, which in turn will create more support for young women who choose open adoption.

I don't remember it ever being mentioned in Sex-ed. I think it was CALM in high school . . . never ever talked about adoption, ever. It just needs to be talked about more. I remember talking about abortion, and I remember having some pro-life woman come and speak, and even then, she never talked about adoption. So, it isn't talked about it.

Jill's Story

An Introduction to Jill

Jill was a 22 year old woman who had completed two years of a nursing program at the time of the interviews. At the age of 19, Jill placed her infant son, Michael, into a family consisting of Ed and Maureen, the adoptive parents, and Nicole, a three-year old girl who had also been adopted at birth.

Jill presented as a very forthright and self-assured young woman. She described herself in the following manner:

I'm pretty out-going person. I'm a people person, I was told the other day. Friendly, polite, I consider myself mature for my age, but also very emotional . . . opinionated.

Athletics has always been and continues to be an important part of Jill's life. She enjoys an active lifestyle which includes team sports such as baseball and volleyball. She has frequently taken on leadership roles in her sports and employment endeavors. Her leadership qualities have also been recognized in her nursing program.

I played volleyball for six years. I was the captain in Grade 12 and MVP, most valuable player; I worked at [fast food restaurant] for 4 years; I was a manager there . . . I also did figure skating and soccer in elementary, and then in junior high I started softball, and was also captain of my softball team. Those are the only two sports I really pursued through high school. . . . And then after I got pregnant, I had to quit volleyball of course; I helped coach for a few months, but now I just play slow pitch. . . . In school we have evaluations, twice a semester. They always say, they could tell from the first day that I'm a leader.

At the time of the interviews, Jill was working full-time as a personal support aide at a continuing care center for the summer months. Jill had worked at the center as a personal care attendant for three years, working part-time on weekends throughout the school year, and then full time in the summer months.

I got that job in the nursing home because somebody told me that it would be beneficial to have that background going into nursing. It would put you one step ahead of the other students. . . . I enjoy it quite a bit. . . . You get people up in the morning, you wash them and dress them, take them out for breakfast, and serve them breakfast, and get them to rec therapy for entertainment, and serve them lunch, lie them down for an hour, get them up and it goes on.

Jill abandoned her earlier plans of being an athletic therapist for a number of reasons.

One of my girlfriends that was in athletic therapy said she was going into nursing. I sort of thought about it, because I had always wanted to work in a health profession . . . it's a job where you can work just about anywhere; that was even before I knew about the high demand for nurses. You can work casual and be at home with your kids, and I thought, "Hey, it sounds good".

The Circumstances Surrounding the Pregnancy.

Jill had just completed her Grade 12 year and was struggling to extricate herself from an abusive relationship when she discovered she was pregnant.

I had been dating a guy for probably about a year at that point. It wasn't a very stable relationship. He had a lot of psychological problems. . . . He was very manipulative and psychologically abusive. . . . He knew that I was very self-conscious about my body, so if we got in a big fight, he would call me fat, things like that.

Both Jill and her family recognized the abuse, but Jill felt trapped in the relationship.

Any time that it looked like I was going to break up with him, he would threaten to kill himself; that was a lot of why I stayed with him; because I was so worried he was going to kill himself, and a couple of times . . . he took a knife and sliced up his arms and his chest with the knife; I couldn't break free. I was worried about him hurting himself, or me or my family. If I tried to kick him out of my car, then he wouldn't get out, and then I'd literally try and get him out, and he'd punch me. . . . There was probably only one occasion where he actually punched me in the stomach. Fortunately I wasn't pregnant at the time but, that was the only time he actually hit me. . . . My family could see it; they knew; truthfully, I didn't even want to be with him; I was trapped; you know it was one of those abusive relationships where you know you need to get out but you're scared.

Jill did break up with Jeremy shortly before she discovered she was pregnant.

Right before my graduation I broke up with him, the day before, and then about a week later he came into the restaurant where I was working, and kind of sat in the corner and stared at me the whole day, stalking, and then told friends of mine that he was going to burn down my house. So I phoned the police right away, and they found him that night drunk in a bar, and they arrested him, and gave him the option of being admitted to Ponoka Hospital or go to jail. So he went to Ponoka and was diagnosed as bi-polar, and while he was in Ponoka, is when I found out I was pregnant . . . He was over there for 40 days . . .

Jill had the support of a number of girlfriends through the whole ordeal of the pregnancy tests which were initially negative.

I didn't know I was pregnant at my graduation . . . I'm very regular. I started to suspect, on the 28th day, when I was supposed to get my period and I didn't, I knew then, so I would have been two weeks at that point, and two weeks later, I knew for sure, so I was a month. . . . I had quite a few really close girlfriends in high school; one of them came with me, and we went back to the school actually, and took it [the pregnancy test], and it was negative, you know the relief, and I still just didn't feel right about it. Then another girl came with me to get a second pregnancy test, and it didn't feel right [Jill still thought she was pregnant] And finally my girlfriend said, "You know you should go to the doctor, you don't want to go out drinking again." . . . Two more of my girlfriends came with me to the hospital, and they waited in the car, and I went in, and it was positive, and when I came out I was crying, and they comforted me.

Jill immediately went to her mother's office to share the news.

I walked over to my mom's office, and she wasn't there, but my sister was, and I told her, and she started crying, she was more devastated about it than I was, and then my mom came in a few minutes later.

When Jill's mother initially saw her crying daughters, she feared that Jeremy may have committed suicide.

She came into her office, and I was crying, and my sister was crying, and she said "What? Is it Jeremy?" She thought Jeremy had killed himself, and we said "No", then she said, "You're pregnant?", and I said, "Yes." . . . She didn't really say much, she was just very supportive. She kind of suspected, cause our cycles were very regular with each other, and she knew I hadn't had it. . . . She just hugged me, and I can't really remember what was said next, but we both agreed not to tell dad yet. . . . I was too scared to tell him.

Jill did not utilize reliable birth control practices for a number of reasons.

Actually I wasn't on birth control; it kind of backfired on me; I did briefly and then stopped because I was on my parent's health care plan and I didn't want them to find out. There could have probably been ways to get around it that they wouldn't know, but I was scared that she would find out when she paid the bills, and so I just stopped, and back to him controlling me. He didn't like to use condoms. It was very foolish on my part the way we went about things. But I did it so that she wouldn't find out that I was having sex, and I ended up getting pregnant anyways, so it definitely backfired.

In spite of Jill's attempts at secrecy, her mother seemed to acknowledge that Jill was sexually active, and that she might be pregnant.

Her and I have never discussed sex; I didn't even think she knew I smoked, so it just shows that she is more observant than I think she is. She never said pregnant, she would say PG; "Well you'd better quit smoking just in case you're PG", and I'd say, "Well I'm not." She mentioned it a couple of times. . . . I was in denial, but she was, "Well . . . you better stop drinking." So I didn't really have to tell her; she knew. And she was actually amazing about it. And I didn't tell my dad for about 2 months, too afraid. He handled it well too.

Jill's mother seemed saddened by the pregnancy, but quite accepting and supportive. Jill attributes her mother's understanding attitude to the fact that her mother and older brother also had experienced unplanned pregnancies.

She was sad, but when her and my dad got married, she was five months pregnant with my brother, and when my brother got married, they were five months pregnant with their daughter, so it's nothing she hasn't seen before, she's been in the situation herself. . . . I was very afraid. . . . as to how supportive they would be, but you couldn't ask for more amazing parents in that kind of situation.

Jill and her mother were reluctant to tell Jill's father about the pregnancy because they knew he did not like Jeremy. Eventually, Jill's mother prepared the way for Jill to tell her father about the pregnancy.

I think she was probably just as scared to tell him as I was. . . . He's a very quiet man. But I knew he didn't like Jeremy. The more quiet he is, the less he approves of a person. When Jeremy was around, he'd just go downstairs, and he'd stay away. He avoids conflict by just walking away from it; otherwise him and Jeremy would probably have had words on more than one occasion; he can be very temperamental. I wasn't sure what I expected, I was just scared to tell him, and the longer I waited the harder it got, and I never did actually have to tell him, we went camping, and my mom said, "Jill has to tell you something." I just started crying and then all he said was, "What are you gonna do?" and I said, "I'm gonna keep him," and he said, "What about school?" "Well, I'll just work." I kind of had it all planned out that I thought maybe I'd get a job at a bank as a teller or something. I thought about it. He didn't really say much after that, and I just said to mom right after that, I have to leave, and as we were leaving she said to him, "You better go talk to her before she drives home upset." So he just came up and hugged me, and told me he loved me, and we both cried.

Jill experienced a healthy pregnancy with some physical discomfort.

I never had any morning sickness; I had lower back pain, but I've always had problems with my tailbone, from sports and injuries. And heartburn was the worst of my pregnancy. I gained 45 pounds and it was all stomach. I was living with a family, boarding, and she made me supper every night, so I wasn't on my own. I didn't have to make my own meals, so I ate very healthy. I had the Better

Beginnings thing where I checked off that I got all my vegetables, all my meats every day, so it was very healthy.

Feeling quite lonely and depressed at this time, Jill turned to Jeremy for comfort.

There was kind of a combination of a lot of things, the fact that I wasn't at home . . . that I was alone; I was very depressed . . . cried myself to sleep a lot of the nights . . . and you're pregnant, you can't go out into the bar scene and get to know people. I mean, I went out one night, and I was just tired, all the smoke and of course I wasn't drinking. I didn't even enjoy myself, so I didn't go out anymore. It was rough. . . . But it wasn't so much because of the baby and the adoption, but it was because I had to do this by myself, and that's why I started talking with Jeremy again, because I needed somebody who would be there for me, and he did help.

Jill reported that she enjoyed her pregnancy until the last weeks.

I did [enjoy the pregnancy], but then towards the end, he had the hiccups all the time, and he was very big, so every time he'd move, it always made my stomach so upset, cause he was constantly moving. He was the most active baby, he was a very big baby; he was 10 pounds 10 ounces. . . . And he always had the hiccups; he'd have the hiccups at least for an hour every day. . . . For two months it went on, and I was just, "Oh, get him out of me," it drove me nuts. It was fun; I was so excited when I got to put the maternity clothes on, shocked everybody in my classes, cause I would wear baggy sweaters and things, nobody knew I was pregnant, and then the next day I decided that now I'm gonna have to put maternity clothes on because I just couldn't get my pants done up. And I went to class, and when you put maternity clothes on you look so much more pregnant than you did before, and you get all these shocked faces, "What happened to her overnight?" It was fun. I got a lot of attention from people at home. Everyone was all of a sudden my best friend because they wanted to feel my stomach.

Jill felt very proud of her pregnancy in spite of the fact that she did experience the judging looks of some people. She became very attached to her developing child, and felt very protective of him.

I did [attach]. I did. I was very proud. At some points when I'd go to a hockey game or something, I would get looks, and I would feel kind of uncomfortable, and I felt "slutty." A lot of people look at you in that sense, when they see a teenage pregnant girl. I was kind of ashamed at some point, but not of him. I knew right from the beginning that this is my baby, and I'm gonna do everything I can to make sure he is healthy and grows up happy. That was my attitude through the whole thing. I made it about him, always.

Making the Choice of Adoption

It seemed that abortion or parenting were the only options considered by Jill's high school friends who had faced an unplanned pregnancy.

I had a group of girlfriends, and there was probably seven of us. . . . Jeremy, when we first started dating, he actually got my best friend pregnant, best friend at the time, and she ended up having an abortion, and I took Jeremy back and then I ended up getting pregnant down the road. One of my other girlfriends got pregnant at the same time as her, and she had an abortion. Now two of them are pregnant again and are keeping the babies. One of the girls who had an abortion, her sister had abortions three times. There are a lot of people in this town that have [had an abortion]. Counting it up, that's like 10 kids that a family could have.

Jill's initial choice was to parent, but that all changed when her older brother had a very frank discussion with her.

I originally was gonna keep. And I had always said that I would never have an abortion; I would never give my baby up. I would take care of it. And that was what I was sticking to, but then my brother and his wife came down one night, and I told him. My brother is 33; he's 11 years older than me. When he was 20, his girlfriend got pregnant; it happened to my parents too. It's kind of a cycle in our family; they ended up getting married. His daughter is 11 years old, and they have two other kids now, but, they were both very young, and they really struggled, but they were together, and my brother knew that I wasn't with the father, and the situation with the father, so he asked me what I was gonna do, and I said I was gonna keep and he said, "Why?" And I said, "Well because he's mine," and he said, "That's your only reason; you're being selfish." He was really hard on me, but I guess it was kind of tough love; I guess somebody needed to say that. "You're being selfish; you're not thinking about the baby. The only reason you want to keep him is because he's yours; you're not even thinking about him."

Initially, Jill was argumentative with her brother, citing his successful experience as a young father as proof that parenting at a young age could be managed.

I have a lot of respect for my siblings and my parents, so when they do talk I listen. I might argue, but I still listen to them, like when he was saying all that I didn't just sit there and take it. . . . I was really upset. . . . I was trying to defend myself; "Well you did it," but he'd just kind of squashed all my defenses. He's 11 years older than I am. . . . I look at him more like an adult figure rather than a sibling.

Jill's brother reminded her of the struggles and sacrifices of parenting at a young age, a reality that Jill had witnessed in her brother's life. His frank and honest disclosures caused her to reconsider her decision.

I knew it was [a struggle]; I had to baby-sit all the time, and he was going through university and she was born and for a couple years after that he was still going to university, so it was a pretty tough struggle. But he even said that day, he does have regrets. Now everything is great; they have a great family, but he missed out on a lot of his young adulthood, cause he had a child. He was saying "You don't want to do this." [Jill had replied to him] "Well you did it, everything worked out good for you." He kind of said, "Well no, things aren't great; things aren't perfect with us. If I could go back maybe I wouldn't have done it the same way." I mean he loves his daughter but if he had to do it again? . . . After we had that conversation, I thought about it, and I realized he was right.

Furthermore, Jill realized that her brother was in a stable relationship at the time he was facing parenthood, whereas Jill was still in the process of extricating herself from a very troubled relationship.

He had someone with him. . . . I don't want to be tied to the birthfather the rest of my life. Even now still, he [Jeremy] has a lot of problems, and I just realized I don't want my child being raised that way.

Jill believed that she would always be connected to Jeremy if she was parenting his child, and that thought was very distressing to her.

I didn't want my son raised by somebody with that kind of mental history. . . . He was very psychologically abusive throughout our relationship as well, in and out of jobs, borrowed money from me all the time. He was very manipulative. . . . I'd be forever tied to him if I would have kept Michael. . . . I thought a lot about it and thought that it would be so unfair to bring a child into this world with a father like that; it would be so unhealthy, I would never be able to get away from him. Forever I would be bound to him; it did play quite a large factor. . . . When me and my brother had that conversation, he brought that up too, "Look where Jeremy is now." [a reference to Jeremy being in a psychiatric hospital] If we would have been together and happy and healthy, then the situation could have been quite different. Perhaps we would have kept Michael, but it just wasn't good for him at all. . . . I wasn't naïve, I knew that Jeremy was never gonna change.

Jill planned to tell Jeremy about the pregnancy before he found out from someone else, but that didn't happen. He reacted quite aggressively to the news, and she countered his threats with her own assertions of control.

He made it difficult. In August he came down. I didn't want to tell anybody that I was pregnant until I could talk to him, because I wanted him to know first, but somebody found out and ended up telling him. We were at the bar one night, and he took me out and said he was going to fight me for this baby, and I said "You don't have a chance; you just got out of Ponoka hospital; nobody's going to give you this," so then I basically had him cut off for a bit.

The adoption agency informed Jill that Jeremy had no legal rights to the baby, and that information was a relief to her.

Legally, he has no right to the baby. . . . He [the father] has to live with you for six months, prior to the baby's birth to have any legal rights, unless you are married. . . . We never lived together so it was never even an issue, right from the getgo, and [the adoption agency] told me that. It was my baby; he had nothing to do with it. So I just never even put his name on the birth certificate. . . . They told me right from the getgo that he can't take this baby from you.

Jeremy continued to have romantic ideas about the possibility of Jill and Jeremy and the baby being a family, and Jill had to repeatedly challenge this fantasy.

I think he just wanted us to be a family. He didn't want me to give the baby up. And even now, he talks about him as our son, and I say, "No, he's not our son; he was my son, and now he's theirs; there is no our in this any more." . . . I told him this was my decision. This is what I'm doing; this was my baby. As far as I was concerned, he was basically a sperm donor and that's it. This was my baby, my decision, my family.

Jill began talking to Jeremy again later in her pregnancy when she was away from her family, and was attending university. He continued to try to influence her decision, but she held her ground as to her plans for the adoption.

And then we started spending time together again when I was in [name of city]. He was living in [name of town]. And he came to [city] to see me, and we would talk on the phone all the time. . . . I was lonely and he was the only one person who was in the same situation as me. . . . I felt that he was the only person who could relate to what I was going through. . . . He wasn't there as a support. He always tried to get me to change my mind through the whole thing, but I was adamant that this is what I was gonna do, and then he realized that he had no choice.

Jill coped with the stress of Jeremy's persistent attempts to challenge her decision by simply deciding in her own mind, that he was not the father of the child.

I had it in my head that he wasn't even the father, that this was mine, mine alone, so it didn't matter. If he would have gotten better, or would have come back I still wouldn't want him to be part of it; it was my baby, my choice, and that was it. I mean if we would have been in it together from the beginning, but he didn't want it [the adoption] in the first place. And I wouldn't trust his opinion about anything.

Jill voices no regrets about her brother's influence on her in the decision making process.

Two years ago camping I told him that he was the one that changed my mind, and he started crying saying, "I didn't mean to," but you know I'm glad he did. Cause nobody else was gonna say it, and I think it was almost immediately that I changed my mind.

In spite of her brother's influence on her thinking, Jill claims the decision as her own. She appreciates the support her family offered no matter where she was in the decision making process.

It was definitely my decision. My brother gave me his point of view, and my parents, when I decided I was going to keep the baby, said "OK," and when I said, I was going to give it up, they said "OK." So it was whatever I wanted to do. . . . After I told my mom that I had changed my mind, and that I was gonna give him up, she was, "Oh, good, I'm glad you made that choice," but she was never going to say anything prior. . . . everyone was so supportive.

Jill recalls only one person other than Jeremy expressing a negative opinion about her intention to place her baby for adoption.

I was in the bar, and I was still pregnant, and this girl told me that I was gonna change my mind, and I was gonna keep this baby, and I said, "No, I'm not." This is a girl who has three children, all with different fathers, and so I felt like saying, "I'm not like you; I'm sticking to my choice." But she was the only person that ever said anything negative.

Jill did have some initial concerns about adoption because her knowledge of adoption was limited to closed adoption. The images she held of closed adoption were very negative.

I have friends who were adopted and it haunts them their whole life, wondering why it happened, and it consumes so much of what they go through. They just want to find this person, or they resent and hate this person, and I would never be able to handle that. . . . My best friend's older brother he was adopted. . . . Right around when he was 18, he wanted to find his birthmother, and that's not just hard on him, but also his adopted mother. [The adoptive mother is thinking]

“What am I doing that is making him think that he needs to find his biological mother?” . . . My aunt also had given up a child for adoption, closed adoption, and never saw him again.

When Jill gained a deeper understanding about the meaning of open adoption she was firmer in her resolve to place her child.

I knew about closed adoption. When I talked to [the adoption agency], they gave me all of the options. “You have a choice to keep; you have a choice of a closed adoption.” They explained what that was. Open adoption, they explained what that was. Abortion, they explained every single choice, so that I would have full knowledge of all the options. That was really when I got the grasp of open adoption. I didn’t know how the process worked. I didn’t know that you got to pick the family. I knew some, I knew that it would be my choice, but I didn’t know I would be having this type of contact. I thought you write a letter once a year, but I mean it’s different in everybody’s situation. . . . I think it was [the adoption agency] that really helped me understand that whole process.

Making the Choice of the Adoptive Family

Jill made the decision to place her child for adoption in August when she was two months pregnant. Jill and her mother initially explored a private adoption plan with disappointing results. In September she started university in another city and her mother volunteered to look into the services of the adoption agencies for her.

I was accepted into university, and so I started going to school, and my mom looked into adoption agencies for me. There was a family that lived here, and he was a staff sergeant for the police department, and we hadn’t been to an agency yet. We were just talking to this family, and they wanted to adopt, but then they changed their minds. They decided that they didn’t want a baby right now, so I was pretty devastated about that. I felt like nobody wants my baby.

Jill believed that her mother had pushed her into this painful situation, and she spoke to her mother about how distressing this was for her.

She did sort of pressure me into that one. Before we went through an adoption agency, she was really gung-ho about this family and I wasn’t entirely sure. I didn’t really know them, and they were gonna be moving to Winnipeg, and so I wasn’t sure, and she just kept saying, “You know this is it,” and she pushed me that way, and then they called and said, “You know, at this point, we’re not ready to have another one,” and I was pretty devastated. And then I told my mom afterwards, “You know you really pressured me into that; that wasn’t even really my decision.” So I could have probably avoided that pain if she wouldn’t have pushed it . . . and so my mom looked at adoption agencies [in the city where Jill

was attending university] . . . *and within a couple of weeks I had my first interview with them.*

Jill met with an adoption social worker who encouraged her to identify what criteria were important to her in the adoptive family. She had very specific ideas as to what she desired for her child.

I said I don't want smokers, and I want them to have at least one child, and I want them to be Catholic . . . I come from a strong Catholic background. My mom was in the convent before she married my dad; she was about a week away from becoming a nun, I think, and then she decided she wanted to have a family, and came out of that, so she's a very strong Catholic. My dad's not Catholic, but my whole life I've been going to church every Sunday morning and I have a strong faith in God. I have a lot of friends who don't have faith, and their morals and values blow me away. So I kind of wanted Michael to have the same kind of background that I did. . . . I was looking for younger than I found. Early to mid 30's was preferable, and financially quite well off, but I discovered that in order to go through the whole adoption process, you need to be stable, because a lot of money needs to be invested into the whole situation, lawyers and what not. . . . I didn't care if they had pets. . . . I wanted the mother to be an at-home mom, or one of the parents to be home with the kids. Ed and Maureen do both work, but they alternate. Maureen just does casual nursing, and he owns his own company, so if she has to work, he'll just stay home with the kids that day. Someone is always home with the kids; they don't need babysitters; I didn't want my child raised in a daycare; if that was the case then I might as well just have kept him myself.

Jill wanted the adoptive family to have at least one child so that her child would have a sibling for companionship.

My sister and I are only three years apart, so we're very close. We fought a lot, but now, she's one of my best friends, and I want my child to have that person to count on.

Jill carefully reviewed the files that the social worker provided and discussed them with her mother. She experienced some anxiety in this process, worrying that perhaps there wouldn't be a perfect family for her child.

She [the social worker] found about six of the most suitable couples for me, and she brought the files back to me, and I looked through all of them. It gives you everything, pictures, their financial history, practically everything you need to know about them, it's in this file. There was one family that was just perfect, but they were a bit older than I wanted, and so then I talked to my mom about it, and I kind of read to her the files, and both of us said "This family seems good," but I

wanted to look through more, so I called Melinda, and she said, "Well I'll try and find some more," and I was thinking, "Well I hear there are so many people that want to adopt, and I can't even find one family that's perfect." And so again I felt, I wasn't gonna find anyone to take my baby . . . not being able to find someone in the case files that I thought really fit started to make me think, "This isn't gonna to happen. I'm gonna have this baby anyways, and I'll have to keep him cause nobody's gonna want him." It really brought me down. . . . Then she gave me another six files, and I looked through them and none of the families really worked well. And so I went back to this family and said, "OK, I want to meet them." She phoned them and said, "There's a girl here who is considering you and wants to meet with you. They drove down to [Jill's town] we went for dinner, and the minute they pulled away, me and my mom were both saying, "They're it."

Jill felt reassured that her mother felt the same way as she did about Ed and Maureen.

It was my decision; that was what I wanted, but the fact that she was by my side agreeing with me. If she would have been saying, "Oh no, I got a bad feeling," then maybe I would have reevaluated the whole thing. She kind of supported what I already knew myself.

Any residual fears that Jill had about open adoption dissipated when she met Ed and Maureen. Again, the fact that her whole family felt sure about Ed and Maureen also helped allay the fears.

I did [have fears] before I met the family. There was the fear that they would change their mind and not let me see him. And I read that in the paper not too long ago, that a birthmother had this agreement with the family that she would have such and such contact. I think it was just pictures, and a letter couple times a year, and then they decided they didn't want her to have any contact, cut her off, and she fought them in court about it, but they won. There was never any contract written, it was just an agreement, and so they took the baby away. So it ended up being a closed adoption anyways, and I kind of had that fear, but then once I met the family I knew it would never be the case with them. . . . The fact that my mother was with me, saying, "Yah, this is it." . . . If she was unsure, then I would be unsure and maybe reevaluate . . . but all of us, even my dad, my sister, were taken with them [Ed and Maureen]. Right from the getgo.

The decision was made in late December, and there were no further face-to-face visits prior to the birth.

We met that time, and they left, and I called Melinda almost immediately and said, "I want this family," and she contacted them, and I don't think I met them again; I just talked on the phone. Cause at this point, it was probably December

already, so it was getting late into the whole thing, cause two months later I had him.

Jill was confident in the choice that she made because of the personal qualities that Ed and Maureen exhibited.

They were just so warm and friendly and they're absolutely an amazing couple. They were just wonderful. There was a connection; we could just feel it. And the fact that both my mom and I felt that way; we just knew. . . . You really have to meet them to understand. Maureen is the most friendly woman you'll ever meet. With Maureen you rarely get in a word edgewise. She's so happy about life; she feels so blessed to have the opportunity to have a child. I could just sense it; just sense it; there was something really special about these people. Sometimes you're wrong. But you have to take that chance. First impressions count for a lot, so we took the chance, and it's the best decision I made in my life, but yah, it really is hard to explain.

The only concern that Jill expressed had to do with what she perceives to be a lax parenting style, but it was not a concern that she raised with Ed and Maureen.

Their daughter is kind of spoiled but I can understand that; she's adopted as well. . . . They're pretty easy on her. I don't want my kid to be like that, but I never said anything to them about it.

Jill chose not to involve Jeremy in the choice of the adoptive family because he was openly challenging her decision to place. She believed that if she involved him, he would manipulate the situation to his advantage.

He told me he was going to fight me for the baby. Why would I want someone like that helping me make the choice of where my I'm gonna put my child? "Forget it, stay out of the whole thing. You have nothing to do with this." I told him that throughout. "This is mine, all mine, not yours." . . . If I would have given him any choice I think he really would have tried to manipulate me into changing my mind, so I couldn't give him any leeway at all. I had to cut him off from the whole thing completely. That's the kind of person he was, you give him a foot, he'll take a mile. If I let him have any input he probably wouldn't have even let me make a choice; he would have cut down every single family that I tried to pick and tried to make me think that there was nobody suitable. That's how manipulative he is. He would have manipulated the situation to try to make me give up on the whole thing altogether.

Jeremy's mother also challenged Jill's decision to place Michael.

She [Jeremy's mother] wasn't very supportive either; she told me that she didn't want me to do it. She said that if she would have been there when I had the baby, she would have begged me to keep him. It's a very dysfunctional family.

Giving Birth

Jill attended prenatal classes while she was at university.

I decided I was only going to go to school the first semester, because I was due in February, so that was kind of perfect timing. So I took prenatal in [name of city], and one of my girlfriends was there. Katie, my coach, didn't come into the delivery room with me, but she was there with me for prenatal classes. Then I came back to [home town] and worked with my mom, and two months later I had him. My sister and my mom came in with me.

Originally Jill had thought that she would relinquish her baby right after birth, but as she learned more about open adoption, she changed her mind.

Originally I didn't want to be with him at all, I wanted them [the adoptive parents] to just take him. But then once I met with them [Ed and Maureen] and when I realized we were going to maintain a relationship, I thought, "Well, OK I'd like to hold him," and then I went to an adoption conference, and a girl spoke and said how she had stayed with her baby in the hospital for a few days, and she needed that time. So then I decided that that was what I was gonna do. So I decided I would stay in the hospital for four days, with them there. I wanted them [Ed and Maureen] to be there, and then after four days they would take him. So all of my family and all my friends got to come down and see him, cause I had him on a weekend. I've never seen a hospital room more packed, cause everybody knew that this baby would be gone, so everybody wanted to see him before he was gone.

The birthing experience was very difficult.

My doctor wanted to induce me on the Friday, because according to him I was overdue. I was pretty sure I still had about a week left to go, but I was so anxious to have this baby, that I was like, "Yes, induce me." I would never make that mistake again. . . . We started at nine in the morning and then nothing happened. I was getting little contractions steady, but no real action, and then at seven o'clock at night he sent me home. I was so mad, because I wanted Ed and Maureen to be there, and I wanted all my family to come down on the weekend to see this baby before I had to give him up, and the doctor sent me home. I was so upset. When I got home, almost immediately I started having these severe contractions, and so I had a bath, and then after I got out of the bath, I lost my mucous plug, so I knew I was dilating. And then I had another bath, because it felt so nice, and I was in so much agony, and I called the hospital and they told me to come back in. My water never broke, they had to break it in the end. I really didn't have any control over my breathing, I was really a wreck for a while, and they tried giving me laughing gas, and I started throwing up instantly, and then I got diarrhea, so I was sitting on the toilet with diarrhea and puking into a bucket at the same time. It was horrible, and they wouldn't let me have a bath

because I had been induced, and they told me that I could get an infection . . . so they put me in the shower. My sister came in with me, and I started throwing up in the shower, I'm pretty sure it was from the laughing gas, it just didn't take well with me. And then they gave me a shot of Demerol. So between every contraction I'd fall asleep, and that's when I really started to gain control, and that was probably at 10 o'clock, 11 o'clock at night. That's when I really started to get a grip. Then it wasn't really too bad, once I got control over my breathing. Then at about six in the morning, they took me into the case room, and I pushed for about two and a half hours. He used the vacuum twice, and it just kept popping off of his head, and so then he had to use the forceps, and if the forceps didn't work, then I'd need to have a c-section, but the forceps worked fortunately. He got him out with the forceps, weighed him, and said he was 10 pounds 10 ounces, and the doctor didn't believe it, so he made them get another scale, and he weighed him on that, and he was still 10 pounds 10 ounces. That was part of the reason I was having so much problems, he was just too big; I'm not a really big person, not a lot of room for him to get out.

Jill had been hoping that her birthing experience would be similar to that of her mother, but that was not to be. It was not at all what she expected.

From the moment of her [Jill's mom's] first contractions to when I was born took 15 minutes, so I was really hoping that I would have the same kind of experience. Mind you I was over two pounds lighter than Michael was when I was born. . . . I thought I'd have a lot more control than I did from the beginning; I really liked having my feet tickled, and in prenatal they told us for them to do that, and I thought, "Great, I'm gonna have people tickling my back and tickling my feet," but when I was there, I didn't want anyone touching me, so that never happened. That was the last thing in the world that I wanted; I thought I'd have some nice peaceful music, but I didn't want any sound, nothing. I wanted absolute silence, and dark, I just wanted it dark and quiet, you know. It wasn't what I expected.

Jill wanted Maureen to be present in the delivery room during the last stage of labor to be part of the birthing experience.

I asked them if Maureen wanted to cut the cord, cause with Nicole, Ed went in and cut the cord, so I asked Maureen if she wanted to do that with Michael. They came down late Friday night. I was in labor for 23 hours, and I had him Saturday morning, and they just kind of waited around in the waiting room, and when it was time to cut the cord, right before I was supposed to have him, Maureen came in and coached me through those last few pushes, and cut the cord. And I held him, and she held him, and I wanted to make it as much her experience as I possibly could. . . . I didn't have the attitude that it was my baby and my delivery; I had the attitude that this is gonna be your baby, and I wanted them to be as much a part of it as possible, so that's why I asked her to be in the delivery room because I wanted to make this as much her experience as I could. They kept trying to stay away, and they said they wanted to give me some time

alone with him, and I said, "It's OK; he's your son too, and I want you to be able to see him when he's a day old and also see when he's two days old and also to hold him; I don't want you not to see him for the first four days of his life, and then, "Take him; he's yours." . . . I just really wanted them to be a part of his life, right from the very beginning. The same with when I was pregnant with that first family I had chosen; I asked them if they wanted to come for the ultrasound. I really tried, and that was when they told me that they didn't want him. And had Maureen been in my life at that point, I would have asked them to come, so that they could see the sonogram, and feel the joy, as opposed to being home, and all of the sudden this baby is in your life, four days after he is born.

The Time in the Hospital

Jill felt supported by the nursing staff during her stay in the hospital. They seemed to understand open adoption, and accommodations were made to allow her the time and space she needed to make the placement in a way that was comfortable for her.

I asked my doctor before hand if I could stay [in the hospital for] four days because normally you're only in there for 24 hours. [The response was] "No problem." I had a double room, but no roommate, so I was very fortunate for the first three days cause there is no way all those people [the visitors] would have fit in there. . . . I had this big massive room, and so many people in there all the time, and the nurses were great about it. . . . By eight o'clock they said, "Can you all leave, she needs to get some rest, she needs to be alone with him," and in the middle of the night they came and gave me drugs, cause I had an episiotomy, and quite a long one, so I was in a lot of pain. They would bring me meds, he stayed in the room with me, but they would come in and show me how to feed him, and all this; they were really good.

Jill decided not to breast-feed because she felt she would become too attached to her baby.

There would be too much attachment there; that kind of bond, that's a mother and baby, and I didn't want to get too attached, so, it wasn't even an option. I could've probably pumped for him, and sent it off, but, he was already so big and healthy, I wasn't too worried about it.

Dealing with Jeremy proved to be a challenge. He arrived at the hospital intoxicated while Jill was in labor and was argumentative and confrontational.

I told him before I even went into labor that I didn't want him around if he was gonna be drunk. "I don't want you any where near any of us if that's gonna be how it is," and then he found out from someone that I was in hard labor. He came to the hospital and it was after hours and the security came down and said, "What do you want?" and they told my mom that this guy was here, and so she went down, and he was drunk. And she said, "Jeremy, just go home," and he

told her to F-off, and she told him, "Get lost." . . . I just had a baby, I don't need to hear that. I specifically asked him to not come around if he was drunk, and why would he need to get drunk in the first place? . . . He came back the next day, and Maureen was there with me. . . . I had asked her to stay with him [Michael]; I was very tired; I'd been awake for 48 hours. [Jill had requested] "Can you just stay with Michael and sit here with me while I have a nap?" and he came in and he started bawling the minute he looked at Michael, and I just got mad. . . . I pretended I was sleeping, but then I heard him crying, so I woke up and I just said, "What are you doing? Get out of here if you're gonna be like that." And I wasn't very sympathetic. But then Maureen kind of gave us a little bit of time, and then he gave me the, "What's she doing here? Why doesn't she let you spend time with him alone?" And I said "Excuse me, I asked her to be here; I want her here." That's how he was; he's always had that attitude like, "It's my baby, go away; and let us have time with him alone."

Ed and Maureen tried to be sensitive to Jill's need for privacy, but Jill very much wanted them to be present. Jill reluctantly allowed Jeremy to be part of the experience because she knew it was important for him to be there too. It was a time for everyone to meet Michael.

My mom was there a lot of the time, Ed and Maureen were there but they tried to keep their distance, because they wanted to give me that time. Jeremy was there, I didn't really want him there, but I thought I'll give him this time, so on that day [the day of the relinquishment], he came up and held Michael. I basically just sat in my room and held him; people kept coming in the room though, family and what not.

The placement of Michael helped Jill gain closure with regard to her relationship with Jeremy.

He kept hanging around, and I let him, because I did feel he had a little bit of a right, and then on that fourth day, I told him he had to leave. I wanted to be alone with him [Michael], so I let him [Jeremy] say his good-byes, and leave and the minute he walked out the door, I was done with him. I had more closure than just with Michael; Michael allowed me to get closure with Jeremy as well. . . . I could never really get rid of him [Jeremy] before, and then afterwards I don't know if it was because I grew up quickly, I saw Jeremy in a very different light; I saw him as just a pathetic loser. I'm sorry, but that's how I saw him; at that moment. I just didn't want to have anything to do with him, and since that moment, I never looked back. Michael did me a huge favor.

Naming the Baby

Jill, Ed and Maureen worked together on choosing a name for the baby prior to the birth.

We talked about it together. . . . They made a list, and I made a list, and then we called each other, and Michael was at the top of the list. In Ed's family the names go, James and then Edward in the next generation, and then James and then back to Edward. And Maureen and I are like, "I don't want him to be a James," cause it wasn't a name that either of us liked really, and so then we said "OK we'll pick a name that we all like," so we picked Michael, and then we decided that James would be his middle name. That way it would still be part of the family tradition.

The name Michael held no particular significance to Jill other than it was a nice sounding name.

I wanted a name where the full name sounded nice. . . . You gotta pick a name that if they get a nickname out of it, you've gotta like that as well. . . . Michael, Mike, I guess I liked them both. Whereas James, I don't mind the name Jim but he'd probably be called Jamie . . . and I was a big fan of General Hospital and there were quite a few Michael's, the whole family was Mike and Michael, and I liked that name.

Dealing with the Relinquishment

Jill is very pleased with how she planned for time in the hospital, a time which allowed her to bond with the baby that she had nurtured within her womb for nine months.

It was just a wonderful four days. The last day, the day that they took him was very very hard, but I'm glad I had that few days, just him and me to bond. Mind you, there was always lots of people around so I didn't have very much alone time. The day before he was gonna leave, I said, "OK, can you guys just leave, I just want to spend some time alone with him." . . . I carried this baby for nine months, I should be able to spend a little bit of time with him before he's gone.

Jill believes that the bonding she experienced with Michael during those four days in hospital helped her in her grieving.

It helped me. It made me feel good at the time. It did give me that closure and that bonding time, cause if I did give him up right away then I probably would have had regrets about it, like I wish I could have just spent a little bit of time with him, and held him, and slept with him. . . . I did that; I took him in my bed with me, and just lie with him. . . . I got to spend time with him, just me and him alone, before I had to give him away, but at the same time it made me realize how much work it is as well. And like I said before, it wasn't really saying goodbye so it wasn't as difficult as I thought it would be.

Prior to the birth, Jill had worried that perhaps she would bond too much during the four day period, but that was not the case.

I did [worry] before hand. I was scared that I wouldn't be able to let him go, but I knew after that four days was up, that I had to give him up and I knew I wasn't going to change my mind. . . . I think I needed that time; I wanted my family to be able to see him, my friends to see him where he had to go; and he was just such an adorable newborn. It was nice . . . just letting go, accepting that this is what's going to happen, doing what needs to be done, and then letting go, it is a grieving process, really.

Jill was confident in her decision to place her child, a decision which was clearly made long before the birth of the baby. The grieving process also began long before the baby was born. This anticipatory grieving helped her move through the grieving process fairly quickly.

I think if you're confident in your decision, and you're that confident that you want the adoptive family to be there, then nothing is really going to influence your decision. The decision was made long before I kept him for that four days. In my mind and in my heart it was already over. It's just part of the process. . . . I did grieve, but I handled it very well; I wasn't in denial, so of course for a couple of weeks I did grieve. I had him for nine months and then he was gone, but I guess the grieving started before he was even born because the anticipation, knowing it was gonna happen, allowed me to cope and adjust as opposed to if I would have lost the baby. If he would have died, you don't anticipate that; you have all these plans and dreams, but with adoption, you know it is coming. . . . I was very afraid. "How am I gonna feel about this? How am I gonna cope?" But that alone, thinking about that was part of my coping.

The four days in the hospital gave Jill a sense of what the responsibilities would have been to care for Michael on a full time basis.

He was really good and slept most of the time for the first couple of days. By the third day he was really crying a lot. And my milk was coming in really fast. So I was very engorged, and he was very colicky, and if I couldn't take him home and take care of him . . . I just knew, at that point as well, I knew I wasn't ready for this. I have this screaming baby, and I'm in pain. . . . I had a pretty big ordeal, and I thought four days is enough, and the next day they took him.

The day of the relinquishment was very difficult for Jill, and for everyone involved. Tears were shed by all who were present.

Ed and Maureen came in with their daughter, and my mom and dad were there, and my sister, and I was giving him kisses and holding him, and got him all bundled up and put him in the car seat, and my sister kissed him good-bye. . . . There were just some hugs and kisses. We hugged them. We all cried; they were crying, and I was crying. . . . It was hard; it was hardest for me; it wasn't as hard for my family because they knew it wasn't good-bye, but we all knew that we

would see him again, we knew within three weeks later we were in Edmonton. I was saying good-bye, but it wasn't final like if I were giving him up, and wasn't going to see him again, you know like they still sometimes do adoption; I wouldn't have been able to go through it. You have 10 days after where you can change your mind, just phone them up and say, "I want him back," and get him, but they knew they had no worries about it because they knew I was sure about my decision.

Michael was placed directly from the hospital.

I wanted them to take him out [of the hospital]; I didn't want to leave before he left; and I knew I didn't want to bring him home at any point; that's why I stayed in the hospital for four days; I thought if I were to take him home, I wouldn't want to give him back. . . . They left for Edmonton.

Jill believes her personal grieving process was more difficult than that of her family.

The fact that I did carry this baby for nine months, and he was part of me; you know I went through that horrific labor to bring him into the world, and then just to give him away, that's why it was so much harder for me. My family didn't have that bonding for nine months. He was just like another grandchild to them. Like when my brother had his kids, they'd go see the baby when he was born, and then go home. Then when they got the chance, they'd go see him again, and so it wasn't really any different in that aspect for them. But as the mother, you know you get to go visit your child. It was a different situation for me than it was for them.

Jill grieved for several weeks after the relinquishment, but she did not experience intense emotions. A video of the three days in hospital after the birth helped her to acknowledge the loss. She was very clear on her reasons and motivations for the adoption, and she accepted the loss without any lingering regrets.

It sounds so bad, but I really didn't have much emotion. For the first couple of days, I was pretty sad. . . . In the hospital for those three days we had a video camera. For the first couple of weeks I'd watch that [the video they made of Michael] and then cry, but then after that I was fine. I knew he was safe and healthy and happy, and I was better off. It was the best thing for everyone, so as long as I kept that in mind, I didn't have any regrets.

She didn't waver in her decision during the 10 day revocation period, and she was very sensitive to the anxiety that she thought Maureen was likely feeling at that time.

I was gonna phone her that day [the tenth day after relinquishment] just for reassurance, but I thought if she answers the phone and hears my voice, she's gonna be so worried, so on the eleventh day I phoned, and then she said to me,

she wasn't worried at all. She had no doubts; she knew I was completely confident with my decision.

Shortly after the relinquishment, Jill was referred for a routine post adoption counselling session through a clinic in her home town.

Right after I had him, I met with a counsellor here through our health care system; it's just standard, you go see her. . . . They contacted me, and they suggested that I go see her. It wasn't something I had to do. . . . I didn't really find it necessary, so I can't remember a lot of what was said. I wasn't going through a grieving process where I needed to share a lot of feelings. It was just a "How are you doing with this?" "Fine, fine, fine, fine." I can't remember what happened because I really didn't find it that valuable. And after that, I never had any counselling.

Jill visited Ed and Maureen and Michael when Michael was three weeks old.

I went up there when he was three weeks, and I spent a lot of time there. My mom does trade shows; so she goes to [name of city] quite frequently during February, March time, and so that was right around the time. Three weeks after he was born, she had a show there, so I came to [name of city] with her, and worked with her, and went over and visited him one day, and then came back the next day and visited them. And you know they always had supper for us. It was hard but, it was manageable.

In the first year Jill did not experience any major difficulties. She was very open about her story, and also experimented with journaling to deal with the feelings of sadness when they emerged. Speaking about her experiences and viewing the video seemed to be the most effective ways for her to process her feelings.

Right from the beginning I was telling my story to everyone, as I am to you now, Very little emotion about it. Every once in a while when I tell my story, I get choked up. For the first month it was hard, but then after that, it wasn't at all. There was no rebound to feeling depressed; it was just, "It happened, it's over with; I'm happy, he's happy." . . . I was writing in a journal, but I quit. I wrote down all about his birth just in case I forgot, but I wouldn't be able to forget, just because so many people ask me about my story, so I'm always telling it. I will never forget about the birth, I did have a journal, but I'm not a journal-writer. I don't like to speak without getting a reply, so I quit doing that. It didn't help me, and we watched the videos; it made me sad, but it helped.

Jill is concerned that people may wrongly judge her as uncaring because she didn't display more emotions during this time.

I was pretty strong about it right from the beginning. I think I probably only cried five times. To me, I feel bad about that; I think that maybe I should have had more emotion over it; I think that people look at me like, "Oh, she's pretty cold, she gave up her baby, and she doesn't really care." That's how I think that people interpreted it. But that wasn't the case at all; I just knew that he was better off.

Jill had one more visit several weeks after the first visit, and then didn't visit again till the next Christmas. She found this latter visit more difficult because Michael was becoming a little person with a distinct personality.

A few weeks later, I went back again, but then after that, I didn't see him until Christmas. . . . That was really hard because at that point, he was almost a year old. He had so much personality, and he was such a funny kid. . . . He was just funny; he would just make funny faces. . . . You couldn't understand what he was saying, but, he had me laughing. He'd come up, and I had a turtleneck on, and he'd pull it over my face, and then he'd pull it down, and go, "Boo." When they are babies, they sleep and they cry; they don't see you; they don't understand who you are really. But at that age, he can actually see me and talk to me and play with me. . . . It made me so sad. . . . [at one year] You could look at him as a human being, laughing and jabbering. That was the hardest time, from giving him up, that was the hardest time to leave. Just that one time, it was really hard for me, and then I never really had any sadness about it since.

Building the Open Adoption Relationship

In planning for the adoption, Ed and Maureen and Jill discussed issues that were important to each of them. These conversations helped to establish a foundation of respect, trust, and openness as each participant learned that the other was willing to listen to and address the concerns that were raised. The actual plans for issues such as visitation schedules were fairly informal.

When they came to meet we had discussions about things such as circumcision. Maureen's a maternity nurse, and she didn't really want Michael to be circumcised, and that's fine, but I said, "I would like him to be baptized." This was before we even decided that they would be the family; we were just getting things out in the open. "I want him to be baptized, placed in the faith," and they said, "Yup we could do that," and they decided to baptize Nicole with him, even though she was three. She was a few years older; they decided that they would baptize the kids together, if that's what I wanted. There was never any contract; it was all kind of the honor system. They said, "Phone any time. You can come visit any time." We've never written letters; on Mother's Day, I just phone them up, and wish Maureen a happy Mother's Day, and talk to Michael on the phone, and they ask me when I'm gonna come back up and visit; it was never set in stone.

Jill appreciates the frequent expressions of gratitude offered by Maureen, and the interest Maureen demonstrates in her as a person. Maureen continues to be very concerned with how Jill is doing within the adoption relationship.

They send us letters often saying, "Thank-you for giving us this child, for blessing our lives." I get cards like that for Mother's Day and for Christmas, even when she emails me her letter, you know just casual talk. And then she always asks if I'm OK. "How was Michael's birthday for you?" She's very selfless; it's not all about their family; she thinks about me even more than I think about it myself; she'll ask me, "How are you doing?" on Michael's birthday. "Are you OK?" and "Yah, I'm fine".

Jill recognizes that Maureen is concerned that she may be suffering in some way because of the adoption. She also knows that Maureen is not threatened by her in any way because she was so confident in her decision about the adoption.

I was very confident in my decision that this was how it was gonna be. When I make a decision that's what it is.

Jill chose not to be involved in any contact between Jeremy and Ed and Maureen. She simply provided them with information on how to contact Jeremy.

I gave them the option of contacting him [Jeremy]. I said, "I don't blame you if you don't want anything to do with him." . . . I didn't give him their names, I didn't give him any information about them. I just told them, "If you want to have any contact with him, it's entirely your choice. Michael is your son now, I don't want to be a part of whatever happens with Jeremy and you, but if you want him to be part of Michael's life, that's your choice." I gave them his email address, so that if they chose, they could contact him.

From Jill's perspective, Jeremy is proving to be difficult and unreliable in his contact with Ed and Maureen and Michael.

Even now, Jeremy will phone Ed and Maureen and say that he's gonna come down, so and so weekend, and then he just doesn't show up. That's the kind of person he is, and that's how Michael's life would have been if I would have kept him. "Your dad's gonna come down this weekend," and he doesn't show up, and it would be disappointment after disappointment. . . . He went down once last year at Michael's birthday, or maybe it was Easter or something, first time ever; that's the only time he's ever seen him.

Jill is annoyed by the tenor of Jeremy's email contact with Ed and Maureen. She feels he is too demanding of them.

Ed and Maureen always send pictures, but then again, they have a web page for Michael, for all the family, cause they have family out in BC. So all the family can go to his web site and look at pictures of him. And Jeremy would email them and complain that they don't have the pictures updated. He puts himself too much in Michael's life. It's their son. If they don't want to update his website, that is their choice, but he's giving them crap because they haven't updated it recently. It angers me, "Who are you telling them what they can and can't do and what they should be doing?" But that's their choice.

At this point in time, Jill doesn't feel the need to visit more than once or twice a year. Maureen has expressed some interest in having more frequent contact, and Jill has spoken with her to explain that her level of visiting does not represent a lack of interest in Michael.

In the past year, I visited twice, Christmas and then again on his birthday. . . . I saw him on his birthday in February, and then in September she said, "You know we'd really like you to come back. We really want you to stay, we don't want you to think you can't come back and visit whenever; we'd love to see you," and in a sense they kind of asked me to come back, and then I felt really guilty. I was like, "Oh, I must look like such a jerk, I don't even go to see him," and then I said that to her, "I don't want you to think that I don't love him and don't want to see him; I don't need to all the time, I don't want you to think I'm a bad person for that, like I feel like a bad person," and she said, "No, no, I completely understand." So then I went back at Christmas time to see him, didn't go see him on his birthday, but I'm gonna go back there this summer.

Jill is open to the possibility of more frequent visits if Michael is desirous of them when he becomes older.

From [where Jill is attending school], it's only an hour to their house, but from [Jill's home town] it's quite a drive. . . . I'm just busy, and I'm trying to live my own life, and he's part of it, but I don't need to be there all the time to know that he's part of my life. . . . I email them, and get pictures . . . and when he's really old enough to understand who I am, then if he wants me to come down once a month for him, I would for him, but if he doesn't want me to come down at all, I won't. I will make that his choice. But he's still too young to get it.

Jill keeps in contact through email, and her mother maintains a more frequent face-to-face contact on her business trips.

She [Maureen] emails me, once every few months. We don't talk on a regular basis. My mom actually sees him more than I do. Anytime she goes up to Edmonton, she'll stop in. My sister and her went up in October, and I was a little jealous, cause I hadn't seen him since February. And they went up to see him, and they were talking about [the visit], and I thought, "Oh, I gotta go and see

him,” and so at Christmas time I went. They [Jill’s family] go up on their own, and Michael calls my mom, Grandma. Maureen invited my mom to be called Grandma by Michael. So it makes me happy knowing that my parents still have their grandchild, my sister still has her nephew, He’s still part of the family, just because I had to make that sacrifice, they didn’t. They still have what I lost. It makes me feel better.

Integration of the Open Adoption Experience into her Current Life Circumstance

Jill continues to feel very positively about her decision. She is a strong advocate for open adoption, and receives much positive feedback from others who admire what she has done.

Very confident in it [the decision]. Any time I tell somebody about it, they always sing my praise. You are such a strong girl for doing that. I don’t like it when people say, “I could never do it.” Then I get, “Well, yes you could,” and start to preach. But all the time, people say, “That is the best decision you could ever do, I’m so proud of you.”

Jill attributes the success of the adoption to the fact that it was open. She is proud of Michael and experiences peace of mind as she watches him grow and develop. She values the fact that Michael will always know who she is, and how deeply she loves him.

If there wouldn’t have been open adoption, I wouldn’t have done it. I would not be able to carry a child for nine months, and love that child, and then give it away and never see him again. I would not want him wondering why I did it or where I am, or hating me for thinking that I didn’t love him. Michael will always be raised knowing the reason I gave him up was I loved him so much. . . . And I would never be able to handle not knowing where my son is, or if he’s alive or if he’s healthy and what he looks like, I mean I can look to my pictures on the fridge, and know . . . being able to show these pictures and brag about my son.

Jill feels very close to Ed and Maureen.

To me they are like a really close family friend. I wouldn’t say aunt and uncle, because I’m closer with them than I am with my aunts and uncles; but they’re almost like second parents to me because of their age. They are in their late 40’s; they are close to my parent’s age, and I kind of see them in that light, and I see Michael more like a nephew. They’re just hard to explain . . . very very close . . . Mine [open adoption] is an excellent one where I can just drop in.

Ed and Maureen include Jill as a part of the family, and they have taken a personal interest in her life.

They make me part of the family, they don’t exclude me; they tell me, “Michael has had his yearly check-up and this is what happened.” They email me and tell

me they would love to see me. It's not just about Michael, they want me to come. They want to see me, and, they don't just make me part of their life because of him. They treat me like they care about me as much as he'll hopefully care about me. . . . They're amazing to me; they almost treat me like a daughter really.

Jill understands that Michael does not yet comprehend the significance of his relationship to her. She is enjoying seeing him develop into a very fun-loving, outgoing child.

I'm just another person in his life. He's such an outgoing kid. My sister went to visit him in October, and she came back with me in December, and we were coming in the door, and you hear him, "Shana, Shana." My sister's name is Shannon, but he's yelling, "Come watch Thomas on TV." He hadn't seen me since February so I didn't expect that he would recognize me, but he doesn't really understand who she is either. He just knows that she's someone that's coming to see him, and I'm Jill. He'd forget, and go "Ji . . . Jill?" all smiles, and he'd drag you around and show you this and that.

Jill believes that her close relationship with Ed and Maureen and Michael, may be difficult for Nicole, whose birthmother has moved across the country.

Mary lived in Edmonton but she recently moved to Montreal and that just absolutely devastated Maureen because she wants Mary to be part of Nicole's life, and now she's so far away they're really gonna lose a lot of contact. And that will be hard on Nicole too with me being so close. When I go there, Nicole gets very worked up. She's OK when my mom and sister are there, but when I come, she knows that I'm there to see Michael, and so she really acts out and tries to get attention. And acts quite badly, really, but it's not like I don't pay any attention to her. I mainly just sit and visit with Maureen anyway and let Michael do his own thing. But it will probably be harder now that Mary is gone; she doesn't have that person coming to see her anymore.

Jill has been warmly embraced by the extended family of Ed and Maureen, a family she perceives as very welcoming and accepting.

I know all of Ed and Maureen's family, like I go there, and they know who I am and they see me. . . . I think Maureen's got 7 brothers and sisters, and Michael's got so much family.

Jill noted that some people assume that she should continue to suffer intense grief because of the adoption. When she does not exhibit feelings of sadness or distress, people sometimes seem surprised which causes her to wonder whether she should be having more intense feelings.

A lot of people would say, "Oh, you had a baby?" "Yah, but I gave him up for adoption." And then they'd kind of go, "Oh." And then [Jill would say], "No, no, no, it's OK," and then we'd get into the big topic about it. . . . Maureen would ask me on Mother's Day, how I was feeling, and I was fine. Should I not be fine? Should I be upset about this? It makes you start to wonder, if she's so concerned about how I'm doing, but I'm fine. Is that right? Maybe I shouldn't be so OK with everything. . . . That counselor was so concerned about my well-being and I was like [little emotion at that time]. Makes you wonder maybe I should be feeling more than I am feeling. Is it bad that I'm not?

Jill does expect that she will continue to experience an ebb and flow of grief as Michael matures and achieves new developmental milestones.

I'm sure when he starts kindergarten, [when I] see school pictures, that'll have a different effect on me. If he starts playing baseball or when he graduates, those kind of milestones will be tough.

Jill also anticipates that she will experience strong feelings of pride as she watches Michael mature. She also expects she will always wonder what life would have been like if she were the parent of Michael.

When I see him at those points, there's a pride; so I don't know if it's loss. Maybe a little bit of . . . could I have made it different, you know, if something were to go wrong in his childhood and if he were to start to being a bad kid. I wonder if he had been with me, would he be acting in that way; I think things like that will come up. . . . I think a lot of it will just be pride. I'll just be proud, knowing that I created that smart little funny kid.

The adoption experience has had a maturing effect on Jill's life.

I think it made me grow up pretty quickly. I think it took me from being an 18 year old to a 30 year old in that sense. I had to make the biggest decision of my life, no decision that anybody should really ever have to make, and I had to do it when I was 19 years old, and so it made me grow up very fast. And I think I'm a more mature and responsible person because of it. And I'm very proud of him.

Jill is very proud of the fact that she has made it possible for a family to have the opportunity to raise a child.

Proud, It makes me feel like I actually have done something that a lot of people haven't . . . I can only think of one other person who has actually given a baby up for adoption, in my age group. Actually she's about five years older than me. I've had to do what nobody else has had to do; and I did it successfully and I'm very proud of that. It makes me feel really good about myself, knowing that I actually had the strength to do that, and then having people tell me all the time

what a wonderful thing I did which helps to build confidence in me; and I think it's helped me grow up as well.

Jill does not believe that having had a child has affected her dating relationships, but is aware that some of the men she had dated probably would not have been interested in her if she was parenting Michael. She has had several serious relationships after Michael's birth.

The guy that I started to date three months after Michael was born told some people that if I had kept Michael, he didn't know if he would have been able to date me. You know the baggage that comes along with single mother, but the fact that I gave him up, that was fine. The only reaction I ever get from guys is, "You look pretty good for having a kid". Nobody cares, and in my opinion they have to accept him, he's part of my life, and if they can't accept him, they can't accept me.

Goals and Plans for the Future

Jill now feels ready to plan for having her own family.

I'm at the point now where I'm ready to settle down and have a family. I wasn't ready then, but if I would have been in a stable relationship, perhaps I would have been. I've always been fairly mature for my age, most of the time. . . . It's made me want them [children] even more I think. . . . I want to find that man that I can marry and have children with. That's basically what I'm living for, going to school to get this career, just so I can support my family if I have to; I just look at everything as, "Well, I'm doing this for the future." Everything's for the future, for my family. . . . I would like to live in a rural community, where everybody knows everybody, and it's safe to raise children. I would like to live on a farm or an acreage, I've got it all planned out. I'd like to be married within three years, start having kids, in four. . . . When I have a family, this is how I want my life to be set up. I'm really in that kind of mind-set.

Jill notes there are some negative aspects to her strong interest in starting her own family in the near future. Her sense of urgency in this regard has contributed to a tendency to stay in unhealthy relationships too long.

It's positive in the sense for the children, but it's negative because I rush into relationships, and I'm scared to leave relationships. . . . I'd like to be with someone for a couple of years, before we get married, and then I'd like to be married, or engaged by the time I'm done school, and start to have a family right after that. So when I meet somebody now, I try and make that person my future, and I hope that they will be my future because I feel like I'm running out of time. I've got this time-line set out when I want to start my family, so I'm not weighing out all my options, and jumping into things too fast. I'm too afraid to let go of a

bad relationship because I'm scared I won't find somebody else or won't find somebody else fast enough. . . . It's not like I really date; I'll start to be exclusive with somebody right off the bat, but when I do start to have feelings for him, I probably do invest too much time into it, and probably put up with too much, which is where I am right now; it's been a year [in this relationship], and I want it to work, because I want to start this life.

Jill is currently in a commitment-lacking relationship from her perspective.

I get trapped in these not so great relationships; I can't quite figure out why I can't get out of them. After Jeremy, within a couple of months, I started dating someone else, and we were together for about a year and a half, and broke up, and within a few months, I started dating this guy that I'm with now, and we've been together off and on for about a year, so I've had two serious relationships since. . . . Ah, it goes through phases; sometimes things will be really good, and sometimes not so good. I wouldn't say it's the healthiest relationship in the world. . . . In the past he has not treated me that well. He can but then we'll get in this big fight, and he'll just get up and end it, so then I'll start to move on with my life, and about a month later, he'll come back and tell me he misses me; he loves me, and wants to give it another shot. So then I do, and it's just a big circle, we keep going, and it's just not healthy. My sister thinks that he is just horrible for me, and horrible to me, and I could do so much better. It's a struggle right now. . . . They [Jill's family] see him a lot like how my relationship with Jeremy was, a lot of mind games and manipulation,

The pregnancy and adoption has directly impacted how Jill considers her career planning. Her desire to be at home with her children caused her to modify her career choice.

Just the fact that I was pregnant, looking at my life if I were to be a mother. . . . He was what made me go into nursing, cause what I was in was athletic therapy, and after I got pregnant with him, I realized I really want to be at home with my kids, and if you're in athletic therapy, you're traveling with a sports team, you're always away from home. It's a very independent job. I want to have a job where I can work anywhere. You don't have to work all the time, you can just work casual, so I can be home with my kids. That was what made me decide to go into nursing.

Once she completes her nursing program, Jill would like to do further studies in the field of forensics.

I'm going to graduate in two years from nursing. I really have a passion for forensics. And I just discovered recently that you can take forensic nursing . . . working at crime scenes and with rape victims, and collecting evidence, and what not. . . . It's a two year course through Mount Royal, post RN, so I could work and then take that course as well. It's not really something that I would probably ever

pursue as a career. It's not really very available to me in this area, but it's something I would like to take just because I find it so interesting

Jill would also like to be a spokesperson for open adoption in the future so that more people will become educated about adoption issues.

I would like to be an advocate for adoption. I tell my story to so many people here, and they're like, "Wow, that's amazing, I never really understood how wonderful an experience it can be." So many people have this negative stigma attached with adoption. You know, they take the baby away, and you never see him again. Nobody understands. . . . Even my grandma, when she found out about this, she went, "Well can you do that? Can you see your baby?" Cause they were raised, if you get pregnant, you go to your aunt's for nine months, and you come back nine months later, no baby. And that's always how it was. It's such a secretive thing. And someone like my grandma, that's all she knows. It's really an adjustment for her. That's why I would like to speak about it; I want people to understand that this isn't a bad thing.

She also hopes to speak to school groups and let them know that there are options other than abortion, parenting, and closed adoption. She believes the best way to educate young people is to have people who have been through the experience speak about their experiences directly to school groups.

All kids know to either keep the baby or abortion, and nobody really explains to them the whole adoption side of things. I think to actually have people who have been through it [speak to the students], that's what would work best. Have somebody who gave a baby up for adoption, open adoption, a single mother, and somebody who had aborted all tell their story. . . . So many people don't even consider adoption. When they get pregnant, the thought doesn't even come into their head, because they don't understand really how it can work. Some people still choose to do the closed adoption route. It's their own choice, but I would have never considered it if I thought my only option was closed, never. And so it would be nice to go to a school and let a single mother tell how hard it is to raise a child, and then see me. I'm in my second year of nursing, and I'm happy. I'm young, and I'm enjoying it. And I don't have a child that I have to burden my parents with just so I can go out. And he's happy and safe, and healthy, and living the best life that I could have ever given for him. It would be nice to be able to go around and say this to kids. . . . I would love to go around and do it. I could even probably go to my old school and tell the principal, cause he was my principal and say you know what, this is what I want to do.

Jill has been invited to share her adoption story with young women who are contemplating their options.

This girl who has a five year old son . . . phoned me and said, "There's this girl who is pregnant, and she wants to know all of her options. I would like you to come with me to talk to her." So I sat there, and I don't try to persuade, I just tell what I know, and how wonderful it can be. So I just told her my story, and how happy I am, and this Kristina that asked me to come was just in awe. And she said to me, "I honestly wish I would have made the same choice. I love Joey, but we struggle, and I lost so many years of my young adulthood." She never really understood the adoption process either. . . . I have actually had a few phone calls, because it is a small town, and I'm pretty much the only person in town who has given their baby up for adoption and been proud of it. I'd be willing to tell it to the world; I'm not ashamed of it at all. . . . A girl from my class had a friend who was pregnant, and she wanted to know my side of the story. I never ended up speaking to that girl, but the one girl that I did talk to ended up keeping her baby, but that was more her mother's decision. Her mother wanted her to keep it; she wanted to give it up. That's another thing, I don't think it's just educating the children, it's educating their parents as well, Sometimes the child doesn't want to keep the baby, but the grandparents want to have this grandbaby around. They're just as selfish, even more so, than their children are.

Jill also has hopes and dreams for a meaningful lifelong relationship with Michael.

Friendship . . . If he's having problems at home, I'd like him to feel that he could come to me and talk to me and that I could help him. I'm not his mother, but I still love him as a son and I always want him to know that if he ever needs anything, I will be there for him. I want him to phone me when he's graduating, and say, "Are you guys going to come and be there?" and participate in that. Or meet his friends and for him to say that this is my birthmother, and to have that kind of close relationship with him. Definitely not taking away from his relationship with his own parents. But I know from experience that sometimes you can't talk to your own parents about things, and if he can't that he'd feel comfortable enough that he'd come to me.

Words of Advice to Other Young Women Who Face an Unplanned Pregnancy

Jill cautions other young women who face an unplanned pregnancy to consider what is best for the baby in their decision making process.

I know a lot of girls in this town who have had babies, and really it is a very selfish decision to keep a child. I was the same way originally, but I think you really need to look at what is best for this baby. I mean living on welfare with boyfriends coming through all the time, is that really what you want for your child? . . . Michael, he'd still be a great kid, and I think I would have been a good mother, but we'd always struggle. We'd always have to settle for whichever man, just so he'd have someone in his life. I've seen that happen just too too many people, and young girls are so naïve. They just think that everything's gonna

work out great. They just need to snap back to reality and look at the broader picture. Things are not gonna be alright. Yes, he might be healthy, but there's always gonna be struggles. He or she doesn't need that.

She wants young women to know the positive aspects of open adoption.

It can be a wonderful experience. So many people are so convinced that "I could never give my baby up." Well, why not? So many girls have abortions; that is so much more severe. I mean [in adoption] you're giving a family something that they can't have on their own. And in the mean time, basically saving your own life, and giving you the opportunity to be a child. Some of these girls are still children themselves. How do they expect to raise a baby? Some of the people would rather do the abortion route, but I've read many times that that is a lot harder to deal with. So many women suffer from depression from abortion as opposed to adoption, especially when it [the adoption] is open. You still get that contact.

Jill is somewhat impatient with the current popular choice of abortion as a pregnancy resolution strategy. She believes that girls are incorrect in assuming that the attachment that is formed during the nine months of pregnancy will interfere with the young woman's ability to follow through with an adoption placement.

They think "Oh, I could never give my baby up after carrying him in my stomach for nine months". With an abortion, they [the babies] never have a chance to grow, and they [the mothers] never have a chance for that attachment. It angers me because you can do it; anybody can do it; I did it. And I'm happy; he's happy. You have to look at it from that perspective.

Yet she recognizes that adoption has to be a personal choice, which although she thinks it is a good thing, she cannot force her choice on others, and that any attempt at coercion may have a counterproductive result.

I don't think you can tell someone what to do. I'm a very bull headed person. Like with Jeremy, my family tried to tell me to get rid of him, and all that did was create more tension between my family and me, pushed me farther away, closer to him, so eventually they learned that they just had to back off because the more they pushed the farther they pushed me away. I think they had the same kind of fear with this pregnancy; they know me. They knew that if they tried to tell me what to do, I'd just pack my bags and move off with Jeremy somewhere, and do it on my own. Better have me at home close by where I am safe and the baby's safe than God knows where. . . . Sometimes I think girls need to be reminded very strongly about what the right thing to do would be, but to actually tell them, "This is how it's going to be," you can't do it anymore.

Jill strongly believes that once a young woman chooses the adoptive family, the decision should not be reversed.

Even if I wanted to change my mind, I wouldn't do it. I can't imagine, thinking that you're gonna get a child and then all of a sudden you're not. It's just the same as losing one, so I would never take that away from them. When I got to the point where they were the family, and they knew it, and I had them involved in everything that was happening, there was no way I would ever hurt them that way. But I never had any second thoughts anyways, but even if I would have, I wouldn't have changed my mind. . . . I lived with a girl in [name of city], I was board and rooming, and she had her baby, and gave it up for adoption, and on the tenth day, she took him back, and I was furious. I hadn't given my baby up yet. You can't make a decision for adoption unless you're sure. Cause it's not just about you and this baby, it's about another family. These people, they are expecting this child to come into their life; they prepared for it. You don't have to go and buy the crib, and the diapers and the clothes, all the preparation, they do. And then for you to say all of a sudden, "No, you can't have him. I'm taking him back." . . . It's like they lost a child. If you're not 100% about your decision, then don't do it; don't pick the family unless you are sure, cause it's not just you. It's not even just the parents; it's their whole family, the family that you pick. What if their parents have never had a grandchild before, they're anticipating this new baby, and that they get to have a grandchild, and their kid has to come home and say, "Sorry you're not getting this grandchild." That's just so wrong.

CHAPTER FIVE

Findings

This study allowed for a broad investigation of the experiences of the adolescent birthmother who relinquishes a child through an open adoption. The previous chapter provided the personal narratives of five women who gave birth in adolescence and who placed a child into an open adoption relationship. These detailed narratives, supported by extensive quotes from the participants, were provided to facilitate a deeper understanding of how each of the women in this study perceived her experience with open adoption.

The interpretive process begun in Chapter IV was continued in this current chapter which focused on elucidating the main thematic findings of the study. The richly descriptive narratives presented in Chapter IV, along with the researcher's ongoing memoing and reflective writing served as the data which was further analyzed using the hermeneutic methodology described by Leonard (1994). In this methodology, also utilized by Hanoski (1998, 2001) all data was analyzed through the three interrelated processes of thematic analysis, identification of exemplars, and the search for paradigm cases.

The quest for the common themes which would provide an overriding interpretive description of the birthmothers' experience of placing a child through open adoption entailed a continuous movement back and forth from the part of one woman's experience to the whole of her experience, and then to the common experience of all the women participants. The part often reflected one woman's experience of an aspect of the open adoption, and when it was tested across the narratives which described the experiences of the other women, it may or may not have been found to be an experience that was common to all the women. As the researcher moved systematically through the data, an interpretive plan was developed, tested, and continually revised, as new information either confirmed or challenged the usefulness of the interpretive plan.

Thus, the data analysis involved many loops of inquiry. The process was circular in that the researcher continually questioned the data and evaluated the information gleaned as a result of the questioning. This process resulted in further questions which

were again posed to the data. The parts of the data were considered in terms of their relationship to other parts and to the whole of the data that had been collected (Ellis, 2001). This process resulted in the uncovering of the major themes identified in this chapter.

At certain points in this process, the researcher needed to gain some distance from the project. This was accomplished by setting the project aside for several days, and then thoughtfully returning to the data to reflect on what seemed to be the thematic essence of the experiences that the participants had described to the researcher. The researcher would regularly read and reread the entire narratives as well as the reflective journal that she had kept, and the various memos that had been written while constructing the narratives. In an attempt to understand the experiences of the birthmothers in a holistic fashion, the researcher repeatedly asked herself, "What are these stories about in their entirety?" Through this interpretive process the researcher identified some common threads or themes that extended throughout the entire set of narratives. The researcher took each emerging theme back to the data for verification, and a consistent set of themes were developed. These themes will now be presented as the major findings of this interpretive inquiry. These themes are enlivened by exemplars which are short excerpts from individual narratives. Exemplars are short vignettes which illustrate and bring to life the particular theme identified (Leonard, 1989, 1994).

The themes described the commonalities found in the experience of placing a child into an open adoption relationship. The experience began with the discovery of the unplanned pregnancy, a discovery marked by trauma. The experience continued with the struggle around making the decision to place the child into an open adoption, grieving the losses associated with that decision, and entering into the open adoption relationship. A final aspect of the experience involved the reorganization of relationships and the integration of the open adoption relationship into the woman's life story.

Through the process of identifying the themes, the researcher also identified a number of contextual factors which greatly influenced each woman's experience of infant relinquishment through open adoption. These contextual factors were often initially identified as themes, but were discarded as such when it became clear that they were in essence a context within which the theme was experienced, rather than the theme itself.

Contextual factors were differentiated from themes in that they influenced and set the stage for how the themes were played out in the lives of each of the participants whereas the themes provided an overriding description of the experience of infant relinquishment through open adoption. The contextual factors included but were not restricted to factors such as personality, level of familial support, other supports in the woman's life, the autonomy the young woman was able to claim in the decision making process, her relationship with the birthfather, the support she experienced during the time of her hospitalization, and the relationship that she was able to develop with the adoptive family. Since contextual factors influenced how each woman experienced the identified themes, they are discussed as the themes are presented. Contextual factors are more fully highlighted in the presentation of the paradigm cases which provide a holistic summary of each woman's experience from within the context of her unique life situation. The paradigm cases provide helpful examples to clinicians of how individual women living in particular familial or social contexts experience the placement of a child through an open adoption. Leonard (1994) suggested that paradigm cases have heuristic value to clinicians who can use them as reference points as "family resemblances" for comparison purposes to their own particular clinical cases.

Thematic Analysis and the Presentation of Exemplars

The overarching story of infant relinquishment through open adoption as described by the women in this study was interpreted to be a story of resilience. It was a story which began with trauma and loss, and moved through grief to various measures of healing, maturation and personal growth. The themes presented in this chapter continually point to this overarching story. The depth and intensity of the various aspects of the experience of the infant relinquishment through open adoption were closely related to a variety of contextual factors which served to shape and direct each woman's story. The grieving process and the process of identity development were readily tracked in this story, a story which was broader in scope than simply those two processes. The relational orientation of the women participants was foundational to the story.

As the themes are presented, exemplars are provided to enrich the understanding of the theme being described. The use of the participants' own words to describe their experiences, provides the reader with concrete examples of the themes. The impact of contextual factors on how each theme is played out is discussed and highlighted by comparing and contrasting the experiences of each of the participants. Each theme is discussed in the light of previous research, and implications for adoption practice are considered.

The Trauma of an Unplanned Pregnancy

One of the first themes that emerged as the birthmothers initiated the telling of their stories was that the pregnancy was experienced as a highly traumatic event. The primary emotional response to this trauma was reported to be fear, although a variety of other feelings typically associated with the experience of trauma were also reported by some of the women. All of the women experienced some level of denial in response to the pregnancy, and one woman, Sheila, described experiences which were clearly dissociative in nature. As a result of the denial which was pronounced in all of the pregnancies with the exception of Jill's, the pregnancies were not typically acknowledged until between the fifth and eighth month, and thus access to early prenatal care was clearly compromised. Jill reported the experience of denial, but it was very short-lived and was easily confronted whereas for others, the denial extended for a considerable period of time.

Kaitlyn's words exemplify the typical response of denial associated with the trauma inherent in a possible pregnancy.

Kaitlyn: I just didn't want to admit it I guess. I was like oh, whatever, maybe it'll pass . . . I just had that mentality. Didn't admit it more than anything, denied it

Part of the trauma for Heather involved the fear of her mother's response to the pregnancy. In addition to fear, Heather experienced pervasive feelings of guilt and shame which caused her to become secretive about the pregnancy once she did actually acknowledge it. Experiences of guilt, shame, and secrecy are consistent with the experience of trauma (Herman, 1992).

Heather: I remember it very vividly. I was 14 when I found out that I was pregnant. I didn't tell anybody. I thought my mom would disown me and kick me out, so I didn't tell her. . . . At first, I kept ignoring it, I thought it would pass, you know. But at four or five months, I went, oh, this is not going away. . . . I told myself, I'm gonna hide it as long as I can, until I'm ready to tell somebody. . . . I just felt like I was doing something wrong.

Sheila's denial was marked by a dissociative quality consistent with the experience of trauma (Schwarz, 2002). At one level, Sheila did acknowledge that she was pregnant. She started reading about proper self-care during pregnancy when she was about three months pregnant, but did not fully acknowledge the pregnancy till she was in her seventh month. Her efforts at proper nutrition and self-care prior to the full acknowledgement of the pregnancy were initiated as if she was caring for another person, not herself.

Sheila: One word, denial. That's what it all boiled down to . . . I read all my stuff, I read all the information about being pregnant, about what you're supposed to do, and what you're not supposed to do. . . . I denied it, but inside I knew, so I dealt with it myself that way, and made sure that everything was OK, but that's how I dealt with it. It was like it was happening to someone else; until the last two months for sure. . . I guess it was kind of like an outer body experience, you know. It didn't feel like it was really happening until the end. It was like it was happening to someone else. . . . You read about it, you hear about it, but you don't really think is it's you. That's how I felt . . .

The fears which were foundational to the trauma and which contributed to the denial and dissociation were wide-reaching. They included the fear of pregnancy, the fear of parental reactions, the fear of childbirth, the fear of adoption, and the fear of peer reactions. Taylor expressed a number of these fears in the following quotes.

Taylor: I thought, "My life is going to end. I cannot have a baby; I cannot be pregnant; I cannot." Adoption was never an option for me before. I was always one of those people that said, "Oh, I can never do that." As much as I think I admired those women, it was also a scorn for them too. I was just panicky. . . The only thing that I really knew was closed adoption, and that scared me even more than parenting. . . . How can you go on the rest of your life, 40 years, without even knowing anything? . . . I really doubted myself before that I would even survive childbirth. . . . I think I was worried about the pain . . .

Without exception, the participants in this study knew nothing about open adoption when they first discovered they were pregnant. Their fears of adoption were based on their perceptions of the closed adoption system. The following quote by Kaitlyn provides one rather dramatic example of the types of catastrophic fears associated with the closed adoption system. While the other participants in the study did not express their fears as vividly and colorfully as did Kaitlyn, they nevertheless all did allude to strong fears and anxiety associated with the closed adoption system, a system that all of the women assumed they would be entering if they placed their child for adoption.

Kaitlyn: I've heard horror stories of babies being practically stolen out of hospitals and given to families without anyone knowing where the baby is going, and who is really taking the baby . . . And then I started reading one [an adoptive parent profile] . . . And I just kind of then decided, "Well these people don't seem like bad people; they don't make it sound like a bad thing." I'm reading the home studies, and I'm thinking, "It's not that bad, it could be worse. They could be shipping kids off to Korea and selling them in the black market or something like that. . . . Or they could be smuggling them across the border to sell to rich snobs in the States."

An anticipated lack of support from family and peers also contributed to the experience of trauma for most of the young women. Heather anticipated a lack of support from her mother as well as from her peers, and thus she isolated herself in her trauma.

Heather: . . . emotionally, it was hard. . . . I knew then that I couldn't go and talk to my mom, or go and talk to anybody. I didn't have any close friends in junior high that I could talk to,

Once the pregnancy was disclosed, the women experienced varying levels of support from family and friends. When parents were perceived as controlling or rejecting as in the cases of Kaitlyn and Heather, the trauma was compounded. While the absence of parental support was a painful reality for Heather, she exhibited resilience in that she sought out the support she required in another trusted adult. Sheila, Taylor, and Jill voiced great appreciation for the parental support which they received in the face of the trauma.

The trauma of the pregnancy was exacerbated for Kaitlyn when she disclosed the pregnancy to her mother who, according to Kaitlyn, forced her to place her child into an adoption. Thus, for Kaitlyn, the trauma of an unplanned pregnancy became

the trauma of a forced adoption placement. Kaitlyn responded to her mother's actions with great anger and defiance. This anger was evident in her initial approach to choosing the adoptive couple.

Kaitlyn: I want a huge list of unrealistic things, and I remember looking at it and thinking, "I'm not going to find anyone," and I thought I could throw all these back at Mary [the adoption social worker] and say, "Ha, ha, ha, try me. I'm not going to be happy until I find someone who matches exact criteria."

Jill did experience parental support upon disclosure of the pregnancy. However, the trauma of the pregnancy for Jill was linked to the fact that the father of the child had mental health problems and was abusive and controlling. Both Jill and her parents knew that the birthfather would likely use the pregnancy to try to revive the relationship which Jill had recently ended.

Jill: Any time that it looked like I was going to break up with him, he would threaten to kill himself; that was a lot of why I stayed with him; because I was so worried he was going to kill himself, and a couple of times . . . he took a knife and sliced up his arms and his chest with the knife; I couldn't break free. I was worried about him hurting himself, or me or my family. . . . My family could see it; they knew; truthfully, I didn't even want to be with him; I was trapped; you know it was one of those abusive relationships where you know you need to get out but you're scared.

Implications. The recognition that the experience of an unplanned pregnancy is a traumatic event in the life of an adolescent woman yields some important implications for the counselling and support of pregnant adolescents whether or not they are contemplating an adoption plan. Schwarz (2002) notes that maladaptive resolution of trauma "is based on disconnection—disconnection from pain, followed by disconnection from comfort, love, and people" (p. 15). Thus educational and counselling interventions which aim to assist the pregnant adolescent as she moves through the decision making process should occur within a safe and supportive context to ensure that disconnection does not occur. A supportive approach will enhance the likelihood that an adaptive resolution of the trauma of the unplanned pregnancy will be achieved.

According to trauma theorists, the dissociative tendency which is the result of trauma is reduced when a climate of safety is established (Herman, 1992). Education to

help the traumatized person understand what is happening to her is crucial to the development of a sense of safety (van der Kolk, McFarlane, & van der Hart, 1996). A full exploration of the feelings associated with the traumatic event is an important aspect of a healthy resolution of the trauma (Schwarz, 2002). When the intense feelings associated with the trauma are addressed within a safe and supportive context, social connections are not compromised but are enhanced, and they serve to increase the resiliency of the person experiencing the trauma. (Herman, 1992).

In an effort to counteract and reduce the natural tendency to deny or dissociate in the face of the trauma of the unplanned pregnancy, counselling efforts should initially focus on assisting the pregnant adolescent to gain an understanding of her circumstances within a safe, non-judgmental, and supportive environment. This suggestion is consistent with the findings reported by Brodzinsky (1990) who observed that birthmothers are assisted in their grieving when they experience a sense of personal safety, the freedom to express their full range of feelings, and the empathy and support of loved ones. The current study demonstrates that this ideal is difficult to achieve given the multitude of contextual fears associated with an unplanned pregnancy.

The fact that none of the participants in this study had an understanding of open adoption prior to their contact with an adoption agency is consistent with previous research which suggests that Canadian youth are ill-informed with regard to adoption issues (Daly, 1994). This finding points to the need for more formal education about open adoption within the school system. Education which occurs prior to the trauma of the unplanned pregnancy may mitigate the impact of the trauma and allow for a more considered range of options pertaining to resolution of the pregnancy, options which may appear less catastrophic if the young woman is familiar with open adoption.

It is important to note that the trauma experienced by the women in this study did not end with the birth of the child. All of the women reported further experiences of trauma in the relinquishment process. Trauma was inherent in the grieving process which will be discussed in detail in the presentation of a theme related specifically to birthmother grief in a later section of this chapter. The researcher chose to highlight the trauma associated with the pregnancy at the beginning of the thematic analysis because it

is important to note that the story of the open adoption begins with and is repeatedly colored by the experience of personal trauma.

The Pregnancy as an Experience of Loss

A theme, closely related to the theme of trauma, was that of the pregnancy as an experience of loss. The losses associated with the pregnancy were not readily identified or articulated. An ambiguous loss is often difficult to resolve because there is no specific tangible object to mourn and there is no ritual associated with grieving the loss (Boss, 2000). The following discussion will attempt to make explicit those losses which were implicit in the experiences relayed by the participants in this study.

One major loss experienced by the young women in the study was the loss of the predictability of their adolescent lives. The typical types of social activities that formerly were an enjoyable and a common place part of their youth culture were no longer possible for these young women due to the pregnancy. Jill, who was beginning her first year of university studies in a city away from home reported feelings of loneliness and depression associated with the losses of lifestyle. Jill was an outgoing and gregarious person by nature, but her ability to socialize was severely compromised by the pregnancy.

Jill: I was very depressed . . . cried myself to sleep a lot of the nights . . . and you're pregnant, you can't go out into the bar scene and get to know people. I mean, I went out one night, and I was just tired, all the smoke and of course I wasn't drinking. I didn't even enjoy myself, so I didn't go out anymore. It was rough.

Anticipatory loss related to the impending adoption was also experienced by some of the women in the study. Taylor began to anticipate the losses associated with the impending adoption when she read a book entitled Dear Birthmother. The anticipation of the loss was very painful but it assisted Taylor in beginning the grieving process prior to the birth of the child.

Taylor: I couldn't read two pages without bursting into tears. I think it took me about a month before I got to the end of the book. I thought, "Oh, this just sounds awful," I'm going to be a basket case for the rest of my life. . . . They [the birthmothers] talked a lot about their struggle to come to the decision, and I was still sort of feeling that struggle as much as I had pretty much decided on adoption. . . . Just reading the stories of how much

these birthmothers loved their children, and they didn't want to place their babies for adoption, and I was feeling sort of the same way, and they talked a bit about their grief in the letters, and I just thought, "Oh, this is so overwhelming." As much as the letters were happy, and the adoptive parents were so grateful for this child, there was just this sad undertone to the whole thing.

Anticipatory grieving related to the anticipatory loss also occurred during the pregnancy.

Jill: The fact that I did carry this baby for nine months, and he was part of me. . . my family didn't have that bonding for nine months. . . . The grieving started before he was even born because the anticipation, knowing it was gonna happen, allowed me to cope and adjust as opposed to if I would have lost the baby. If he would have died, you don't anticipate that; you have all these plans and dreams, but with adoption, you know it is coming. . . . I was very afraid. "How am I gonna feel about this? How am I gonna cope?" But that alone, thinking about that was part of my coping.

Parental losses were also evident during the time of the pregnancy. Heather observed that her mother experienced shock and anger in response to the unplanned pregnancy, and that shock and anger contributed to the evident lack of support.

Heather: It was shocking to her, and she didn't want to have to deal with it, so that's why she's like "No, no, I don't need to have anything to do with this."

The parents of Kaitlyn and Taylor also expressed anger and frustration at the circumstances they had likely never anticipated. They had likely expected a more conventional entry into the role of motherhood for their daughters, and the realization of that expectation was now lost. They experienced anger and frustration at this ambiguous loss.

Kaitlyn: They were pissed off, and they're obviously probably scared and angry, and everything else as well. Probably very similar to what I was feeling to an extent I guess.

Taylor: . . . they were going to show a breast feeding video, and my mom asked the nurse who was doing it, how long it was going to be, and that we were going to step out, and the nurse had this snotty attitude and said, "Well you know breastfeeding is very important", and my mom said, "Yes I know, but that's not an option for us", and she kind of got her nose out of joint with this nurse.

Taylor observed that her peers also experienced ambiguous losses associated with her unplanned pregnancy and her choice of adoption. Taylor's peers seemed to experience feelings of fear and regret with regard to the adoption. Furthermore, there was a loss of intimacy between Taylor and her friends in that they were not able to truly understand the complexity of her experience with adoption.

Taylor: I was in first year of nursing, and I pretty much had the same friends then, and they were very supportive I think. At the time when I had James they were sort of afraid, and they still are a little bit, to talk about it with me. They were just afraid, because and I think most of them wish that I would have parented him. . . to really talk about the real stuff, you know all the messy stuff, I mean I don't expect them to be able to understand that . . . I think it was a little bit of a loss for them too.

Implications. The losses associated with an unplanned pregnancy underlie and further exacerbate the experience of trauma that has already been noted. The pregnant adolescent is grappling with her choices as to what to do about her pregnancy while feeling afraid, vulnerable, uncertain, and traumatized. She often experiences isolation and may feel abandoned by her family and peers who are experiencing their own ambiguous losses.

Boss (2000) encourages families who experience ambiguous losses to reach out and speak to one another about the losses that are being experienced. As part of that process, families are encouraged to reach a consensus about how to mourn that which has been or will be lost and to celebrate that which remains. Inherent in this process is an exploration and a naming of the losses, a process which can only take place within a climate of safety (Herman, 1992). Boss (2000) suggests that a spiritual acceptance of the ambiguity inherent in the loss is necessary in order to move beyond the depression, anxiety and family conflict that often results from an ambiguous loss. An acceptance of the ambiguity will allow the young woman and her family to abandon the struggle for absolute control in this time of uncertainty. A greater acceptance of the ambiguity will allow the young woman to resist the tendency to deny the impending loss and/or pretend that it doesn't exist.

Jill and her family seemed to accept the ambiguity associated with the upcoming adoption. They engaged in many conversations with her, and supported her in her struggle through the decision making process. The process did not always go smoothly,

and open communication among all members of the family was not always consistent, but yet there was a strong sense of safety and acceptance for Jill. For example, she was physically embraced by both her parents after she told them about the pregnancy and she was supported by them as she explored her options. Also, her family was by her side when she met the prospective adoptive couple. Together they shared impressions of the couple, and celebrated the suitability of this couple to take on the role of parenting the child that Jill was carrying. When there were problems in the process, such as when Jill's mother became too prescriptive in arranging for a private adoption, they worked through these problems by talking about them, thereby resolving the problems in a spirit of respect and acceptance. Jill's family was able to be there for her and for the baby in the four days that Jill had set aside to greet and get to know her child.

From the themes identified thus far, it has become clear that the time of the pregnancy is an intensely challenging and complex time when much support is required for the pregnant adolescent as well as her siblings and parents. Education and counselling support that includes an understanding the issues of trauma and loss is required. Counselling interventions should move beyond the decision making process and the selection of the prospective adoptive family, and address the complexity of the trauma and loss issues so that the pregnant adolescent and her family will be better supported as they move through this difficult time.

Making the Choice No Mother Should Ever Have to Make

Jill: I had to make the biggest decision of my life, no decision that anybody should really ever have to make, and I had to do it when I was 19 years old, and so it made me grow up very fast. And I think I'm a more mature and responsible person because of it. And I'm very proud of him.

Taylor: I struggle with those thoughts of did we do the right thing, but you know, deep down I know it was the best, the best thing, I think it's just a struggle coming to terms with that you can't be a mother to your own child; that's a hard thing to come to terms with.

The Reasons for this Necessary Choice. The choice to place one's child for adoption was a painful choice made reluctantly by all of the women in the study. It was a

choice which was viewed as necessary given the circumstances in the young woman's life. A number of reasons were given for this difficult but necessary choice.

Taylor and Chad made the choice to place their child for adoption because they did not feel ready to marry and/or become parents. Taylor anticipated a number of stresses that would have had detrimental effects on herself, Chad, and the baby, should they have rushed into a marriage in order to provide a home for the child.

Taylor: I guess feeling pushed into a marriage that we weren't ready for; we weren't ready to be parents, so being forced into a stressful marriage . . . and me feeling resentful because I wouldn't have been able to stay home, Chad would have had to quit school, and him being resentful of me, and in the long run, none of us would have been happy.

Heather also strongly felt she was simply not ready to take on the responsibilities of parenting because of her young age. Being with her baby in the hospital for the first 10 days of his life confirmed her feelings of not being ready to take on the responsibility of parenting.

Heather: Before I told everybody, I was thinking about it [adoption]. I knew, at around five months pregnant, I knew I can't [parent], being 14 . . . I knew when I had him, I can't do this. When he was in the hospital, he was in there for 10 days, so that was basically my period of time where I could take away my consent, and I knew I couldn't do it [be a parent to the baby].

A frank and honest discussion with a brother who had embarked on parenting before he was actually ready helped Jill face the realization that she was not ready to take on the responsibility of parenting at this stage in her life.

Jill: I knew it was [a struggle]; I had to baby-sit all the time, and he [Jill's brother] was going through university and she was born, and for a couple years after that he was still going to university, so it was a pretty tough struggle. But he even said that day, he does have regrets. Now everything is great; they have a great family, but he missed out on a lot of his young adulthood, cause he had a child. He was saying "You don't want to do this." [Jill had replied to him] "Well you did it, everything worked out good for you." He kind of said, "Well no, things aren't great; things aren't perfect with us. If I could go back maybe I wouldn't have done it the same way." I mean he loves his daughter but if he had to do it again? . . . After we had that conversation, I thought about it, and I realized he was right.

Kaitlyn didn't feel she made the choice to place her child for adoption. Yet in retrospect, she perceived the choice to be necessary because she knew she would not have been able to provide a stable home and the necessities of life to her child without parental support which was clearly not forthcoming. The openness of the adoption placement mitigated the pain of this forced choice for her. In reflecting on the circumstances surrounding her pregnancy, she acknowledged the adoption as a necessary choice.

Kaitlyn: I regret the decision, but I wouldn't take it back. It's kind of hard thing to explain, . . . I didn't want to do it, and I don't like the idea, but I had to do it, and now like if that's the only choice, really it was, then definitely I don't really regret it. . . .When you think, what would be better? To have, to jump from friend's house, from the street, to wherever, with a baby? Is that better? No, it's not, so there is really no other option. At least I know where he is and how he is, and how he's doing and I can call whenever I want.

Jill acknowledged that she was not ready to be a parent, but her decision to place Michael was largely grounded in her strong belief that it was necessary to protect Michael from his birthfather who suffered from mental health problems and was abusive.

Jill: I didn't want my son raised by somebody with that kind of mental history. . . . He was very psychologically abusive throughout our relationship as well, in and out of jobs, borrowed money from me all the time. He was very manipulative. . . . I'd be forever tied to him if I would have kept Michael. . . . I thought a lot about it and thought that it would be so unfair to bring a child into this world with a father like that; it would be so unhealthy, I would never be able to get away from him. Forever I would be bound to him; it did play quite a large factor.

The Risks Associated with the Choice. The difficult but necessary choice for adoption involved a number of perceived risks which caused much anxiety and self-doubt. Heather experienced moments of self-doubt about her decision in the first 10 days after birth. The risk she perceived revolved around the uncertainty of the environment the child would experience in the adoptive home.

Heather: Oh, in those 10 days when he was in the hospital, when he was in the nursery, I just felt some feelings that I wasn't doing the right thing. With that little devil on my shoulder telling me, "Don't do that." . . . It was hard. . . . It was really hard. . . . Until I met Curt and Jean and got to know them a little bit better, it was so hard, because I didn't know what I was putting him into, right, what family I was giving him to. I even once

thought, "Why and how can I be doing this?" . . . But after I talked with them a few times, I was fine.

Even though Jill felt quite confident about her selection of the adoptive family for Michael, she acknowledged the possibility that she could have been wrong in her choice of the adoptive couple, so going forward with the decision involved a leap of faith.

Jill: There was something really special about these people. Sometimes you're wrong. But you have to take that chance. First impressions count for a lot, so we took the chance, and it's the best decision I made in my life.

Similarly, Sheila struggled with the anxiety associated with moving into an unknown relationship.

Sheila: The anxiety level, because, because it's the unknown. . . . The anxiety is a big thing, the unknown, but once you get past that it's smooth sailing.

The anxiety associated with making the choice of the adoptive family was rooted in issues of trust. While there was a strong need to trust the adoptive couple, there was also anxiety with regard to the question of whether or not they could be trusted to follow through on their promises. Meeting the adoptive family prior to the adoption helped to allay some of the fears with regard to trust issues.

Jill: I did [have fears] before I met the family. There was the fear that they would change their mind and not let me see him . . . but then once I met the family I knew it would never be the case with them. . . . The fact that my mother was with me, saying, "Yah, this is it." . . . If she was unsure, then I would be unsure and maybe reevaluate . . . all of us, even my dad, my sister, were taken with them [Ed and Maureen]. Right from the getgo.

The preceding quote from Jill also indicates that parental support and validation in the selection of the adoptive family helped to reduce the anxiety surrounding the making of the choice. Sheila turned to her father for a supportive presence when she went to choose the adoptive family.

Sheila: I needed him, I needed somebody, there is no way I could have done it myself, there's just no way, you do need that support . . . Dad and I went, and filled out the sheet you know, what kind of people you want raising your child, and looked through the files, and picked Barry and Val, kept coming back to them, looked at them, kept coming back to Barry and Val. That was how it was.

Even after meeting the adoptive couple, and developing a level of trust in them, the feelings of anxiety associated with the choice could resurface in a powerful way as was evidenced in the following thoughts expressed by Heather as she watched Curt and Jean drive off with Jason.

Heather: Ah, they drove me home from the hospital; I stood by my door and watched them leave in the car and wondered if I'd ever see Jason again. And I thought, "Oh my God, what if I never get to see him again". And I saw them drive away, and tears just flowed.

Taylor addressed her fear that the adoptive couple might not follow through on their promises for openness, by choosing a family that had already demonstrated a willingness to be involved in an open adoption.

Taylor: We wanted someone who had kind of been through open adoption, so we decided on them. . . . I just felt that they would be more willing to keep their commitment because they had with another birthmother.

Taylor also needed to see an indication that the prospective adoptive parents would have a high level of interest and involvement in the life of the child. This proof relieved her anxiety over ensuring that her child would not experience what she herself had experienced in her childhood, namely an absentee father.

Taylor: Joe was very involved, and that was important to me, having a dad that was really involved. My parents were divorced, so, my dad and I get along great, but he was never there, and so, it was important for me to have, for James, a male figure there that would be stable, and really interested. . . . They're very interested, very involved.

The anxiety involved in making this necessary choice seemed to ebb and flow, and often there was also a sense of relief and hope once the decision was made.

Sheila: It was the light at the end of the tunnel. It was the light at the end of the tunnel . . . all the dark and gloom that I had gone through . . . with mom and dad, with me, with everything that was happening. You're kind of living in this tunnel, and all of a sudden you see that light, and then you realize, "Hey there's gonna be light, and everything's gonna be just fine."

A similar sense of relief was experienced by Kaitlyn upon the completion of the 10 day revocation period, and by Heather upon the finalization of adoption in the courts.

Heather: I was happy that it was final. I was very emotional that day just because everything was final and that it was done, and I knew then, this, I can't

take it back. That's why I wanted to do it. Have it finished. So I don't have to think about it.

One positive aspect to making this very difficult but necessary choice was the altruism involved. The ability to provide a child to a childless couple made this necessary choice more palatable, and gave it a sense of honor. Jill is very proud of the fact that she has made it possible for a family to have the opportunity to raise a child.

Jill: I've had to do what nobody else has had to do; and I did it successfully and I'm very proud of that. It makes me feel really good about myself, knowing that I actually had the strength to do that, and then having people tell me all the time what a wonderful thing I did which helps to build confidence in me; and I think it's helped me grow up as well.

Implications. This theme demonstrated that the birthmother struggled with her choice to place her child into an adoptive home. Though the choice was deemed necessary, it was made reluctantly, and the birthmother sometimes wondered if she was making the right choice. She typically suffered some anxiety as she chose the adoptive parents, wondering if they would be good to her child, and whether they would honor the commitment they had made in the open adoption plan.

According to Erikson (1968), the key task of adolescence is identity formation. The society in which the adolescent lives places certain expectation of appropriate ways to enter the adult world, and the young person may experience confusion with regard to defining the self in relation to these expectations. All of the young women in this study concurred with the societal notion that they were not ready to enter the adult world of parenting and thus they felt they did the right thing in placing the child. Sheila, Heather, and Jill experienced and continue to feel great certainty with regard to their decision. Kaitlyn was the only participant who resisted this notion of not being ready to parent at the time of the relinquishment and she strongly resisted the relinquishment for a time. Her acceptance of the relinquishment as "necessary" occurred in retrospect as she reflected on how difficult it would have been for her to parent Joshua at the age of 16 in the circumstances of her life at the time. It is significant to note that within a year of this reluctant relinquishment Kaitlyn had a second child which she did choose to parent. While Kaitlyn reported that the second pregnancy was due to a failure in the use of birth control, she also alluded to the fact that with the second pregnancy she decided to prove

to her parents that she was ready and able to parent. The possibility that this second child was, at a subconscious level, a “replacement child” who allowed Kaitlyn to gain control in a family environment that had usurped her control cannot be discounted.

It is also important to note that Taylor felt sure that she was not ready when she made her decision to relinquish, yet three years later she did experience some ambivalence about that decision. Her ambivalence was rooted in the fact that she had not fully explored the option of the parenting while she was pregnant, and that she had remained in a relationship with the birthfather to whom she had become engaged. In the secret places of her heart, she wondered whether they could have managed to parent the child they had relinquished. Taylor appears to have accepted the relinquishment, yet she ponders the “what ifs”. Within Erikson’s theoretical framework, Kaitlyn and Taylor clearly experienced more role confusion with regard to their acceptance of prescribed societal expectations.

Erikson’s theory is a useful theoretical tool in that it illuminates the dynamics of the decision making process for adolescent women who are faced with an unplanned pregnancy. Generally speaking the young women in this study decided on adoption because they felt they were not ready to parent. They had not yet established a vocation, and they were still emotionally and financially dependent on their parents. They believed the child deserved an adult parent who could provide a secure and stable environment for child rearing. The reasoning of the young women in this study is consistent with Eriksonian theory which clearly states that identity issues should be resolved prior to assuming the role of parenting. Erikson suggested that once the identity issues were resolved, and the young person entered the stage of young adulthood, she was ready to commit to a love relationship and the responsibilities of parenting.

The findings reported here also strongly suggest that any ambivalence on the part of the birthmother should be thoroughly examined before a relinquishment decision is made. Parents and counselors should refrain from hastily moving along an adoption if the young woman is experiencing any ambivalence with regard to the decision. Pregnant adolescents should be encouraged to thoughtfully examine the full range of options available to them, including the option of parenting prior to making their decision. A hasty or forced relinquishment may predispose the young woman to a subsequent

“replacement” pregnancy, or ongoing feelings of ambivalence which may compromise her ability to eventually accept the reorganized relationships inherent in the open adoption.

Inherent in Erikson’s theory of development is the notion that the adolescent defines her own identity. This process of self-definition involves the making of many choices such as that of career, values, life-style, and appearance, choices which may defy the wishes of parents or other authority figures. From an Eriksonian perspective, one could argue that the adolescent has a developmental need to make her own choice as to whether or not she is ready to parent. Adoption agency personnel typically seek to ensure that the choice the young woman makes is her own personal choice, and not her parent’s choice (personal communication, Karen Reynolds, May, 2002). Four of the women in this study definitely perceived the choice of adoption as their personal choice.

The choice of adoption was difficult because it was perceived as a choice no mother should ever have to make. Yet, all of the birthmothers in this study eventually deemed it necessary in that it promoted the best interests and the welfare of both the child and birthmother. In some instances, the circle of those considered in the making of this difficult decision was extended to include the parents of the pregnant teen, and the adoptive parents. The thoughtfulness of the birthmothers and their ability to simultaneously consider the needs of others with their own needs indicated that they were at the highest level of moral development according to Gilligan’s (1982) theory. Further evidence of the thoughtfulness and the relational orientation of the birthmothers is reviewed in the discussion of the next theme which focuses on the birthmother’s hopes and dreams for the child.

The risks associated with open adoption that were identified by the birthmothers provided further evidence that a relational orientation, integrating a concern for both self and other, was fundamental to the decision making process of the birthmothers in this study. The concern pertaining to whether or not the adoptive parents could be trusted to maintain openness was rooted in a deeply felt desire to ensure an ongoing relationship with the child as well as to monitor the wellbeing of the child on an ongoing basis. Would the adoptive parents truly provide a safe, secure, and happy home for the child, and would they follow through on their relational commitments to the child and the

birthmother? These relational questions were of major concern to the birthmothers in this study.

The women in the study experienced some relief from the anxiety as they began to build a relationship with the adoptive couple. Meeting the adoptive couple and spending time with them helped ease the anxiety associated with this difficult but necessary choice.

The deadlines set out in adoption law provided a sense of closure to the decision making process. This sense of closure was appreciated by the birthmother in that it relieved her of some of the ongoing anxiety associated with making this very difficult decision.

Hopes and Dreams for the Child—Love in the Face of Loss

All of the birthmothers in this study had hopes and dreams for the child they were planning to relinquish. They were all able to articulate these hopes and dreams in the process of selecting the adoptive family for their child. This articulation of what was desired in the adoptive family appears to be very similar to the process that parents participate in when they choose a guardian for their children in the event of the death of the parents. The child is entrusted to someone who will care for the child with the kind of love and attention the mother and father would have wanted to provide for the child. The devotion with which the birthmothers in this study attended to this process is indicative of the love of a parent who wants the very best for her child.

The birthmothers in this study had come to the painful realization that they were not personally able to provide the very best for their child, and the process of selecting the adoptive family allowed them to choose someone whom they could entrust to take on the mothering role in their place. Romaniuk (2002) stated that the decision to place one's child is a decision made as a mother. As such, it is perhaps the most significant mothering decision that the young woman makes in her short time of mothering. The young women in this study made the choice of the adoptive family thoughtfully and lovingly as is evident in the following exemplars. The choice was imbued with hopes and dreams for the child.

Taylor: We wanted a mom that was a stay-at-home-mom, and Shelly is a stay at home mom, but also educated. She has a degree in Dental Hygiene, so that she can go back to work if God forbid, Joe dies or something They travel a lot and they go camping, and Chad and I really enjoy camping. I think I said to someone, "They are just the type of people that Chad and I are like, and the kind of parents that we kind of hope we will be."

Jill: I said I don't want smokers, and I want them to have at least one child, and I want them to be Catholic . . . I come from a strong Catholic background. . . . My dad's not Catholic, but my whole life I've been going to church every Sunday morning and I have a strong faith in God. . . . I kind of wanted Michael to have the same kind of background that I did. . . . I was looking for younger than I found. Early to mid 30's was preferable, and financially quite well off. . . . I didn't care if they had pets. . . . I wanted the mother to be an at-home mom, or one of the parents to be home with the kids. . . . I didn't want my child raised in a daycare; if that was the case then I might as well just have kept him myself.

A detailed case history provided by the adoption agency was very helpful in introducing the potential adoptive family to the birthmother.

Sheila: There's so much information you get about the people you choose, so I knew them on paper, and just meeting them just brought them to life,

Concern for the possibility of ongoing contact was articulated by some of the birthmothers.

Sheila: I was moving to Edmonton, living with my aunt while I was having Stephen, and I knew I would probably stay there, so I kind of wanted him to be in Edmonton, so that I could see him, cause when they explained open adoption to me, it was like, "Oh, my God, I'm gonna know when he cuts his first tooth, I'm gonna know when he takes his first step", and I was so thrilled at that idea, cause I was gonna see him. I was gonna know him, and he was gonna know me.

Kaitlyn: I wanted to have contact. I wanted to know how my baby was doing, what he was doing, where he was. I wanted to be able to call them whenever I wanted to and I wanted someone who was open to me maybe calling them once a day, twice a day, eight times a day if that's what I needed, or once a week or once a month, dropping by every once in a while. That was an absolute must.

Several of the birthmothers wanted to ensure that their child had a sibling.

Health concerns and lifestyle issues were also of importance.

Heather: I knew even before I went to [the adoption agency], I need a good family to raise my baby. I wanted the adoptive family to already have a child, because I didn't want him to grow up not having another sibling. . . I wanted them to live in a small town, because I knew growing up in the city, and I didn't like it, still I don't like being here, so I wanted them to live in a small town, or on a farm, or whatever. And I wanted them to be mid 30's or 40's; I didn't want them to be older than 50. I didn't want . . . when he's 20, he'll be having a 70 year old dad and mom. I didn't want them to smoke, cause I know my allergies. I can't be around second hand smoke, and my son, he's more like me than anything. He already has signs of asthma, and so I knew for a fact, no smoking no alcohol; I didn't want that [alcohol] to be an influence, cause I knew how that stuff influences children. I wanted them to have a good paying job, or have experience with children.

Jill: My sister and I are only three years apart, so we're very close. We fought a lot, but now, she's one of my best friends, and I want my child to have that person to count on.

Implications. The detailed and loving attention given to the selection of the adoptive parents dispels the myth that birthmothers are making a selfish decision, and supports the notion that the selection of the adoptive family is a relational decision, made most often by the mother who has a strong relational commitment to the child and the best interests of her child at heart.

The Struggle with Attachment During the Pregnancy

All of the birthmothers struggled with issues of attachment during the pregnancy. Heather purposely tried not to bond with her child because she believed attachment would interfere with her decision to relinquish the child. Heather was discouraged from breast-feeding her child because it was suggested to her that breast-feeding would create too much attachment. Yet, Heather's anguish at the time of relinquishment indicated that she had attached to the child in spite of her intentions.

Heather: Once I decided on adoption, around six months, I said, "You know what, I'm not going to get too attached, I'm just gonna leave it, wait till the time is right, tell somebody, and just be done with it." I didn't want to get the attachment. . . . I couldn't [breast-feed] because I was placing him up for adoption. . . . I wasn't allowed to [breast-feed] and I didn't want to either.

. . . Jean couldn't breast-feed him so, if he got used to me, the changeover would be too difficult. They told me it's not recommended, "Don't do it," because it's an attachment thing. "So I thought, "Ooh, attachment, no, I don't want that."

Sheila used the defenses of denial and dissociation to prevent attachment. She considered her role in her pregnancy as that of a surrogate mother, and she believed that lack of attachment was necessary in order to allow her to place her child.

Sheila: I didn't get attached, because I knew I couldn't, I just knew I couldn't, because then you wouldn't be able to go through with it. And you know I didn't get attached, I didn't let anyone know I was pregnant till I was quite far along anyways so, that sort of helped the denial. "We'll just pretend it's not happening." . . . Back then you didn't hear of surrogate mothers, but that's obviously how I felt. Is I'm renting my womb you know type thing, except of course you know it's my child totally because Barry's sperm wasn't involved.

Sheila's anticipatory bonding with the children that were placed in her home for adoption clearly demonstrated that she was capable of developing a very strong attachment to an infant when the defenses of denial and dissociation were not operant. Sheila attributed the bonding that she experienced with Julie and Darrel to the fact that she was envisioning a life with these children. The bonding she experienced as an adoptive parent was in sharp contrast to her experience as the placing birthparent.

Sheila: She [Julie, the first child that Sheila tried to adopt] was ours. She was ours. Even before hand, you anticipate the child. . . You have a picture of your life, and what it will be like with the child. Christmas, all the presents under the tree. And now I'm thinking hockey with Darrel . . . But even that first 10 days of having Darrel, we were still on pins and needles.

Taylor gave herself permission for bonding during the time of the pregnancy. She clearly attached deeply to the child while he was developing within her womb, and she claimed that time as her own time to love and enjoy her child. However, she felt fearful of extending the bonding time beyond the birth, and thus made some choices which she now regrets.

Taylor: He was mine. He had to be mine, cause you couldn't take him early. I just thought, "This is my time with him, I am a mom for this little period of time." . . . I always had a feeling it was a boy. . . . Just love, I just loved him.

Taylor was encouraged by the adoption social worker to consider breast feeding and/or taking the baby home for a few days. Her concern for the feelings of the adoptive mother as well as her own fears of bonding too closely caused her to inhibit her desire to pursue these options. She now realizes that the bonding was inevitable, and she questions her fears of bonding particularly since she was planning an open adoption.

Taylor: Barbara had talked to me before hand how some birthmothers take the baby home for a week, and I thought that would be neat, and then I thought "I don't know how Joe and Shelly would feel about that," and I really wasn't thinking about how I would feel about it, and I think I was afraid I thought, "Oh, if he comes home then that means I won't want to give him up," and so I decided not to, but I wish I would have, just to have more time to say good-bye. . . . I was really worried about what Joe and Shelly would think . . . if they would feel threatened that I was changing my mind or something like that. . . . Barbara talked to me about, "What are you going to do about breast feeding? Are you going to breast feed?" And I think I wanted to but Shelly said something about that would be painful for her to see me breastfeeding, and so I decided not to, and that's another thing I kind of wish I had done. . . . As much as I wanted to, I think I was afraid; I think it was just another way to bond, another bond to break After he was born I felt I couldn't stop myself from bonding. I couldn't do it, but then why should I because I'm going to have a relationship with him? . . . Knowing what I know now, aside from bonding, I mean, breastfeeding especially in the first few days, I mean that colostrum is all full of antibodies and things that are wonderful for babies, and so looking back I wished I would have done it just for those health purposes, but, you know, there is nothing wrong with James and I bonding, it's not like there is going to be a closed adoption, and I'm never going to see him again.

Of the five women in this study, Jill was the only one who openly acknowledged her pregnancy in the first trimester. This early acknowledgement of the pregnancy made possible early pre-natal care and gave her more time to attach to the child she was carrying. She enjoyed her pregnancy and became very attached to the developing child. She didn't question the fact that she would bond with her child, and she allowed for some special bonding time with the child the first few days after birth.

Jill: I did [attach]. I did. I was very proud. . . . I knew right from the beginning that this is my baby, and I'm gonna do everything I can to make sure he is healthy and grows up happy. That was my attitude through the whole thing. I made it about him, always. . . . It was just a wonderful four days [the four days after he was born]. The last day, the day that they took him

was very very hard, but I'm glad I had that few days, just him and me to bond. . . . I carried this baby for nine months; I should be able to spend a little bit of time with him before he's gone.

Even so, Jill did impose some boundaries to the attachment process. She decided not to breast-feed because she felt she would become too attached to her baby.

Jill: There would be too much attachment there; that kind of bond, that's a mother and baby, and I didn't want to get too attached, so, it wasn't even an option.

Implications. Clearly all of the birthmothers struggled with attachment issues. Some of the birthmothers such as Heather and Sheila consciously tried not to attach. Their attempts to resist attachment appeared to be related to a fear that attachment would impede their ability to follow through with the relinquishment plan. Yet the attachment appeared to be inevitable, particularly as the open adoption played itself out over time. It appeared that those birthmothers, who were very fearful of attachment, did develop attachments in spite of their fears, attachments which they later did not consider problematic. This tendency to attach in spite of best intentions not to do so did not seem to jeopardize the relinquishment or the open adoption relationship.

The finding that the birthmothers in this study did develop varying levels of attachment to the fetuses prior to birth is consistent with previous research (Cranley, 1981). Given that the seemingly reciprocal nature of mother-infant attachment appears to normally occur within the last ten weeks of gestation (Kisilevsky et al., 2003), one might question the wisdom of the birthmother's intuitive belief that she should attempt not to attach to the developing fetus. Trout (2002) emphasized the importance of maternal acceptance and care of the fetus while the fetus is still in utero, and suggested that newborns that have been rejected or traumatized in utero are more susceptible to mental disorders such as Reactive Attachment Disorder, a disorder which clearly limits the newborn's ability to attach to the adoptive parents. Cross-cultural research has demonstrated that infants in collectivistic cultures are capable of developing a network of attachment figures (van IJzendoorn & Sagi, 1999), and thus it may be important to encourage mother/infant attachment even when the mother is planning to relinquish the child.

In this current study, the case of Jill provides an example of a young woman who attached without reservation, and suffered no ill effects to her personal well-being or the open adoption plan. In fact, her unabashed attachment seemed to give her a sense of entitlement which allowed her to enact a thoughtful relinquishment plan that met her needs and allowed for a more gradual transitioning of the mothering role to the adoptive parent. Additional investigation into the phenomenon of mother-infant attachment as it relates to open adoption is necessary to further illuminate this complex and highly sensitive issue.

Seeking Control in the Chaos

An unplanned pregnancy takes on a life of its own both literally and figuratively. Efforts to submerge or ignore the pregnancy only work for a period of time, and eventually the denial of the pregnancy is shattered by the growing physical reality of a child within. Inherent in this entire experience is a profound loss of control over the course of one's life, a loss of control which is revisited again and again in the variety of experiences that make up the relinquishment experience. Birthmothers respond to this chaotic loss of control by seeking control time and time again.

The researcher found many exemplars which illustrated the theme of seeking control in the chaos in reviewing the narratives. The exemplars selected for inclusion here were chosen to illustrate the significance of this theme throughout all stages of the experience of infant relinquishment.

When reflecting on her experience of placing a child through open adoption, Sheila clearly referred to the need for birthmother control throughout the experience. This sense of control is essential even in a family context that is considered highly supportive.

Sheila: The big thing is the birthmother is in control. She chooses where her baby lives and with who, that's a big thing. The teenager still has this ball of control; it's their decision, they have to write their name on the bottom of that form. . . . My mom and dad weren't doing it, they weren't forcing me. I got to choose Barry and Val. Even though I had my dad there, it was still my decision.

Heather also sought control throughout the chaotic experience of being a 14 year

old pregnant adolescent whose mother is less than supportive. She explicitly claimed control in the process of selecting the adoptive couple. Yet it was important to have her choice validated by her mother and friend Shirley as was evidenced in the relief she experienced when she discovered they supported her choice of adoptive family.

Heather: I said I didn't want to be forced. I told her, "This is my choice; you can see the family that I chose after I'm done." I let them look, my mom and Shirley, I let them look, and they had their minds set on which ones they thought I would choose, not forcing me or telling me, and both of them had Curt and Jean. . . . After they told me that, I'm like, "Thank God."

Heather also successfully claimed control in the face of the trauma and chaos of the birthing experience. She had not yet met the adoptive parents who she had selected on the basis of their portfolio, and she did not want them present at the birth.

Heather: I wanted the time. I felt it was my time. You know I told Curt and Jean, "I'm really glad you weren't there," and they understood. They asked me why, and it was because it was my time with my support network to have a chance to say what I needed to say and stuff to Shirley and Clifford and my mom. It would have been fine to have them there, but it would feel uncomfortable, really uncomfortable because I didn't know them, I didn't meet them before.

Kaitlyn's entire pregnancy and birthing experience was marked by efforts to seek control in the chaos of a pregnancy in which she felt very little control. She fought her mother's efforts to take control, but perceived her mother to continually have the upper hand in the struggle. This struggle is exemplified in the following quote in which Kaitlyn's doctor who was perceived as respectful of Kaitlyn's desire for control is contrasted to her mother who was perceived as extremely controlling. Kaitlyn later found out that her mother had again usurped Kaitlyn's control by insisting she was not allowed to have her baby in her hospital room with her after the birth.

Kaitlyn: My doctor was really supportive. I had her for Brad as well, the same doctor, and she was really supportive. She talked to me before Joshua was born. She got to know what I wanted and what I was gonna do. I didn't get what I wanted in the hospital. I wanted Joshua in my room with me, and I didn't know that I was able to do that till after. My mom said, "No, he has to be in the nursery." He was born in the evening just before 5, and then they knocked me out, and when they woke me up, I just slept. And the next morning when I woke up I was more there and I knew what was going on, and I wasn't all morphine, and that kind of drugs, and

that's when I wanted him in my room. And my mom said, "No, his room is already in the nursery and you just can't get up and move him." I really wanted him in my room, and nobody told me that, gave me that option. . . . I found out later that he could have been in my room. I could have been the one who held him the whole time; I could have been the one, cause he was still my baby. He was my baby in the hospital, so if I wanted to change his diapers, and feed him myself, I could have done that. I could have breast fed him in the hospital, or I could have bottle fed him in the hospital, but I didn't know that.

Kaitlyn exercised the control that she didn't get in her first pregnancy in her second pregnancy which occurred about a year later when she was 16 years of age.

Kaitlyn: Well, I didn't want to have to go through all that bullshit again. . . . I wanted to prove to everybody that I could do it . . . I wanted to prove everyone wrong . . . I just did it; I didn't really care about what other people did or thought; I just thought, "It's my life, and my decisions. You can say whatever you want."

Taylor and Chad had carefully chosen the adoptive couple, and had made the decision to include them in the birthing experience. In retrospect, as Taylor reflected on the decision to have the adoptive parents present at the birth, she concluded that she had included them out of a sense of obligation to them. She believed that she was making an effort to meet their needs without paying enough attention to her own very pressing needs as the relinquishing birthmother.

Taylor: I felt more of a sense of obligation to them, I think them having been through the whole process, and having them at the hospital. I just wish that would have been my time, completely my time. I think because of them being at the hospital, it was an unsaid, done deal, and I think I would have felt really guilty, them being through all of this with me, if I chose to parent. [They would have thought] "Why did we go through all this for nothing?" . . . That hospital time is supposed to be your time to be a mom. And when the adoptive parents are there, you sort of struggle with letting them bond with the baby, but then that's your place to do so as well. It's sort of a struggle as to who is gonna be with the baby. . . . They struggled with their excitement, and I was struggling with wanting . . . James.

Jill's family evidenced remarkable sensitivity to Jill's need to seek control in the chaos of her unplanned pregnancy. In one instance, when Jill's mother attempted to be too controlling, Jill was able to confront her and work productively to resolve the issue so that it was not repeated.

Jill: She did sort of pressure me into that one [arranging the private adoption]. . . . I wasn't sure, and she just kept saying, "You know this is it," and she pushed me that way, and then they called and said, "You know, at this point, we're not ready to have another one," and I was pretty devastated. And then I told my mom afterwards, "You know you really pressured me into that; that wasn't even really my decision.

Jill enjoyed the freedom of exercising her control with regard to all details of the birthing experience and the adoption placement. She adjusted her decision making in response to new learning gleaned from meeting the adoptive couple and attending an adoption conference. She was confident in her discussions with her doctor, and clearly articulated what she wanted in her hospital experience. Her story demonstrates the healing value of providing the pregnant adolescent with the opportunity to seek control in the face of the chaos of an unplanned pregnancy. In Jill's case the provision of good information and a respect for her autonomy in the decision making process, empowered her to make intelligent and thoughtful decisions which were helpful to both Jill and her family. These decisions paved the way for a healthy and respectful relationship with the adoptive family.

Jill: Originally I didn't want to be with him at all, I wanted them [the adoptive parents] to just take him. But then once I met with them [Ed and Maureen] and when I realized we were going to maintain a relationship, I thought, "Well, OK I'd like to hold him," and then I went to an adoption conference, and a girl spoke and said how she had stayed with her baby in the hospital for a few days, and she needed that time. So then I decided that that was what I was gonna do. So I decided I would stay in the hospital for four days, with them there. I wanted them [Ed and Maureen] to be there, and then after four days they would take him. So all of my family and all my friends got to come down and see him.

Implications. Clearly, the pregnant adolescent desires control over her confusing, traumatic, and chaotic circumstances. Counselling approaches which provide information and offer age appropriate decision making power to the pregnant adolescent so that she is empowered to make informed choices with regard to how to resolve the unplanned pregnancy is essential. Educational opportunities which help the adolescent understand her options with regard to hospitalization and placement procedures would also be useful to all pregnant adolescents who choose to place their child in an open adoption. As was mentioned previously, general education on open adoption would be

beneficial prior to the trauma of an unplanned pregnancy. Such education would most likely be best placed within the school curriculum as part of family life education programs.

Saying Hello Before Saying Good-bye: The Need for Transition Time

Taylor: I often say, that you can't really say good-bye until you've said hello. I don't know if one 24 hours is enough time to do that.

Taylor's comments exemplify a sentiment that was also evidenced in the story of Kaitlyn who also felt she was not able to spend enough time with her baby after birth. Although Taylor was very involved in the selection of the adoptive couple, she shortchanged herself in planning for the birth. She only allowed herself 24 hours of time with her baby. In retrospect, this was clearly not enough time to transition through the birthing and relinquishment stages of the adoption placement.

Taylor: Obviously I was exhausted. I was just really dreading [the relinquishment] . . . just wanting that day to last forever. I didn't want him to go home with them; I just wanted it not to end. . . . It was tough because I didn't want to fall asleep; I just wanted to watch him, and just do everything I could for him. I guess I thought maybe if I stay up the time will go by slower or something. . . . I wanted to hold him as much as I could.

With the benefit of hindsight, Taylor stated that if she had a chance to rework her plan, she would allow for more transition time.

Taylor: I wouldn't have them [Joe and Shelly] at the hospital. I would just have my family there, and I would take the baby home for a few days, and have Joe and Shelly come and have the entrustment ceremony like we did. . . . I often say, that you can't really say good-bye until you've said hello. I don't know if one 24 hours is enough time to do that.

Kaitlyn was also resentful of the fact that she had limited time with her baby in the hospital. She had wanted her baby in her hospital room with her, but because of her c-section, the baby was placed in the nursery, and her mother convinced her that she had to leave her baby in the nursery when in fact this wasn't the case. While she was able to visit her baby in the nursery, the visits were physically difficult for her, and she did not have the opportunity for private time to get to know her baby.

Kaitlyn: I'd go into the nursery to see Joshua. . . . They got a big chair, I couldn't sit; laying down with the baby would be a lot easier for me . . . rather than sitting straight up in a chair; like it was a nice comfortable chair; it was low like this, I sat down and I fell into it, and I was, "Oh God, my stomach." I couldn't get up; it wasn't very fun to sit in the nursery. There's other people in the room; it wasn't a personal place. . . . So I couldn't sit in my room and just sleep; I couldn't sleep when he was sleeping; I couldn't watch him sleep I couldn't feed him in private; I'd just sit there, and of course someone had to be there in case like I needed to get up and go somewhere; someone had to help me get out of the chair into the wheel chair or walk or something. It wasn't very good. . . . They [the babies] still are little people with personalities, not much I guess, but they do definitely have their distinctions from one baby to the next. So I kind of wanted to get to know that, and I figured, April and Mike would have him for the rest of their lives, so I thought, "Give me my baby. He's not your baby; he's my baby. For the next couple of days, he will be my baby."

Heather was hospitalized for four days with the baby, and had a private room which afforded her the opportunity to visit extensively with Curt and Jean and the baby.

Heather: Curt and Jean got me a private room, and they paid for all my hospital bills; they paid for it all. Curt and Jean wanted a private space so we could talk. That was good.

Curt and Jean also suggested a staggered visiting schedule which acknowledged Heather's need for private time with her baby.

Heather: They told me when I was in the hospital, if you want to go in the mornings, stay till noon, and we'll come in, and then we'll stay longer, and they were so flexible. If I needed time alone, they knew.

Sheila's hospital experience took place about ten years before any of the other placements in the study. It was important to Sheila to transition some of the infant care responsibilities to Brad and Val during those four days, but she found the hospital staff very resistant to this plan.

Sheila: When it came to the classes on cleaning the cord, and the circumcision . . . I said "Barry and Val [should take the lessons]." The nurses said, "You're the mother," and I said, "They're adopting him, so I'm staying in the room, and they will go with the bassinette and the baby and do all this stuff." The hospital wasn't very accepting at all about it, but I was firm on it because I wasn't going to be doing it . . . They were first time parents, so, I was just like, "No way, no way, they are going."

Implications. Clearly the women in this study desired some significant transition time with their infants, a time which served several important purposes. Kaitlyn, Taylor, Heather, and Jill expressed a strong interest in spending some time alone with their babies to just be with them and to get to know them as little persons. Heather, Sheila, and Jill also expressed an interest in getting to know the adoptive family, and they appreciated spending some shared time with the baby and the adoptive family. Taylor had allowed herself so little transition time with her infant that she became somewhat jealous of the little time she did have. This jealousy impeded her ability to enjoy the time she did have in a relaxed fashion.

A gentler and more gradual transition of the infant from the birthmother to the adoptive mother is intuitively supported by the research which documents reciprocal mother-fetus bonding prior to birth (Cranley, 1981; Kisilevsky et al., 2003). Given that bonding between the birthmother and the infant appears to be inevitable even when the birthmother believes it should not or will not occur, it would seem logical and more humane to plan for a more gradual transition of the infant from the care of the birthmother to that of the adoptive mother.

Pregnant adolescents and prospective adoptive parents should discuss the issue of transition time thoroughly in educational and counselling sessions prior to the adoption placement. There will likely be individual variances as to what is considered an acceptable amount of transition time, and birthmothers should be encouraged to consider this question, and perhaps revisit their decision once the baby is born. Clearly Taylor felt the one day was not enough, but she didn't feel comfortable expressing that sentiment when she was in hospital. Good communication skills and an empathic sensitivity to the needs of others will facilitate a smoother transition of the baby from the birthmother to the adoptive parents and will set a better foundation for the development of a healthy open adoption relationship

The Birthmother's Need for Support

The experience of an unplanned pregnancy, the making of the decision to relinquish the infant into an open adoption plan, and the living out of that adoption plan

are incredibly challenging experiences, and the birthmothers in this study reported the benefits of support from a wide variety of sources including friends, family, teachers, adoption agency personnel, doctors, and nurses. Without exception, the birthmothers reported the need for support, and when it was not forthcoming from one source, they found it in another, indicating remarkable resilience. Some exemplars which bring to life instances of support and lack of support from a variety of sources will now be presented.

In this study, Sheila was considered the pioneer of open adoption because her open adoption took place in 1989 when the concept was still quite new. Sheila had the strong support of her family and friends, but found the hospital staff and the other mothers in the maternity ward very unsupportive.

Sheila: Yes everyone knew, they all knew. But they weren't for it. . . It was a fight; it was a struggle; because it was so new; the whole process was so new. . . They just didn't think it was gonna work. . . It was horrible, it was horrible. I could tell they [the nurses] looked down on me and were frowning, and the other mothers too, while they [Barry and Val] were off doing things with Stephen, I would go into the room where there were a bunch of moms with their babies, and I would hang out there too, and they would look at me like I had the plague, and they would say, "How could you do that?"

Taylor reported a more supportive hospital experience during labor and delivery, but would have liked more support from the nurses in terms of conversation about her decision after the baby's birth. She did not, however, communicate this need to them.

Taylor: I really wanted to talk about it, what I was feeling, what I was going through but I think they were afraid to really get into it with me.

Jill, who was the most open and forthright in communicating her needs and planning her hospital stay, was very appreciative of the support offered to her by her doctor and the nursing staff. The hospital demonstrated flexibility when it allowed her to stay for four days. Furthermore, Jill felt supported by the nursing staff during her stay in the hospital. They seemed to understand open adoption, and accommodations were made to allow her the time and space she needed to make the placement in a way that was comfortable for her.

Jill: I asked my doctor before hand if I could stay [in the hospital for] four days because normally you're only in there for 24 hours. [The response was] "No problem." I had a double room, but no roommate, so I was very

fortunate for the first three days cause there is no way all those people [the visitors] would have fit in there. . . . I had this big massive room, and so many people in there all the time, and the nurses were great about it. . . . By eight o'clock they said, "Can you all leave, she needs to get some rest, she needs to be alone with him." . . . He stayed in the room with me, but they would come in and show me how to feed him . . . they were really good.

Kaitlyn appreciated the unbiased support she received from her teachers at her outreach school program.

Kaitlyn: The teachers at school were more educated on it[open adoption] . . . They were telling me it's nobody's business but yours, and you're the only one that can think what's good for yourself for your child and even for your family and your friends.

She also turned to a close friend, Wesley, for support during the difficult time of relinquishment. Kaitlyn was often overwhelmed by intense emotions at this time, and she knows that she was often rude to Wesley who tried to offer her some help. It wasn't until she was really clear as to what she wanted from him that he became the good listener that she needed.

Kaitlyn: It's just a time when you're down right rude, like you're obviously upset, angry and bitter, just everything all over again. I would call him, and I would say, "What do I do?" . . . One day I just said, "Don't even bother saying it. That that just grinds me; it's like fingernails on the chalkboard to me, when you say you know how it feels." I just exploded . . . "When I call you just shut the hell up, like change the subject if you have to, but if I won't let you, then you're sticking to the subject." "OK, so you just want me to listen?" And I said, "Yes, when I ask for your advice, do not start off with, 'I know how you feel, I know what it's like' . . . That just makes it worse." And after I more or less bit his head off, he just listened, he just let me talk, and talk and talk, which helped a lot.

Heather did not find support in her mother, but turned to other adults, a trusted couple who provided her with emotional and practical support throughout her labor.

Heather: The first time they tried to give me the epidural, I could see myself in the window, getting this, in the window, my reflection. And the minute Shirley and Clifford walked in, Shirley said, "What's wrong?" And I said, "I can't do this I can't, the epidural." So Clifford walked over, closed the blinds, held my hand, and I did it, got the epidural. I felt relieved that I had Shirley and Clifford there too, because, I knew I would just freak on my mom, if she was the only one there.

Taylor and Kaitlyn drew a great deal of support from the adoption agency by way of the birthmother's support group.

Taylor: It's just nice; I've developed some wonderful friendships through the birthmothers in that group. . . I have wonderful friends who aren't birthmothers, but they just don't understand, and they can't understand, so it's nice to just talk to people who have probably been through certain things that I've gone through, and get their opinion on how they have handled them. And just support, it's just extra support.

Kaitlyn also benefited greatly from a meeting of non-related birthparents, adoptive parents, and prospective adoptive parents. This group meeting allowed her to safely explore the questions underlying her intense emotional reactions to issues of concern to her prior to taking that issue to the adoptive parents of her child. The following exemplar demonstrates how Kaitlyn improved her communication and conflict resolution skills through this group.

Kaitlyn: We haven't really talked for quite a while. And April always used to send me pictures, like all the time. She'd send just a few pictures in a card or whatever. And like I'm thinking, "OK, well, what the hell's with her, she hasn't called me back." I left a couple of messages but OK, they're busy; they've got hockey; they've got soccer; she goes to the preschool classes with Joshua. You name it, they've got it; they're a run-around family just like mine was. And I'm thinking like, "Well why isn't she sending pictures? Why isn't she returning my phone calls? Do they not want to talk to me anymore?" Now I'm getting pissed off. I'm thinking like, "You ugly bitch; you asshole." I'm thinking like, "That's just down right rude. Like can't you even return my calls and say we don't want to talk to you anymore; go to hell. So that I can hang up on you; that would be better than sitting around wondering." . . . When I talk to other people, they say, "I don't think that would be the case." They say, "Personally we respect our birthmother, more than we respect anyone. We have so much respect for her. . . . We always try and take into consideration how she would feel because we wouldn't be feeling anything, none of us would be feeling anything, if it wasn't for her." . . . If you've been this close, and if they've done so much for you, and you've done so much for them, I don't think they're just blowing you off. Like try and ask them why they haven't returned your call. Ask them, "How's life been; you've been really busy I take it. It kinda hurt me that you never called me back." Or "It kind of hurt me that our last visit didn't go so well," or whatever it may be.

Taylor also benefited from the personal counselling offered by the adoption social worker with whom she continues to keep regular contact.

Taylor: She's helped me work through some things I've been feeling . . . about the visits; we talked about it. . . . Before I was going to talk to Shelly . . . she [Barbara] had given me some strategies, things to say . . . to make sure I said the things I needed to say.

Implications. Clearly, adolescent birthmothers who place a child through open adoption require much support. An assessment of the pregnant adolescent's support systems is an essential part of the counselling process. Counselling efforts might focus on the improvement of existing support systems and the establishment of new support systems as required, so that the young woman will be better equipped to meet the challenges inherent in the placement of a child through open adoption.

Two Mothers –One Child: Passing on the Mantle of Mothering

The naming of a newborn child is a significant event in the life of that child. The name given to the child typically identifies the important relational and/or familial connections in the life of the child, connections which are uncommonly intricate and complex for the child who is adopted. The naming of the adopted child typically co-occurs with another very significant event in the life of this child, namely the physical transference of the child from the direct care of the mother who conceived and bore the child to the mother who will take on the role of parenting the child.

The willingness of the adoptive parents in this study to involve the birthmother in the naming process was perceived by the birthmother as a gesture of openness and inclusivity. Including the birthmother in the task of naming the child recognized her status as a significant relational figure in the life of the child. The desire of the birthmother to be a part of that process reflected her desire to maintain some level of relational connection to the child in spite of the fact that she was relinquishing the mothering role to the adoptive mother.

Birthmothers made some kind of plan to transfer the child from their care into the care of the adoptive parents. This plan was sometimes made with the adoptive parents, and sometimes without them. Upon reflecting on how the adoptive parents and the birthmothers in this study participated in the significant tasks of naming the child and moving through the actual relinquishment, the researcher came to view them as interrelated. The ways in which the birthmothers and the adoptive parents in this study

approached these tasks recognized the tenuous and complex connections that had already developed and would continue to develop among all the members of the adoption circle. Furthermore, the way each of the participants claimed their role in these tasks set the stage for how they would enter the open adoption relationship.

Naming the Child – Sealing the Connection. All of the birthmothers in this story participated in the naming of the child in some way. This theme takes note of the special significance of the naming process in the lives of the birthmothers. The meaning ascribed to the naming process revealed how the birthmothers and the adoptive parents viewed each other as they began to build their open adoption relationship.

Naming a child together is what parents typically do. When the naming task was expanded to include the full adoption circle as it typically was within this study, the birthmother received a clear message that she was viewed as a respected person with an important and fundamental connection to the child. There were variances in how the birthmothers participated in the naming process, and these variances as well as the meanings ascribed to them will be explored in this section. This exploration will provide further insight into the symbolic nature of the naming process as it sets the stage for the open adoption relationship.

Sheila was one of several women in this study who was aware that she could go through the process of naming her child, but that the adoptive parents had the right to discard the name she had chosen and then rename the child. This notion of two separate naming processes did not appeal to anyone in the study. Sheila chose to defer the naming process to Barry and Val, because she did not really perceive the child to be her child. Yet she drew great meaning from the name they chose because it symbolized to her that Stephen was connected to her family, and she embraced that connection. Later, when she adopted a child of her own, she symbolically recognized that connection by giving her second child Stephen's middle name. Furthermore, she also plans to give all subsequent boys she may parent the same middle name to further recognize the connections that each of her children have to one another. Sheila clearly embraced the name as a demonstration of the connection between the child she had relinquished through adoption and her subsequent children.

Sheila: I didn't want to have two names, my name and their name. It was gonna be their name, and what's really bizarre is they named him Stephen. . . . My dad has a brother and a sister and we all lived in town, so, my sister's name is Susan, and I'm Sheila, we have Stacey and Sheldon and Shane. So we're all S's. And when they named him Stephen, we went, "Oh, my God, another S name." It's really cool. So it's Stephen Ryan, and we named Darrel Ryan. So I have my boys middle names are Ryan. . . . I knew that if we had a boy the middle name would be Ryan, no matter what. And if we have another boy, it's going to be Ryan. . . . So all my boys have Ryan as a middle name.

As the years passed, the relationship between Sheila, Stephen, Barry and Val evolved to a level of intimacy commonly found in a closely knit extended family. Thirteen years after the relinquishment, Sheila reflected on the constancy of her connection to Stephen over the years.

Sheila: Stephen has been the constant through it all. He's always always been there and always will be; that's the one constant thing I have, have had in my life the last 13 years; no matter what else is happening there has always been Stephen.

Taylor also did not initially feel it was her role to participate in the naming process. Her mother, and Joe and Shelly encouraged her to become part of the process, and she found it to be a meaningful experience, an experience that truly recognized her connection to the baby. Had the baby had been a girl she would have carried Taylor's middle name, a significant family name.

Taylor: I never thought that this was even an option, that I could name him. . . . But it was important for me to be involved in that process, and Joe and Shelly also felt that it was as well. . . . They asked me if there were any names that were really important to me, and there weren't for a boy, and for girls, my middle name is May, and it's kind of a family name, and so they said, "Well if it's a girl, we'll have her middle name be May," so that was kind of nice. But for a boy, I didn't really have anything, so we all came up with names and emailed them back and forth our choices, and vetoed them. . . . I think it might have been Shelly, who came up with James, and his middle name is Jeremy, and he has another middle name Austin, which is from Joe's family. And I really liked Jeremy. We/they weren't going to put it in, but at the last minute I said I really wanted it.

Being included in the naming process was very important to Taylor. She interpreted it as an indicator of Joe's and Shelly's commitment to an open adoption relationship.

Taylor: I felt that Joe and Shelly really valued our opinion. I mean if they weren't going to have a relationship with us in the future, why would they take the time to let us be part of it, so I just felt really valued in my opinion and that they valued the relationship that was going to happen. . . . I guess it felt more that they felt that he was not just their baby, but ours as a whole.

Heather and Jill both worked cooperatively with the adoptive parents in the naming process. Their involvement in the naming process is reflective of their relational connection to the child. The name selected symbolized that connection. Heather picked a middle name that honored a close family member and friend.

Heather: They wanted Jason. And I wanted something that meant a lot to me. So Daniel is his middle name. My older brother's name is Danell, and Shirley's Dad is Dan, and all of them mean a lot to me.

The naming process was awkward for Kaitlyn, but it represented the rather awkward beginning to her relationship with April and Mike, as well as her more generalized difficulties with reciprocal communication in relationships. Although she expressed that she had intended to consult with April and Mike about the name, she did not do so. Once she had already chosen a name, April and Mike approached her with a request to revisit the naming process with them. Kaitlyn recognized that they had the right to simply rename the child without consulting with her, and she was appreciative of the fact that they approached her in an effort to try to choose a name together.

Kaitlyn: Well originally I wanted to pick something that we could all agree on, so no hard feelings. I didn't want to walk away thinking, "That's the dumbest name I ever heard," and I didn't want them thinking, "Well, that's the first thing that's gotta be changed," cause they can do that. I wanted to pick something that we could all agree on. Then we had no time, and then I just named him. . . . Then April and Mike said, "You know what we're gonna do, we're gonna use one of his names as his middle name, and we're gonna give him a name, and take one of your names." So he ended up with Joshua, Jonathan. I had named him Jonathan Matthew. And they wanted Joshua, and I thought, "Yeah, I can live with Joshua; that's not bad." . . . So I wasn't walking away pissed off. And we were all walking away happy, and it's not like they just changed his name and said, "Ah, to hell with her; she can just find out on her own." They told me and they said, "Would you have a problem with that?" And I said, "No I kind of wanted to pick a name together, us all come up with names that we like, but we never got a chance to. I can live with Joshua Jonathan," and they said, "Yeah, we can too".

Naming the child is one of the first tasks parents face after a child is born. The birthmothers and adoptive parents in this study typically appreciated the opportunity to name the child together, and in working through that process, they set the tone for a respectful cooperative relationship which recognized the multiple connections of the adopted child. Integral to the naming process was an implicit recognition that there would be reciprocity in the relationship. That reciprocity was rather ill-defined at this point in time, a phenomenon that will be explored in a later theme. All of the participants did clearly understand that the parenting role would be transferred to the adoptive parents who typically assumed the responsibility of finalizing the name and selecting the child's first name.

Two Mothers-One Child: Passing on the Mantle of Mothering. There was a specific point in time when each of the birthmothers formally transferred the child to the adoptive parents, and they did so in very different ways. Taylor planned an entrustment ceremony which helped her begin the grieving process. The ceremony took place in the hospital the day after the birth of James, the day that she and James were to be discharged from the hospital.

Taylor: [The ceremony involved] *telling Joe and Shelly that I am giving you permission to parent him, sort of handing James over. I think that helped a lot; I'm glad we did that, just as sort of a sense of closure. It gave me permission to grieve, and gave them permission to parent, that they really had my best wishes, and I'm glad we said good-bye that way instead of in the parking lot, or something like that.*

Sheila, her family and her friend brought Stephen to Barry and Val's house on the day of his discharge, and celebrated the relinquishment with champagne. Tears were shed in the family car as they drove away leaving Stephen with Barry and Val.

Jill relinquished her child from the hospital room in the presence of family. There were kisses, hugs, and tears. The realization that they would soon see Michael again eased the pain of the relinquishment for this family. In other words, the recognition and promise of an ongoing relationship which had been symbolically acknowledged in the naming process mitigated the pain of the anticipated loss.

Jill: *Ed and Maureen came in with their daughter, and my mom and dad were there, and my sister, and I was giving him kisses and holding him, and got*

him all bundled up and put him in the car seat, and my sister kissed him good-bye. . . . There were just some hugs and kisses. We hugged them. We all cried; they were crying, and I was crying. . . . It was hard; it was hardest for me; it wasn't as hard for my family because they knew it wasn't good-bye, but we all knew that we would see him again, we knew within three weeks later we were in [name of city]. I was saying good-bye, but it wasn't final like if I were giving him up, and wasn't going to see him again, you know like they still sometimes do adoption; I wouldn't have been able to go through it.

Kaitlyn's story of the day of relinquishment is in contrast to those stories of the other birthmothers in the study, because of its strong undercurrent of disconnectedness. Kaitlyn wanted no contact with the adopting parents on that day, and the chance meeting in the lobby of the hospital was awkward and unpleasant for her. Kaitlyn's birthing experience had been very difficult both physically and emotionally. Her pain coupled with her resentment with regard to the adoption and the way it unfolded likely interfered with her capacity to engage in a formal acknowledgement of the transfer. In retrospect, she was not opposed to an entrustment ceremony, but she knew it was not something she would have been able to handle emotionally at that time of her relinquishment.

Kaitlyn: I do think it [an entrustment ceremony] is a good idea; it's interesting. I wouldn't say, "Oh you're crazy to do that," or "That's dumb," or "That's stupid." I'd probably say, "Oh, that's a good idea," and it is now that I think about it. . . . But for me, at the time, I wouldn't have liked that. . . . I would have probably been even worse then. . . . I needed to be alone. If you want to have the whole family kind of celebrate, go ahead. That sounds great, but I couldn't take that; I didn't want to take that.

Where are the Fathers? With the exception of Chad, Taylor's boyfriend, the birthfathers were noticeably unsupportive and/or absent throughout the pregnancy, the decision-making process and the relinquishment. Jeremy, Jill's ex-boyfriend, continually challenged Jill's decisions in an aggressive and controlling manner, causing her to censure his involvement in the adoption proceedings.

Jill: He told me he was going to fight me for the baby. Why would I want someone like that helping me make the choice of where I'm gonna put my child? "Forget it, stay out of the whole thing. You have nothing to do with this." I told him that throughout. "This is mine, all mine, not yours." . . . If I would have given him any choice I think he really would have tried to

manipulate me into changing my mind, so I couldn't give him any leeway at all. I had to cut him off from the whole thing completely. That's the kind of person he was, you give him a foot, he'll take a mile. If I let him have any input he probably wouldn't have even let me make a choice; he would have cut down every single family that I tried to pick and tried to make me think that there was nobody suitable. That's how manipulative he is. He would have manipulated the situation to try to make me give up on the whole thing altogether.

Heather and Kaitlyn both had concerns about the potential negative influence of the birthfathers on their children. Heather was also somewhat annoyed that the birthfather was able to so easily abdicate his responsibilities to Jason.

Heather: He didn't play any role [in the adoption]. [The adoption agency] sent out the papers for his medical information. I didn't think he'd fill them out, but he did. . . . He was into drugs and stuff, and alcohol, I didn't want Jason, and Curt and Jean to see what he really was like. I tell Curt and Jean what he was like. And Curt and Jean are like, "I'm glad that he's not in the picture that he hasn't seen him." But in a way I'd like him to, because it's his responsibility. . . . I didn't do this alone, like I just want him to see him, at least once in his life.

It seems that Fred, the birthfather of Sheila's baby, Stephen, has also managed to continue his life in what appears to be a denial of his birthfather role. Fred's family does recognize and value their connectedness to Stephen, but they seemed indifferent to Fred's denial of his birthfather status.

Sheila: Fred denied it, He denied, denied, denied it. There were never any blood tests taken. But he's [Stephen is] the spittin image of Fred, and his mom, Helen, says, "He could be Fred all over again," because he's looks so, so similar. He denied it like right away when I phoned him and told him what was happening and that I was placing Stephen, because I, of course, needed to have his consent, and he just did it, and then washed his hands of it. . . . He has nothing to do with Stephen, but his mom and dad, his sister and her husband and kids, and his brother and his wife and kids all do, so when Stephen comes down, we all live in the same town, so we go and visit Helen and Lee, and when there are school pictures, Helen and Lee get a picture. They're not as involved as I am or my family is; it's a little difficult because Fred doesn't want to accept it, and do anything or have anything to do with him. Fred is the birthfather, but he's married now and has three kids of his own and his wife is very against it, she doesn't speak to me or look at me, and we live in the same town, so it's a little tense at times but Stephen knows that his birth family on his dad's side is willing to see me and do things with me, but he just says my

birthfather doesn't want to have anything to do with me, and he has accepted that.

Implications. Birthmothers and adoptive parents face the challenging tasks of naming the infant, and transferring the mothering responsibility from the birthmother to the adoptive mother shortly after the birth of the child. The birthmothers and adoptive parents in this study handled these tasks in a variety of ways. This is the time when the paradoxes inherent in adoption come to the fore. The naming process typically recognizes the connectedness of the birthmother to the child, and, implicit in this recognition in a planned open adoption, is the commitment that the connection will be maintained, yet this is also the time of the actual transference of the infant from birthmother to adoptive mother, a time when the disconnectedness inherent in an adoption becomes a palpable, physical reality for the birthmother. Without exception, the recognition and promise of an ongoing relationship which had been symbolically acknowledged in the naming process mitigated the pain of the loss associated with the relinquishment.

Adoption social workers provided some assistance in the planning of the naming process and the relinquishment. Given the vulnerability of all members of the adoption circle this involvement is warranted and could perhaps be enhanced. Entrustment ceremonies have become a way of thoughtfully adding ritual and ceremony to this important time, but only one of the five women in the study had heard of such a ceremony. Entrustment ceremonies may be a way of making explicit what was implicitly assumed in the joint naming of the infant. In light of the research which cites the value of using ritual to mark the losses associated with adoption (Brodzinski, 1990), perhaps greater effort could be made to inform pregnant adolescents of the value of entrustment ceremonies. Pregnant adolescents could be invited to consider developing such a ceremony, yet individual differences must be respected. As Kaitlyn so eloquently reminds the reader, not everyone will be ready for such a ceremony.

Only one of the five birthfathers was a full and supportive participant in the open adoption proceedings. An earlier theme had demonstrated that birthmothers may be in a state of denial for varying lengths of time in their pregnancy. While little is known about the birthfathers in this study, it appears that some birthfathers also enter a state of denial

which may be indefinite in nature, and which may allow them to more easily abdicate their responsibilities to the child. An examination of this phenomenon was not part of the mandate and scope of this study, but future research to further explore the experiences of birthfathers in open adoption may shed light on this important dynamic.

Experiencing the Grief - Mourning the Loss

Wolfelt (2003) distinguishes “grief” from “mourning”, a distinction that is helpful when considering the relinquishment experiences of the birthmothers in this study. Wolfelt defined grief as the internal thoughts and feelings associated with the loss whereas mourning is the outward expression of those thoughts and feelings. According to Wolfelt, an individual needs to actively mourn a loss in order to heal and move on to love and live fully again.

Worden (2002) identifies a number of feeling states which are indicative of normal grief reactions. They include sadness, anger, guilt, anxiety, loneliness, fatigue, helplessness, shock, yearning, emancipation, relief, and numbness. All of the birthmothers in this study experienced a profound loss, and the grief associated with this loss was marked by the wide variety of thoughts and feelings identified by Worden (2002). In spite of the fact that their grief was frequently not acknowledged, birthmothers found a variety of ways to mourn their loss. This theme explores the relinquishing birthmother’s experiences of loss. Exemplars portraying their grieving and mourning experiences are presented.

Sheila identified feelings of shock and relief as part of her grief experience. A dissociative tendency protected Sheila from fully identifying and expressing the deep feelings of the sadness associated with the relinquishment. The hormonal changes associated with childbirth amplified the chaotic nature of her feelings of grief. The loss of Julie a decade later reawakened the feelings of sadness, and Sheila was able to connect with these feelings and express them as she grieved and openly mourned the loss of Julie.

Sheila: It was grieving because you had just given away something very precious, but you were happy, just seeing this house, seeing his room, seeing where Stephen was growing up; it was just relief, tears of relief. It was just everything . . . And hormones, especially for me, they were just raging at the time. . . . I grieved to a point [with Stephen], not like what I went through with Julie, because I was ready to become a parent, and I wasn't

ready to become a parent with Stephen, so that made a huge difference. And maybe my dissociation, and withdrawing a little bit, whatever, it was just all grieving to a point. We had our good cry in the car after we gave up Stephen, and that was it, I didn't cry ever again. . . . [When the adoption plan was cancelled and Julie was returned to her birthmother] It was just . . . like . . . another child being taken from me, to a point . . . I had no control with the Julie, which I did with Stephen, I mean that was my choice . . . it just kind of brought it back, bang, it was there again. Holy cow, that feeling in your chest, "Oh my God, I felt this way before." It just kind of brought that back to a point . . . different though. It's kind of that feeling . . . "I've felt this before." And that's how I felt.

Heather also experienced shock and relief as part of her grief experience. Heather had been anticipating the relief associated with the placement, but was somewhat surprised by the intensity of the feelings of sadness, anxiety, loneliness, yearning, helplessness, and numbness that she also experienced.

Heather: I felt I was relieved that it was done, the labor part. But I had this feeling that I wouldn't get to see him everyday after he was gone. That . . . really hit me. "Oh my God, I'm not gonna be able to hold him once he's gone," you know, but then I thought, "Well that's something that goes along with placing your child for adoption." I knew that from the very start. I didn't know why it was upsetting me then. . . . They drove me home from the hospital; I stood by my door and watched them leave in the car and wondered if I'd ever see Jason again. And I thought, "Oh my God, what if I never get to see him again". And I saw them drive away, and tears just flowed. . . . The feeling of wanting to hold him in my arms and he is not there. I had to deal with that.

Heather chose to do her mourning work in the seclusion of her bedroom. She did not have a support system other than that provided by Shirley and Clifford and they were preoccupied with caring for their own newborn at that time. Heather believed that she would not be able to draw support from her mother, and she had no faith in counselling services based on a previous unsatisfactory experience with family counselling. Her ability to work through her grief in this set of circumstances speaks to her resilience. She intuitively found solace by articulating the reasons for her decision in the privacy of her room. She did not anticipate that others would be supportive, and the isolation protected her from the unhelpful comments of others. The conversations she had with herself in that week were similar to a journaling process, and those conversations later became public when she located a safe environment in which to explore and articulate them. This

occurred when she began attending Valleyview School and began participating in some of the school programs. As she gained confidence in articulating her experiences to others, she became willing to share her story publicly through the Peers Educating Peers Project of the Terra Association.

Heather: Well the first few days after he left, I cried. I needed my time to think, to make sense of what's going on in my head. . . . I was talking to myself, and figuring things out . . . I thought about what a good choice this was, and how this was best for me, and I thought if anybody else doesn't like it, then it's not going to bother me. . . . I knew it was going to be hard, and I thought to myself, "It's gonna be hard, and it will be tough, and I have to be strong; like if I'm not being strong, everybody around me will be like, "What's wrong, what's wrong?" I did have my emotional outbursts, I was very emotional, but that's fine, because I felt that I was doing the right thing, and I knew I was doing the right thing. I was just getting my emotions together. . . . I didn't have a lot of time, before and after, and so I was thinking you know, what happened, reflection, and what I'm gonna do in the future. . . . I did it on my own. I didn't want anyone to come and bother me and ask me questions, like, "Are you alright, or do you need help?" I just wanted to be alone, and have my time to myself and think. And that's what I did. And everyone respected it and they stayed away, and if I asked them for something, then they would help.

Kaitlyn's grief experience was marked by a host of chaotic feelings, the most dominant of which was anger. Like Heather, she chose to isolate herself for the first while in an attempt to manage her intense feelings. She simply could not tolerate people who would offer simplistic platitudes to try and calm her anger and grief. She chose to share her feelings with one close friend, but in the process, she subjected him to a great deal of verbal abuse. In spite of this, he provided the listening ear that she required. Kaitlyn also found a place to mourn in the adoption agency's birthmother's support group, a group from which she drew extensive support.

Kaitlyn: I think probably everything rushed through my mind at one point, like a little bit of happiness for them, a little bit of relief, regret, a little bit of everything. It wasn't one thing of any kind . . . it's hard to explain. You don't really know. You can't really tell. You can't think of what you were feeling. . . . I wanted to deal with it; I didn't want anybody to talk to me. I didn't want anybody to say, "Hi, how are you?" People ask questions in good intent, but you always take it the wrong way. You know that they are not trying to be mean or nasty or hurt you, but it comes across as mean and nasty or hurtful when you hear it. But then you think after, "Oh they weren't trying to mean to me, they were trying to be nice, trying

to show they care," and they do care. It's just that you think at the time, "Well fuck off, leave me alone. You don't know, and you don't care, and if you really did care you wouldn't do this." . . . I just locked myself up in my room. . . . I'm thinking I'm just gonna be sitting there, moping, doing nothing, but just let me do that. I didn't go out, I didn't really talk to very many people. And I think, having people come around me saying, "Oh, it's OK, don't be angry, don't be sad, don't be this." "Well don't tell me what to be or not be," and that's what happened. People would say, "Well it's OK." and I'd say, "No it's not OK, how would you know it's OK?" It was something I didn't want from other people. And I knew I would just lose patience, and my frustration would definitely wear onto them. So I wasn't into a big party or lots of friends or trying to go out and party to forget about it. I couldn't do that. It was more like I could sit and read a book, or I would sit and just stare at the wall and watch TV. That made it a lot easier for me. I think it helped. . . . During my 10 days, I'd call my best friend. . . . It's just a time when you're down right rude, like you're obviously upset, angry and bitter, just everything all over again. . . . He just listened when I was yelling at him, I was practically screaming, like swearing, screaming, calling names, just like totally flying off the handle, like the hormones, and the pressure. I was just a basket case. He definitely understood. . . . When he got so that he wouldn't say, "I know what you mean," it was like I flew through the rest of those 10 days, and then the next 10 weeks.

Taylor also suffered an acute grief reaction just after relinquishment when she was overwhelmed with feelings of anger, sadness, loneliness and jealousy. Taylor's anger was directed at herself, her mother and Chad, the birthfather.

Taylor: [I was angry] with myself because I let myself get into this situation, and Chad because he didn't come up with a solution to our problems, and just angry at the world I think, having this "poor me mentality". . . . She [Taylor's mother] didn't say, "You can live here, and I'll help you financially," even though that's not really what I wanted, but it seemed like a solution to make things better.

She worked through the feelings of anger, jealousy, sadness and loneliness by obtaining counselling through the adoption agency and by attending the birthmother's support group. She utilized some specific strategies that proved to be helpful in the process of mourning her loss.

Taylor: I talked to my mom a bit, and to Chad, and I did a little bit of journaling, and I phoned Joe and Shelly a couple of times, just to see how things were, and they phoned me a couple of times, and Barbara phoned a few times. . . . The minute I would hear Shelly's voice, I would just start crying. . . . I think he [Chad] just wished that he could make it better; I know that he was feeling a lot of sadness, but he didn't show it; and I think he thought

he had to be the strong one. . . . I wrote that [a letter to James], and I kept a copy and I gave a copy in a sealed envelope to Joe and Shelly. I wanted them just to keep it for him to read. [The letter said] just how much we loved him, we love him, the decision process, and our hopes for the future. . . . It sort of helped in getting my feelings out.

Taylor and Jill also reported that they anticipate the phenomenon of ongoing losses, losses which are experienced as the child matures and moves through various developmental stages. Ongoing losses can give a visit a bittersweet quality. While it is wonderful to see the developmental changes, they are also a reminder of what has been lost.

Taylor: It was painful seeing the things that I missed; I still struggle with that a bit. . . . I mean, the last time we went, he's potty trained. It's tough to see the things that you missed, but it's good to see them, you know so it's sort of a struggle. . . . I think with each milestone, it is a loss I think again, as much as it is a happy time.

Jill: I'm sure when he starts kindergarten, [when I] see school pictures, that'll have a different effect on me. If he starts playing baseball or when he graduates, those kind of milestones will be tough.

The fact that Jill did not experience an intense emotional reaction with her grieving process may be related to the fact that she engaged in anticipatory grieving during the time of her pregnancy. She also experienced much family support throughout the pregnancy, and she accomplished some of her mourning while planning the relinquishment process in the hospital. Her family had developed a video of their time with Michael in the hospital, and she periodically viewed the video in the early weeks of the relinquishment. This enabled her to cry and express her feelings of grief. She had clearly worked out in her mind that the relinquishment was the best thing to do for both herself and Michael, and she coped by reminding herself of that fact.

Jill: For the first couple of days, I was pretty sad. . . . For the first couple of weeks I'd watch that [the video they made of Michael] and then cry, but then after that I was fine. I knew he was safe and healthy and happy, and I was better off. It was the best thing for everyone, so as long as I kept that in mind, I didn't have any regrets.

Implications. All of the birthmothers experienced grief and they mourned their losses in some way. Some of the five birthmothers in this study reported an acute grief

reaction just after the relinquishment. Sheila reported a dissociative state may have temporarily lessened her feelings of grief. The way the birthmothers approached their mourning work was dependent on a number of contextual factors including their support systems and the circumstances surrounding their pregnancy and relinquishment.

Brodzinsky (1990) suggested that birthmothers are assisted in their grieving when the following are present: a sense of personal safety; the freedom to express one's full range of feelings; expressions of empathy and support from loved ones; rituals for marking the loss; and a period of reorganization where roles are clarified and understood. Each of the women did find a safe place to express their feelings as recommended by Brodzinsky (1990), but only Jill experienced all of the recommended conditions and her grief experience appeared to be the least traumatic. When conditions were less than optimal, the birthmothers exhibited resiliency and found a way to mourn, even if that entailed engaging in self-talk in isolation as was the case for Heather. Sheila's dissociative tendencies allowed her to avoid some of the mourning work for a significant period of time, and she was somewhat surprised to see her old grief feelings triggered when years later she needed to mourn the loss of the child she had hoped to adopt. Some helpful ways of mourning used by the women in this study included crying, talking to others about their feelings of grief, journaling, watching a video of the baby, writing a letter to the baby, attending counselling, and attending a birthmothers' support group.

While the resiliency of the women in this sample is to be celebrated, it would not be prudent to simply assume that all women will be resilient and find their own way to mourn. When a loss is not fully mourned, there is a risk of complicated bereavement which is commonly associated with mental health problems such as anxiety and depression (Worden, 2002). Adoption practitioners and counselors might examine more closely the ways to facilitate healthy grief resolution in this understudied population. The findings of this study serve as a beginning to this endeavor.

Some of the birthmothers in this study stated that they did not appreciate the comments of adults or peers, comments which were well intentioned but which offered unhelpful and patronizing platitudes about the loss. These young women typically withdrew into an isolated state in order to avoid unhelpful comments. The findings suggest that friends and family members can support the grieving birthmother by

listening empathically, but they should not attempt to take the grief away. The listener should encourage verbalization but resist the temptation to attempt to “fix” or take control of the grieving process (Worden, 2002).

Consistent with Eriksonian developmental theory, the birthmothers in this study all demonstrated the capacity for abstract thinking as they considered their circumstances. They were able to conceptualize the complexity of their loss and likely would have benefited from grief education prior to experiencing such a difficult loss. Proactive and developmentally appropriate health education pertaining to grief issues would help to prepare young men and women for dealing with the challenges of the grieving and mourning.

The Relational Nature of Open Adoption: Opportunities for Healing

The birthmothers in this study generally reported an experience of healing as they developed a positive relationship with the adoptive parents. Consistent with the reports of previous research (Christian et al., 1997; Curtis, 1986), the relational ties established by the birthmother with both the adoptive parents and the child offered the birthmother reassurances that the child was safe and well. These relational ties freed the birthmother from experiencing an ongoing anxious preoccupation with regard to the whereabouts of the child. The relationship between birthmother and each adoptive parent was unique, and variances were noted with regard to the levels of trust and intimacy established, all of which influenced the level of healing experienced by the birthmother. For some birthmothers the healing process began very early on when they met the prospective adoptive parents and were able to anticipate the loving relationship that they believed this couple would develop with their child. For other birthmothers, who experienced conflicted or strained relationships with the adoptive parents, the healing process was somewhat delayed as relational issues were addressed.

Sheila was appreciative of the fact that Barry and Val took the initiative to ensure yearly visits at a time when Sheila was not particularly attentive to the relationship. With each visit, Sheila found growing confirmation in her decision to place Stephen, and in retrospect, she viewed the developing relationship as an integral part of her healing process. Sheila credits Barry and Val with demonstrating persistence in establishing and

continuing the contact. When Sheila was ready to marry, she chose to fully embrace her relationship with Barry and Val and Stephen as that of extended family.

Sheila: The more I saw him, the more I knew my decision was right. That's what I think is so cool about open adoption; because it just solidifies your decision; you know you did right by making your decision. . . . Barry and Val were very good. Once a year, wherever I moved, cause I've moved 11 times . . . they always came once a year to see me. . . . It was once a year until Stephen was about five or six years, and then it kind of started, when I got married, for sure . . . because I wanted every piece of family that I have around me and with me, Especially when I got married, that was when it really started coming together.

The relationship has evolved into a very close and intimate extended family type of relationship, and Sheila now enjoys a special friendship with Val.

Sheila: Val and I can phone each other and bitch about our husbands which is so cool, We've got this amazing friendship happening now. . . . Even now, I consider, we consider them part of our family. Actually last year they came and had Christmas with us. . . . They are so part of us.

Upon meeting Curt and Jean, Heather made a very quick and intuitive assessment of them as very caring and trustworthy people. Her relationship with them blossomed into an open, caring, and trusting relationship in the 10 days that she spent with them while Jason was in the hospital. The relationship was very positive right from the start, and in hindsight, Heather regretted not allowing herself access to a relationship with them prior to the birth. She felt she had limited herself and Curt and Jean by not involving them in the pregnancy experience.

Heather: I was still sleeping, but they came in, and, I looked at them, and I thought, "Yah, this is them." I knew from the very first time I saw them, because they cared so much about Jacqueline. And they treated her so well, and they came in and treated me like I was their own. . . . They were all smiles when they came in; they couldn't stop smiling at all. . . . They were caring. They cared for Jacqueline and Jason so well. And they cared for me. . . . I just bonded with them so well. I thought that I knew them all my life. I'm glad he was in there for a while, the first 10 days, because if he wasn't, I wouldn't have been able to talk to Curt and Jean like I had been able to, and I got to know them real well. We found out we believed in the same things, Jean and I. If she were younger, like my age, we would be best friends; that's what I felt. . . . I think I should have told somebody sooner. And I would have enjoyed it so much more. And Curt and Jean would have been able to see me through my pregnancy.

Jill also felt an instantaneous appreciation for Ed and Maureen when she first met them. Unlike Heather, she did have the opportunity to get to know them prior to the birth, and these meetings set the stage for a cooperative and respectful relationship which confirmed her positive first impressions.

Jill: When they came to meet we had discussions about things such as circumcision. Maureen's a maternity nurse, and she didn't really want Michael to be circumcised, and that's fine, but I said, "I would like him to be baptized." This was before we even decided that they would be the family; we were just getting things out in the open. "I want him to be baptized, placed in the faith," and they said, "Yup we could do that." And they decided to baptize Nicole with him, even though she was three. . . . There was never any contract; it was all kind of the honor system. They said, "Phone any time. You can come visit any time."

Jill purposely tried to build the relationship with Ed and Maureen during the hospital stay. She had a strong desire for Ed and Maureen to bond with Michael right from the moment of his birth, and so she invited Maureen to be present at birth to cut the umbilical cord. .

Jill: Right before I was supposed to have him, Maureen came in and coached me through those last few pushes, and cut the cord. And I held him, and she held him, and I wanted to make it as much her experience as I possibly could. . . . I didn't have the attitude that it was my baby and my delivery; I had the attitude that this is gonna be your baby, and I wanted them to be as much a part of it as possible, so that's why I asked her to be in the delivery room because I wanted to make this as much her experience as I could. They kept trying to stay away, and they said they wanted to give me some time alone with him, and I said, "It's OK; he's your son too, and I want you to be able to see him when he's a day old and also see when he's two days old and also to hold him; I don't want you not to see him for the first four days of his life, and then take him; he's yours." . . . I just really wanted them to be a part of his life, right from the very beginning.

Jill has always felt accepted and welcomed by Ed and Maureen and their extended families. There has been healing as well as life enrichment for Jill through these relationships.

Jill: Mine [open adoption] is an excellent one where I can just drop in. . . . They make me part of the family, they don't exclude me. . . . They email me and tell me they would love to see me. It's not just about Michael, they want me to come. They want to see me, and, they don't just make me part of their life because of him. They treat me like they care about me as

much as he'll hopefully care about me. . . . They're amazing to me, they almost treat me like a daughter really. . . . I know all of Ed and Maureen's family, like I go there, and they know who I am and they see me.

For Heather, the relationship has continued to be a very healing one.

Whenever she sees Jason, she feels confirmed and reassured in her decision to place him.

Heather: I feel great. It's good to see him; I know my decision was right. To see him with Curt and Jean, in a loving family.

Heather has bonded very closely to Curt and Jean. She obviously felt enriched by the gift of this caring relationship which has been a source of healing for her.

Heather: They're like my mom and dad, no, . . . It's more like an auntie, auntie and uncle thing. But I feel like I'm best friends, more or less.

Jill appreciated the fact that her family has been able to develop a relationship with Ed and Maureen and Michael; in particular, her mother has been able to maintain considerable contact because her work schedule often brings her to Edmonton. Jill is pleased that her mother has been invited to accept the role of a grandmother to Michael.

Jill: She [Maureen] emails me, once every few months. We don't talk on a regular basis. My mom actually sees him more than I do. Anytime she goes up to [name of city], she'll stop in. . . . They [Jill's family] go up on their own, and Michael calls my mom, Grandma. Maureen invited my mom to be called Grandma by Michael. So it makes me happy knowing that my parents still have their grandchild, my sister still has her nephew, He's still part of the family, just because I had to make that sacrifice, they didn't. They still have what I lost. It makes me feel better.

Kathryn, who was very traumatized by the birth and relinquishment experience, experienced considerable healing through the building of a relationship with the adoptive family.

Kathryn: I wanted to see him at least once a month. And have some kind of visit. Not just like walk by each other in the mall, and say, "Hey, what's up?" Like an actual, sit down, and see what's new, what's going on, whatever. That was OK, we did that. It wasn't a real actual agreement, like you'll see him this day, this day, and this day. It wasn't really like that. It was kind of more like along the lines of, "OK, how about you call us when you need to, and we'll call you every once in a while too." That worked out just great. . . . It was really good. We just sat around and talked, not just about Joshua, but about everything. . . . "So, how are you doing?" "Oh we went shopping," or "We started swimming lessons," or "Jeremy had a hockey game, and he won or they won. We went to provincials," or

whatever it was. It wasn't just around Joshua, which was OK, cause I'd like to know the people who he'd be living with for the rest of his life . . .

All of the birthmothers in the study demonstrated a high level of empathy for the adoptive families, a capacity that is foundational to a relational orientation (Gilligan, 1982). For example, Kathryn and Jill both expressed an empathic understanding for the adoptive mother with regard to the anxiety that the adoptive mother must be feeling during the 10 day revocation period.

Jill: I was gonna phone her that day [the tenth day after relinquishment] just for reassurance, but I thought if she answers the phone and hears my voice, she's gonna be so worried, so on the eleventh day I phoned.

Kathryn: And I'm thinking, "Why [should I call them]? . . . Call her up and make her wonder, and have her on pins and needles even more, cause . . . Oh, better believe it, they are on pins and needles. Like one phone call and somebody could be at their door to take their child that they are already getting to know, getting to love. [The child] could be gone in a matter of an hour. I'm thinking like, why put them on pins and needles even more, like that's not fair to anyone. It's not fair to me; and it's not fair to them. . . I know what they're feeling.

There were also reports of adoptive mothers demonstrating empathic concern for the birthmothers and this reciprocal empathy enhanced the relationships.

Jill: They send us letters often saying, "Thank-you for giving us this child, for blessing our lives." I get cards like that for Mother's Day and for Christmas, even when she emails me her letter, you know, just casual talk. And then she always asks if I'm OK. "How was Michael's birthday for you?" She's very selfless; it's not all about their family; she thinks about me even more than I think about it myself; she'll ask me, "How are you doing?" on Michael's birthday. "Are you OK?" and "Yah, I'm fine".

Taylor experienced what she perceived to be a lack of empathy on the part of Shelly which has compromised their relationship. Taylor felt unacknowledged as a birthmother when Shelly did not take an interest in how she was dealing with her grief, and when Shelly did not acknowledge that certain days such as Mother's Day and Christmas were days that might be particularly difficult for her. Some slight improvements have been noted in this regard recently, and Taylor is hopeful that this aspect of their relationship will improve.

Taylor: Mother's Day, and I was feeling sort of really sad. I mean they have a Birthmother's Day, the day before Mother's Day, and so I went to that, and Joe and Shelly were supposed to come with me in the afternoon, and then they never did, and so I was feeling quite hurt and sort of unrecognized. I had given Shelly a Mother's Day present, and didn't get a happy Mother's Day, and so I was feeling unrecognized. . . . I mean even Shelly just saying, "Happy Mother's Day," or a card, or "We're thinking of you," or maybe a recognizing that that day might be hard for me . . . We visited them just before Christmas. We had went down for an evening, and gave the kids their Christmas presents, and again, we weren't really recognized by them, which was sort of, it was hurtful. And Shelly had said to me, "We don't really do that with Leslie anyways. So we're not going to do it with you as well, for Christmas, buying gifts anyways, we're not going to buy you a gift," and it's not about the gift. Now they send Christmas cards, and they actually sent me a little gift this year. You know that was nice.

It has already been noted that some of the difficulties in the relationship between Taylor and Joe and Shelly were rooted in the way the relinquishment was planned. Taylor did not fully attend to her own needs in the relinquishment process. For example, she did not allow herself sufficient time to bond with her baby in the hospital. As a result, she felt a compulsive need to see the baby after the relinquishment, and so she visited too frequently the first three months. In spite of these difficulties, many instances of healing were noted. Taylor, Joe and Shelly worked through the conflict about visiting schedules, and Taylor accommodated to a more acceptable visiting schedule. She reported a sense of peace at being able to witness James' development in a happy secure home during the first year.

Taylor: Every visit, he was doing something new. So that was nice to see, and it really gave me peace seeing them as a family and how much, I mean I love James, and how much they all loved him, and how well he was doing, so I felt a sort of a sense of peace, that I had done the right thing.

Thus, in spite of the initial difficulties, Taylor has hopes and dreams for this relationship. While she has continued to experience some ambivalence about her decision to place James, she does feel she made the right decision, and she hopes that eventually the relationship with Joe and Shelly will achieve a higher level of intimacy than is currently in place.

Taylor: I still think it was the right one [decision] although I wish we would have done a few things differently. And I still sort of struggle because I don't

have the relationship with Shelly that I want. I really want to be friends with her, but she's content with how the relationship is, me being the birthmother, and her being the mother, but I hope, I mean James is only three, and I hope that as time goes on that that will sort of grow into a friendship. . . . Before when I was pregnant, Shelly and I would do things together, so we would get to know each other, and I guess I still wish it would be like that, or that Shelly would phone up and say, "The kids are having this sort of thing, do you want to come?" . . . I know she is interested in me outside of the adoption, but that she would show a bit more interest in it.

Implications. According to Gilligan (1982) a woman's identity is shaped by a relational orientation. Her concept of morality is based on an ethic of care and connection as opposed to an ethic of justice. The findings associated with this theme support Gilligan's notion of the importance of a relational orientation in women. Clearly when birthmothers established an empathic connection with the adoptive mother based on a belief that both the birthmother and the child would be lovingly respected and cared for, the healing of the loss associated with the relinquishment was most evident. Thus, consistent with Gilligan's theory, it is the relational quality of open adoption relationship that defines it as a healing relationship.

The challenge inherent in this finding is that while a relational orientation appears to be an important foundation to a successful open adoption, a relationship takes time to develop and there are many contextual factors that may hinder its development. Some birthmothers such as Jill and Heather were more predisposed to immediately embracing the relational potential of the open adoption relationship. A variety of factors such as personality and simple logistics such as the opportunity to spend time to get to know each other may have been factors in their readiness to become relationally connected. Other birthmothers such as Sheila were more reserved or perhaps too dissociated to connect beyond an acquaintance level, and it required initiative and commitment on the part of the adoptive parents to foster and pursue a more significant relationship. The time and commitment that was invested in maintaining the relationship when the birthmother was less than attentive to it, eventually resulted in a more committed and connected open adoption relationship which has benefited all of the members of the adoptive circle.

The findings also suggest that it may be difficult to predict the trajectory of the birthmother/adoptive parent relationship. Kaitlyn was initially quite resistant to any kind

of contact with the adoptive parents as was evident on the day of relinquishment when she did not even want to see them, but she became interested in engaging in a relationship when she witnessed the connectedness between April, Mike, Jeremy and Joshua. She later sought out that connectedness for herself and valued it, thereby enriching her own capacity to be relational. Taylor's relationship with the adoptive parents can also be understood from a relational perspective. An awareness of the issues which contributed to a lack of connectedness between the participants in this open adoption, and an effort to work through and resolve those issues suggests promise for enhanced relationality and intimacy amongst the participants in this open adoption.

Gross (1997) described three categories of parents involved in open adoption. She termed them rejecters, acceptors, and embracers, terms which seem to more clearly illustrate the nuances of relationships between adoptive parents and birthmothers in open adoption. Clearly embracers, who come to know the birthmother and value and enjoy her as a person, offer a relationally-based open adoption opportunity. Given the complexity of the process of open adoption, and given the fact that birthmothers and adoptive parents bring their own personal histories into this highly fragile relationship, counselling support of all members of the adoption circle is recommended.

Acceptance of the Loss: Reorganizing Relationships

The birthmothers in this study invariably accepted their loss of the mothering role, and moved into reorganized relationships which recognized them as a birthmother of an adopted child. This acceptance of the loss and the reorganization of relationships are a necessary part of the grieving process (Bowlby, 1980; Brodzinsky, 1990; Millen & Roll, 1985; Watson, 1986). The formation of new relationships which acknowledge an acceptance of a previous loss is an indicator of a successful healing process (Brodzinsky, 1990; Watson, 1986; Worden, 2002). This theme introduces exemplars which point to the reorganization or reframing of relationships in the life of the birthmother. More specifically, the exemplars demonstrate that the birthmothers have let go of the mothering role and have accepted the birthmother role.

Sheila eventually married and adopted a child of her own. Within the context of these new relationships, Sheila and Corey and Barry and Val came to consider each other

as extended family. Barry and Val eventually invited Sheila and Corey to be named guardians of Stephen and Kristin in the event that Barry and Val would no longer be able to parent them. . Sheila expressed pleasure and pride in this new way of being connected to Stephen.

Sheila: You get more comfortable because you get to know them better. We stay there every time we go to Edmonton. . . . It's cool. It's almost to me like they are my aunt and uncle, you know to a point, and Stephen and Kristin are my cousins, in a way, cause there is that kind of family bond. Extended family. They're just part of us now. Stephen was our ring bearer for our wedding. . . . Corey and I are guardians to Stephen and Kristin. So if something would happen to Barry and Val, we would be guardians to Kristin and Stephen. . . . Amazing, just amazing. How many people can say you're the guardian to your own child?

As time has progressed, and as Sheila herself became an adoptive mother, she has endeavored to teach others about the complexity of roles and relationships associated with open adoption. She has assisted Stephen in explaining his atypical collection of familial relationships to his peers.

Sheila: I've gone to his school, I just went in November again, and Kristin, his sister, was adopted too. Her birthmom is Stacey, I haven't met Stacey yet. We're just in the process of meeting each other. I think it's so cool that we can meet each other. Kristin, all her classmates know that she is adopted, and Stephen's classmates do too that he is adopted, and so when Darrel and I show up, she says "Look here's my little cousin, this is Stephen's birthmother, and this is now her baby". And that's how Stephen explains it to his friends too. . . . Stephen has said that some of them think, "I live in a foster home, because I'm adopted," so there are still narrow-minded people I guess to a point, whose families don't talk about it, or ignorant people. But Stephen's good at explaining it. Stephen was about four when he really kind of understood what really had happened, but all through their life they are going to have to explain it, so you raise them to tell the story, and to tell it right, and to know that that's just fine.

Jill expressed clear acceptance of the reorganized relationships in her life. She was happy in her life as a single, young student and perceived Michael to be happy, safe and healthy in his adopted family.

Jill: I'm in my second year of nursing, and I'm happy. I'm young, and I'm enjoying it. And I don't have a child that I have to burden my parents with just so I can go out. And he's happy and safe, and healthy, and living the best life that I could have ever given for him.

Heather and Jill both made references to perceiving the adoptive couples as parent-like figures to them indicating their acceptance of a reorganization of their relationships due to the open adoption. They clearly esteemed the adoptive couples and appreciated the nurturance they themselves received from the adoptive parents. Furthermore, Jill perceived herself to be like an aunt to Michael, giving further evidence that she has accepted her loss as a relinquishing birthmother.

Jill: To me they are like a really close family friend. I wouldn't say aunt and uncle, because I'm closer with them than I am with my aunts and uncles; but they're almost like second parents to me because of their age. They are in their late 40's; they are close to my parent's age, and I kind of see them in that light, and I see Michael more like a nephew. They're just hard to explain . . . very very close . . .

Sheila, clearly articulated the reorganization of relationships that took place with the adoption.

Sheila: In my mind Stephen is their child, and they decide. I don't, I don't have a deciding factor. I'll be there if they need me or whatever. . . . Like with my nieces, I don't decide, of course; it has to go by Susan first, you know it's the same, kind of process.

In a similar vein, Heather explains the difference between being the birthmother and the parenting mother.

Heather: I gave birth to him yes, and I'm the birthmother, but I'm not raising him, and I knew that from day one. I'm not raising him so, he's not my baby. Sometimes it slips out that I say, "Oh, my baby's three," and then I have to explain it, explain open adoption, and what I did. He doesn't say mom to me, so why can I say, "my son." He's my birthson, if that makes a difference, but he's not mine.

Kaitlyn, who had experienced a great deal of trauma at the time of the relinquishment, demonstrated her acceptance of the loss and the reorganization of relationships in the following comments.

Kaitlyn: . . . the fact that I know that Joshua is fine and that there's absolutely nothing wrong with him and there's nothing wrong with them, and that he's healthy, he's fed, happy, he's got parents and a brother who love him, and don't just care about their friends and family. That they accept him, and accept me and my family, and the same goes back to them; it just makes me feel better.

Taylor has not experienced the same comfort level as the other birthmothers with the reorganization of relationships that is required in an open adoption. Early on in the relationship, she experienced some unsettling feelings of jealousy which were a challenge for her to resolve. Taylor has addressed these feelings at the birthmothers' support group, where all feelings were accepted and validated.

Taylor: I was very jealous of Joe and Shelly, that they could parent James, and that they were doing all the things that I wished I could be doing. . . . Well I tried not to show it; I really tried to hide it. And I think I did, but I don't know if that was the best thing, but . . . how would you say that to somebody? . . . It really took me by surprise.

Taylor also felt that both she and Shelly were still working out the boundaries of their connectedness to James, and until that is worked out, they will likely continue to experience some distance in their relationship.

Taylor: I used to think, and maybe I still do, that she struggles with her own sort of feelings of inadequacy, that she will never be what I am to James, but in the same time, I mean I feel that way about her sometimes. I mean, I will never be what she is to him, and that's part of adoption, that's part of the process, and I guess, for her it's just more comfortable this way for her, to keep a bit of a distance.

In spite of the challenges in their relationships, Joe and Shelly have wished Taylor and Chad well as they begin to plan for their upcoming marriage. Taylor and Chad hope to involve James and Karen in the ceremony. Thus while there are still some strains to the relationship, there are signs of an emergent acceptance of the losses associated with the reorganized relationships.

Taylor: They [Joe and Shelly] were really happy for us. . . . We'd like James to be our ring bearer, so we'll have to talk to them about that. And also involving Karen in it too, we'd like her to be involved too. We haven't talked to them about it yet, because we haven't made many plans.

Implications. Worden (2002) has identified four tasks inherent in mourning the death of a loved one. An application of his theory to the mourning work associated with infant relinquishment in open adoption suggests the following four tasks are required of birthmothers: an acceptance of the reality of the losses associated with the relinquishment; a resolution of the pain associated with the grief; an adjustment to an

environment where day-to-day contact with the relinquished child is not possible; and an ability to establish an appropriate level of involvement with the relinquished child, while moving on with one's life. Using this modification of Worden's typology, none of the birthmothers evidenced a pathological level of grieving. All were evidencing a resolution of their grief, although Taylor still experienced some ongoing struggles with her mourning work, particularly with the resolution of the pain associated with the grief.

These findings suggest that the birthmothers in this study are well on their way to healing from the losses associated with infant relinquishment through open adoption. These birthmothers have largely accepted the reorganization of relationships as is necessary in an open adoption. While an earlier theme noted that there may be ongoing losses associated with the open adoption, the experience of these ongoing losses fall within the realm of normal grief and should not be considered pathological (Worden, 2002).

Enduring Bonds: Forever Connected to the Child

While the birthmothers in this study let go of the parenting role both practically and psychologically, they clearly experienced an enduring bond to their birthchild. They spoke about this bond in different ways, but all recognized their relationship to their birthchild as unique and life-long. They grappled with the correct words to describe this special relationship and expressed varying comfort levels with a number of descriptors that might be chosen to name the relationship. Clearly there was no specific term that accurately describes the relatedness of the birthmother to her birthchild.

Kathryn: I still consider him my son, but as for being an actual mom, I don't think I am, cause that's what April is. She's not biologically and through blood his mother, but she is every other way. And the way that she's not, I feel that I am. . . . As for being an actual mother to him, it's only pretty much biologically . . . just a natural instinct type thing . . . I'd just say it was really good. . . . It wouldn't be like a brother and sister, and it wouldn't be like even an auntie to a nephew or really even like a mother to a son, or a grandmother to a grandson, or something like that, and I wouldn't consider it, as I would have a relationship with my cousin. It's something else. . . . You can't really explain it; there's not really anything to compare it to.

Jill reported her hopes and dreams for a meaningful and lifelong relationship with

Michael.

Jill: Friendship . . . If he's having problems at home, I'd like him to feel that he could come to me and talk to me and that I could help him. I'm not his mother, but I still love him as a son and I always want him to know that if he ever needs anything, I will be there for him. I want him to phone me when he's graduating, and say, "Are you guys going to come and be there?" and participate in that. Or meet his friends and for him to say that this is my birthmother, and to have that kind of close relationship with him. Definitely not taking away from his relationship with his own parents. But I know from experience that sometimes you can't talk to your own parents about things, and if he can't that he'd feel comfortable enough that he'd come to me.

Sheila spoke of the constancy of her relationship to Stephen, a relationship that has become more maternal over the years, but is clearly not a mother/son relationship. She likens the relationship to that of a special aunt, a comparison made by several other birthmothers as well. Over the years Sheila has developed many special relationships with the children she had come to love and care for in her capacity as a teacher's assistant, yet Stephen holds a special place as her top priority over all of her special children. She enjoys regular contact with Stephen, contact that is marked by much affection that has evolved naturally over the years.

Sheila: Stephen has been the constant through it all. He's always always been there and always will be; that's the one constant thing I have, have had in my life the last 13 years; no matter what else is happening there has always been Stephen. . . . I've gotten more maternal with Stephen. But more in an auntie sort of way, like I relate to my nieces. That's how I am with Stephen. . . He's top priority, he's number one with all my other kids, but I am such a kid person, I worked in the school for eight years, special needs, so I have a little girl, Angelica, who I worked with for six years, so I mean she was right there too, so that's just the way I am. . . Stephen and I always end our conversations, "I love you." "I love you too." . . . And when we're leaving or whatever, it's always a kiss and a hug goodbye.

Curt and Jean have given Heather a symbolic relational title that was very meaningful for Heather since it defines her as a caring loving person in Jason's life.

Heather: Curt and Jean started telling Jason and Jacqueline when they were first brought home, that their birthmoms are their guardian angels, so, and now he's three, he's able to establish that connection. So, it's awesome, it's great.

The physical resemblances between the birthmother and child were noted and enjoyed by the birthmothers; they served as a concrete reminder of the enduring bond that exists between the birthmother and the child.

Sheila: I'm birthmom, but he calls me Sheila, I'm not, "Hey birthmom," but Sheila. But we know the bond is there. Stephen and I have the same teeth, and the other day, we got talking about our teeth, and about how similar they are, and it's just so so cool to be able to do that.

Heather: I'm glad [Jason looks like my brother] because my brother means so much to me. So it makes me feel that, it's still within the family. . . . And now when I look at him, I see my brother. So I'm pleased. . .

Taylor's recent engagement to the birthfather of James has caused her to again reflect on her decision to relinquish. She anticipates that she will continue to reflect on the issue of what might have been as she moves on with her life and bears other children. She carries these thoughts in the secret places of her heart, and feels no compulsion to act on them in any way; they are simply there as part of her experience.

Taylor: We've never actually talked about it [whether they might have changed their decision to relinquish, had they known they would become engaged]. For me, us getting engaged over New Years was tough. I struggle a bit more with the adoption now, because I think, "Man, we're still together, you know, we could have done it". So I know for me that's been sort of an issue, coming to terms with . . . Most of the birthmoms I know, the birthfathers have left, and people look at me kind of funny when they ask about the father, and I say "Oh, we're still together." "Oh, and you still decided to place your child for adoption". It's been a struggle lately dealing with that. I mean I know I'll go through that when I have other children . . . I haven't really talked to anyone who is in a positive relationship, and often, the relationship was over before the birth.

Yet she feels confident in her very strong enduring bond with James. She hopes her relationship with James will flourish as James continues to grow and develop. Her delight in James is obvious and palpable.

Taylor: I know that I will always have a bond with him, that will just be ours, and so I really sort of treasure that, and I hope as he grows older, that he's interested in that, and that he's interested in continuing the relationship, and I'm just really proud of him.

Implications. This finding that the bond between birthmother and relinquished

child is considered enduring further confirms the importance of open adoption from the perspective of the birthmother. The birthmothers in this study clearly do not consider themselves to be a transitional person in the lives of the children they have borne. While the birthmother has recognized that she is unable to parent the child, she continues to feel a strong connection to the child, a connection she enjoys and wishes to maintain. This finding also confirms previous research which has determined that the relinquished child continues to be psychologically present in the life of relinquishing birthmother (Fravel, McRoy, & Grotevant, 2000).

The birthmothers in this study repeatedly stated that the bond they experienced with the child did not in any way threaten the mother/child relationship that had developed between the adoptive mother and the child. This assertion contradicts a popular societal belief which holds that an ongoing bond between the birthmother and relinquished child is problematic to the relationship between the adoptive mother and the adopted child (Hughes, 1995; Miall, 1998). While this study did not investigate the perspective of the adoptive mother, the generous and welcoming orientation of the adoptive mothers described by the birthmothers suggests that adoptive mothers were generally not unduly threatened by the birthmother's bond with the child. Cross-cultural research noting the normalcy of multiple attachments between caregivers and children gives further evidence to suggest that multiple attachments are not problematic (van IJzendoorn & Sagi, 1999).

An earlier thematic finding had indicated that birthmothers struggle with attachment issues during the time of the pregnancy. This current finding suggests that birthmothers do eventually bond firmly to their relinquished children in a unique way. They recognize the biological bond they have with the child, and they continue to feel a special love and concern for the child that does not jeopardize or challenge the child's attachment to the adoptive mother. In light of these findings, it may be helpful to address attachment issues in prenatal counselling with birthmothers. An understanding of how relinquishing birthmothers love and connect with their placed children may assist expectant adolescents who are planning to relinquish their child work through their own struggles with attachment issues.

The Messiness of Open Adoption

Taylor: . . . they've [friends who are not birthmothers] been very supportive, supportive as much as they can . . . but to really talk about the real stuff, you know all the messy stuff, I mean I don't expect them to be able to understand that. . . .

Open adoption relationships are typically not well understood. They are tenuous, uncharted relationships with few models to provide direction. As acknowledged by Taylor, open adoptions can also be “messy”. Along with the positives associated with open adoption, there are some challenges.

Establishing the level of contact that was satisfactory to both the adoptive parents and the birthmothers was an issue that was identified by a number of the birthmothers. At the time of the interviews, Heather lived farther away from Curt and Jean than was desirable in her view. In her conversations with the researcher, she seemed to vacillate in her opinion as to whether the regular phone contact of once every two weeks was sufficient, yet she also felt that her ability to improve contact at this point in time was limited because of the circumstances of her life.

Heather: I would really like to move closer to him . . . my boyfriend won't move. I wish I would have phone contact every day, but I mean that's impossible especially for me. I just want to be closer, be able to drive not four hours you know. And I feel bad for them too, having two kids, coming down to see me.

Jill lives a considerable distance from the adoptive family, and is busy with her life of school in one city and part time employment in her home town. Jill found that the adoptive parents had anticipated that she would visit more frequently and this has caused some awkwardness which she has addressed directly with them. At this point in time, Jill does not feel the need for frequent visits.

Jill: In the past year, I visited twice, Christmas and then again on his birthday. . . . I saw him on his birthday in February, and then in September she said, “You know we'd really like you to come back. We really want you to stay, we don't want you to think you can't come back and visit whenever; we'd love to see you,” and in a sense they kind of asked me to come back, and then I felt really guilty. I was like, “Oh, I must look like such a jerk, I don't even go to see him,” and then I said that to her, “I don't want you to think that I don't love him and don't want to see him; I don't need to all the time, I don't want you to think I'm a bad person for that, like I feel like a bad person,” and she said, “No, no, I completely understand.” So then

I went back at Christmas time to see him, didn't go see him on his birthday, but I'm gonna go back there this summer.

Taylor also reported some awkwardness in her relationship with the adoptive family around the issue of visiting particularly during the first few months of the open adoption. The relationship got off to a difficult start when Taylor and Joe and Shelly had different expectations as to how frequently Taylor should visit. Taylor later acknowledged that her need to visit weekly indicated that she was having a hard time letting go of James, but when Shelly spoke to her about the frequency of visits, Taylor felt very betrayed, angry and distressed. Managing such intense feelings was a challenge for Taylor who was feeling quite vulnerable at the time, and she chose to retreat to a safe place to deal with them. Taylor's reflections on the challenge of dealing with difficult feelings further indicate the messiness of open adoption. Her comments highlight the importance of the need for a place of safety to explore difficult and challenging feelings when one is feeling vulnerable and powerless.

Taylor: I just didn't feel safe doing so [talking to Joe and Shelly], and even now, like I don't know how, as much as I think maybe I should have told them, I don't know how I would have worded it in a positive way, without them feeling real guilty. . . . I feel it's [the birthmothers' support group] really a safe place that I can share whatever I want there. . . . When I have a concern about the adoption or anything, it is OK to say, that I owe it to myself and everyone involved that it is OK to say, to talk about it, so that honesty and communication is really a big thing. . . . The birthparents I talk to are sometimes afraid to say what they're really feeling to the adoptive parents, and a lot of times I don't think the adoptive parents really need to hear everything the birthmothers are saying. They just need somewhere to vent, somewhere where they won't be judged or worry about the consequences of those sorts of things that they are thinking.

Kaitlyn described herself as a person who tends to be highly reactive to others. She reported that she has often been perceived as rude and sarcastic, so she strategically used the birthmothers' support group and a combined adoptive parent/birthmother group as a place to explore her feelings of anger and resentment toward the adoptive parents. Working through issues in the group helped Kaitlyn refrain from simply lashing out at the adoptive parents. The following exemplar illustrates how she used the group to explore her feelings, express her anger, gain perspective on the situation, and discover some alternative ways of communicating with the adoptive parents.

Kathryn: We haven't really talked for quite a while. And April always used to send me pictures, like all the time. She'd send just a few pictures in a card or whatever. And like I'm thinking, "OK, well, what the hell's with her, she hasn't called me back." I left a couple of messages but OK, they're busy; they've got hockey; they've got soccer; she goes to the preschool classes with Joshua. You name it, they've got it; they're a run-around family just like mine was. And I'm thinking like, "Well why isn't she sending pictures? Why isn't she returning my phone calls? Do they not want to talk to me anymore?" Now I'm getting pissed off. I'm thinking like, "You ugly bitch; you asshole." I'm thinking like, "That's just down right rude. Like can't you even return my calls and say we don't want to talk to you anymore; go to hell. So that I can hang up on you; that would be better than sitting around wondering." . . . When I talk to other people, they say, "I don't think that would be the case." They say, "Personally we respect our birthmother, more than we respect anyone. We have so much respect for her. . . . We always try and take into consideration how she would feel because we wouldn't be feeling anything, none of us would be feeling anything, if it wasn't for her." . . . If you've been this close, and if they've done so much for you, and you've done so much for them, I don't think they're just blowing you off. Like try and ask them why they haven't returned your call. Ask them, "How's life been; you've been really busy I take it. It kinda hurt me that you never called me back." Or "It kind of hurt me that our last visit didn't go so well," or whatever it may be.

Another messy aspect associated with open adoption for all of the birthmothers except for Taylor was a problematic relationship with a birthfather. From Jill's perspective, Jeremy was proving to be difficult and unreliable in his contact with Ed and Maureen and Michael, yet Jill realized that it was Ed and Maureen's responsibility to manage this relationship, and she did not involve herself in negotiating Jeremy's contact with Michael in any way. Similarly, Heather and Kaitlyn had concerns about the possibility of birthfather involvement in the lives of their children. While Sheila did not identify it as such, the fact that Fred openly denied his fatherhood of Stephen could also be considered problematic in that it might be interpreted by Stephen as an experience of rejection.

Implications. This theme acknowledges that open adoption involves ongoing risks and challenges to all involved. Open adoption is not an easy solution to an unplanned pregnancy; it is not problem free. Those who participate in open adoption must keep in mind why they are entering this relationship, and make a commitment to

work through the problems which will inevitably arise. Open adoption is a dynamic relationship in that the participants are always changing and growing. Thus one can assume that it likely will continue to be “messy”.

Some of the birthmothers in this study used the birthmother’s support group as a safe place to deal with their overwhelming feelings and to gain perspective on conflicts they might be having with the adoptive parents. One birthmother also found a triad group, made up of non-related birthmothers, adoptive parents, and adoptees, to be a useful place to explore issues pertaining to open adoption.

The issues raised by the birthmothers as issues of concern should be noted by adoption professionals. It appears that birthmothers and adoptive parents may not have the same ideas as to what is an acceptable level of visiting. Birthparents and adoptive parents would do well to discuss some of these issues prior to the adoption placement, and they may benefit from conflict resolution and communication skills training so that they are more able to resolve any conflicts that might arise.

Forever Changed: Integrating the Open Adoption Experience into One’s Identity

According to Erikson (1968), the key developmental task of adolescence is identity formation. Identity development has to do with the development of a sense of self. In the quest to define one’s identity, the adolescent becomes preoccupied with who she is, what she values, and who she will grow up to become. According to Erikson, the adolescent’s biological characteristics, her unique feelings, interests, needs and defenses, and the social context or culture in which she resides all contribute to the formation of her identity.

As the birthmothers in this study spoke about their experiences, it became clear that the placement of a child through open adoption was a defining experience in the formation of their identities. Infant relinquishment through open adoption changed their lives dramatically. Through this life-changing experience, they defined what they valued in relationships, and what was important to them in terms of their future vocation. Three common themes related to identity formation were repeatedly referred to by the women in this study. These women consistently defined themselves as more resilient, more

mature, and more purposeful in their orientation to life as a result of their experiences. These three themes will now be developed through the use of exemplars.

Resilience. Resilience is defined as “a dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti, & Becker, 2000, p. 543). The women in this study frequently referred to and defined themselves by their resilience. All of the women in this study demonstrated a positive adaptation to a significant adversity, the trauma associated with an unplanned pregnancy.

When Heather became pregnant, she was a fearful 14 year-old with few support systems. She hid her pregnancy as long as was possible. Yet through the process of dealing with her pregnancy and entering an open adoption relationship, she blossomed into a confident, self-assured, achievement oriented young woman with goals. Her emergent strength and confidence is evident in the following quote in which she advises other young women who are being criticized for their choice of adoption.

Heather: Well, I would just like to say that if any woman has to do this, life goes on, and it changes for the better. If somebody says any comments about adoption just be strong and stand up for what's right, and what's right is what you believe in. And that's what I've had to do. Like if somebody doesn't agree with it, I just say, "You know, don't tell me that you don't agree with it, because I'm just gonna stand up and tell you right back that I agree with it." So like if somebody doesn't agree with it and has really good points, then I'll listen. But if you're gonna come and lay blame, and say, "It's the wrong thing," I don't need to hear it. And neither does anybody else. If somebody else is going to come up to another young woman that has placed her child for adoption, and say, "You know this was wrong, a bad choice," then I would tell them, "Just tune it out, move on. They're not good enough for you, they're not good enough for you to listen to them." Like even if it's a family member, "Just tune them out and ignore them cause what's right for you is what's right for you." That's what I had to learn with my mom; I tuned her out.

Similarly, Sheila emerged from her experience of pregnancy and relinquishment with a sense of herself as a strong person who is able to overcome the adversities that will challenge her in life. Furthermore, she utilized her learning to be a support to others who also face similar adversity.

Sheila: I can deal with anything that comes up. Sometimes you get into a tither, but I'm strong enough to realize this is what you gotta do you gotta go with it . . . The pillar, A lot of people come to me if there are problems, my sister, cause we're so close, but I'm the strong one between the two of

us, I'm the one that all this stuff has happened to, so that it's made me that much of a stronger person. I know who I am. For sure, and my dad is more like that way too. . . . I would say it probably made me stronger. It made me realize what I was capable of doing. It made me feel like a better person, for giving Barry and Val a chance to be parents that's for sure, that's a big one. . . . It's really bettered my life, just because I could share my experience with other people too. Being in the school, I've seen some girls who were pregnant, and I said, "If you need me, I'm here." I could have been a social worker.

Taylor attributed her enhanced sense of inner strength and competence to her demonstrated ability to survive the incredible challenge of childbirth. She continues to draw on this experience as a source of encouragement in her life.

Taylor: You always hear women talk about it as a spiritual experience. I don't know if it was, I'm not a very spiritual person, but it really has changed me. I feel a lot more inner strength because of it. I can do this; I think I felt a lot of a sense of accomplishment in having done that. . . . I really doubted myself before that I would even survive childbirth, so I did it, I came through it, and now there's this little baby that is beautiful. . . . I guess coming out on top of things, when challenges arise. I think I was worried about the pain, and I handled it well . . . being able to do something you didn't think you could do. . . . We've been through so many challenges already; I mean nothing can be worse than what has already happened.

Maturity. Most of the birthmothers made references to the fact that the pregnancy and the adoption cause them to mature rapidly. They have become wise beyond their years.

Taylor has learned much about herself and the formation of relationships from her open adoption experiences. The challenges she has experienced have enabled her to develop greater insight, empathy, understanding, trust, and compassion, all signposts of greater maturity.

Taylor: I feel like I really have shown commitment, and I have a stronger sense of relationship, and what that means, and how to sort of foster them, because open adoption relationships are very different from other relationships, but yet they are very similar, and I learned a lot about communication, and honesty, and trust, a lot about trust. . . . In these situations all you can do is trust what people say, I mean you really are taking that blind leap, just trusting that things will work out. . . . It takes a lot of work. . . . I feel I'm a bit more understanding of anyone who is in a difficult situation, especially women in unplanned pregnancies. I used to sort of shake my

head at these women . . . I'm a bit more understanding and compassionate. . . . We did our maternity in second year that would have been a year after I had James. I guess watching women give birth, I feel a sense of empathy. I do know a bit about what they are going through. We did the public health, where we go visit the new moms, and there are some younger mom's, teenage moms, and I feel like, as much as they are parenting, and I chose a different plan, we still have common similarities and I feel I can empathize a bit more.

Jill and Heather also reported that the adoption experience has had a maturing effect on their lives.

Jill: I think it made me grow up pretty quickly. I think it took me from being an 18 year old to a 30 year old in that sense. I had to make the biggest decision of my life, no decision that anybody should really ever have to make, and I had to do it when I was 19 years old, and so it made me grow up very fast. And I think I'm a more mature and responsible person because of it.

Heather: I got more mature in that first year. I grew up so fast, I wasn't staying out; I wasn't going over to any of my friends, getting into trouble. I stayed at home, focused on school and that was it. And work, and babysitting, but that was it. I knew I had to do something good for me. Because I had to, I wanted to be a positive influence on Jason, and everybody else.

Increased maturity was evident in more controlled and thoughtful emotional and behavioral responses and the reduced impulsivity and reactivity in the case of Kaitlyn.

Kaitlyn: After the angry and negative part, I think it changed me for the better. I could tolerate people a little bit more. . . . It changed my thinking for the better in the long run. . . . I've always had a very short temper where like the smallest stupidest thing would just throw me over the edge, and I'd just freak out over nothing, so that's definitely changed. My temper is way under control compared to what it was. I still lose my temper, but it's a 100% better. Even with my brothers, my temper is not lost as easily.

Purposeful Living. The experience of dealing with an unplanned pregnancy, rapidly catapulted the young women in this study into the adult world. As they contemplated their options as to how to resolve the pregnancy, they became much more future oriented and purposeful in their thinking, considering plans for schooling and employment, and as well as plans for starting a family when the time was right

Heather voiced specific goals for both career and a future family of her own.

Heather: After I'm done my diploma in early childhood, I want to open a day care for low income families. . . . And then I want to do my four-year transfer program, after I pay off my student loans. I like the day-care setting. I like to do the hands-on things with the kids, so preschool would be my ideal. . . . After I get married, have a house, settle down, then I'll think about it [starting a family]. . . . I want to have kids, yes, but right now, I want to get through school. I want to get an education, and get a paying job. I just want to have the stable environment, and not be a single parent, like my mom. . . . And I really don't want to be living with my boyfriend's parents, even though I love them to death.

After her second pregnancy, Kaitlyn became much more future oriented. Her employment plans emerged from her experiences as both a placing and parenting mother. She hoped to share what she had learned and provide a financially stable home for her second child, Brad.

Kaitlyn: When I look at my life now, and the last couple years, and I know what I've been through with regard to with Joshua and with Brad, and I think I wanna help people in my position one way or another either who are struggling to pay the rent or put supper on the table, feed themselves and clothe themselves. . . . It pays decently; and it's Monday through Friday, 9:00-5:00. So I don't struggle with day care or a day home to watch the baby.

Sheila who is now in her early thirties is in the process of building her family. She and Corey are hopeful that they will soon be selected to adopt a second child.

Sheila: I waited seven long years to be a mommy, so that's my goal. If you have to wait and go through what we had to go through to become parents, that's number one.

Having given birth to a child has had a direct effect on Jill's career decision-making. Her desire to be at home with her children caused her to modify her career choice.

Jill: Just the fact that I was pregnant, looking at my life if I were to be a mother. . . . After I got pregnant with him, I realized I really want to be at home with my kids, and if you're in athletic therapy, you're traveling with a sports team, you're always away from home. It's a very independent job. I want to have a job where I can work anywhere. You don't have to work all the time, you can just work casual, so I can be home with my kids. That was what made me decide to go into nursing.

Jill now feels ready to settle down and plan for having her own family, and all her decisions are geared to that eventuality.

Jill: I want to find that man that I can marry and have children with. That's basically what I'm living for, going to school to get this career, just so I can support my family if I have to; I just look at everything as, "Well, I'm doing this for the future." Everything's for the future, for my family. . . . I would like to live in a rural community, where everybody knows everybody, and it's safe to raise children. I would like to live on a farm or an acreage, I've got it all planned out. I'd like to be married within three years, start having kids, in four. . . . When I have a family, this is how I want my life to be set up. I'm really in that kind of mind-set.

Implications. This theme clearly indicates that the women in this study used their unique experiences of an unplanned pregnancy during adolescence to define their identities. As a result of these experiences, they defined themselves as resilient, mature, and purposeful. Their experiences helped them define who they wanted to become in the future as workers, family members, and parenting mothers.

In light of the positive qualities developed by the birthmothers in this study, the unplanned pregnancy should not be viewed as only a negative experience. While it was challenging, it also served as a source of healing and maturation in their lives. It gave birthmothers a sense of meaning and purpose in life, and often brought them into contact with others outside of their immediate family who would offer them much support and kindness. For the young women in this study, the opportunity to grow, learn and be challenged was embedded in the adversity.

The Desire to Teach Others about Open Adoption

It is unfortunate that none of the participants in this study knew of open adoption prior to their own pregnancy experience, because knowledge of open adoption may have lessened the level of trauma these women experienced. All of the women in the study expressed a strong desire to teach others about the value and benefits of open adoption. While the open adoption experience was challenging, all of the participants felt it was a worthwhile option for other young women to consider as they contemplate how they will deal with an unplanned pregnancy. Moreover, the women in the study repeatedly reported that there was widespread ignorance about open adoption amongst the general

population, and they were interested in improving the public understands of this form of adoption.

Sheila spoke about the need for a comprehensive educational program to explain open adoption to both parents and adolescents.

Sheila: Open adoption has to be out there more And even when this book [the researcher's dissertation] is published, I want a copy for our school, just so our guidance counsellor, Barry, can have it, because there is nothing. . . . It's not only the teen, but it's the teen's family that has to be aware. . . . When [the adoption agency] goes into the school and has their panels, they should have every teenage girl's and boy's mom or dad there so that they're more aware of it.

Heather takes every opportunity to educate others about open adoption and how it was of benefit to her. She has learned to share her experiences openly.

Heather: At college, I put up pictures of Jason and Curt and Jean, and everybody goes, "Oh who's that?" "My son," and they're like, "You have a son?" And I'm like, "Yah, I placed him for open adoption." . . . And ever since then, they've been coming up and talking to me and asking me questions. I'm very open. . . . I don't have a problem sharing my story and my life experience.

Words of Wisdom Offered

The last theme is devoted to the key words of advice the birthmothers in the study had for other young women who face an unplanned pregnancy. The sentiments expressed were thoughtful, compassionate, frank, and pointed.

Sheila: Think about your future, and think about your future with a child And think about the baby, what you can and can't give this baby Emphalac alone, if my husband didn't have a good job, I don't know how we could have afforded diapers and formula.

Heather: Have a really good support system, have one person that you can trust,, make sure you have someone there for you, because you can't do it alone. . . . And even if you are a woman that's gonna put your child for adoption, make sure you consider all your choices. Don't be like, Oh this person said I should do open adoption. Just think of what's right for you, no one else. Have someone there to talk to. Just don't let anybody force you. And it should work out.

Kaitlyn: I would say like, well kind of like to a friend, "I know you have three options as to what you can do. . . . You can go and get an abortion, and

you can parent your child, you can place them for adoption. There's open and closed adoption." The only thing I would say is, "Don't keep your baby when you can't do it, and have them bounce from foster home to foster home, to a friend's house, to wherever you're flying around at, that's not fair.

Taylor: It's tough, they need somebody totally unbiased to talk to, but that's tough, I mean where do you go? . . . I think women need to have an unbiased person that they can talk to that's going to explain everything to them, parenting, abortion, adoption. I think that would be very helpful.

Jill: They [pregnant adolescents] think "Oh, I could never give my baby up after carrying him in my stomach for nine months. . . . It angers me because you can do it; anybody can do it; I did it. And I'm happy; he's happy. You have to look at it from that perspective.

Summary of the Common Themes

The themes presented in this chapter provide insight into the experiences of women who have relinquished a child through open adoption during their adolescent years. In spite of the fact that the participants in this study had varying background experiences and family circumstances, a commonality of experience was noted. A summary of the common themes underlying these experiences will now be reviewed.

The story of open adoption from the perspective of the birthmother began with the trauma of an unplanned pregnancy. The defense mechanisms of denial and dissociation were observed, and the experience was marked by shame and fear. An anticipated lack of support from family and friends would typically exacerbate the fears and perpetuate the denial.

The pregnancy was also experienced as a time of loss. There were actual losses such as the loss of the carefree adolescent life style as well as anticipatory losses such as the anticipated loss of the child that was to be placed. Parents and peers also experienced losses as the world of the adolescent birthmother was forever changed by the pregnancy.

The women in this study made the choice for adoption reluctantly. It was a choice they deemed necessary because they did not feel ready to parent, and they did not wish to burden their own parents with the responsibility of caring for another child, or

they lacked the support of their parents. It was a painful choice marked by much anxiety as there were a number of perceived risks associated with open adoption. The young women worried about whether the adoptive parents would be good to the child. They also worried about whether the adoptive parents would be faithful to the promises regarding ongoing contact that were made at the time of the adoption.

The birthmother gave detailed and loving attention to the act of choosing the adoptive parents; it was a choice in which the welfare and best interests of the child were paramount in the birthmother's thinking. The birthmothers all struggled with attachment issues during the pregnancy. They generally seemed to believe that they should not attach to the infant they were carrying, and yet, paradoxically, they found that attachment was inevitable.

The entire experience of an unplanned pregnancy was marked by a profound sense of a loss of control over one's life. To counteract this loss of control, birthmothers sought control in many ways. There was great variance in their ability to achieve control during their pregnancy and birthing experiences. Most of the birthmothers experienced a deep need to spend some time with their baby just after birth. When this opportunity was thwarted, they experienced frustration. They truly needed to get to know their baby, to "say hello, before they said good-bye." Birthmothers also generally desired to get to know the adoptive parents, and it appeared that the development of a relationship between birthmothers and adoptive parents helped relieve some of the anxiety associated with the loss.

The birthmothers in this study required much emotional support as they moved through the relinquishment, and when this support was not available from a parent, they sought it elsewhere. Support came from multiple sources including teachers, friends, other trusted adults, adoption agency personnel, counselors, doctors, nurses, and birthmother support groups.

Birthmothers experienced a profound sense of connection to the child they were placing. They generally found a way of expressing that connection symbolically by participating in the naming process. The actual day of relinquishment was extremely difficult and painful for all of the birthmothers. Some of the birthmothers experienced an acute grief reaction during the first days and weeks following the relinquishment,

whereas one birthmother experienced a more delayed grief reaction. Each birthmother found her own way to mourn the loss. Only one of the birthmothers experienced positive and supportive involvement by way of the birthfather.

Healing and grief resolution coincided with the building of the open adoption relationship. Birthmothers varied with regard to how easily and quickly they were able to build this relationship. Contextual factors such as family circumstances, personality traits of both the birthmother and the adoptive parents, and logistical factors such as the availability of opportunities to get to know one another influenced the building of the relationship. Grief resolution was demonstrated by the acceptance of the reorganized relationships which resulted from the open adoption.

The findings of this study clearly indicated that birthmothers continue to experience a close bond to the child that they have relinquished, a bond which is expected to be life-long. Birthmothers did not perceive this bond to be a threat to the parent/child bond that was developing between the adoptive parents and the child.

While open adoption had many positive aspects to it, it also posed some challenges which need to be acknowledged. Establishing a level of contact that was acceptable to both birthmothers and adoptive parents was an issue of contention for some of the birthmothers. Awkwardness with the relationship, particularly when conflicts arose was an ongoing challenge for some birthmothers. Given that open adoption is a dynamic relationship and all participants are constantly changing and growing, the challenges inherent in open adoption are expected to be ongoing.

The open adoption experience was found to be a defining experience in the identity formation process of the birthmothers in this study. It significantly affected the birthmother's formation of values, her views on relationships and her vocational choice. The struggles the young birthmothers experienced challenged them profoundly and they displayed a level of resilience and maturity that is not typically evident in an adolescent. Thus, the adversity inherent in the experience of an unplanned pregnancy facilitated opportunities for personal growth, maturation and a heightened sense of purpose in life. In spite of the difficulties embedded in the experience of infant relinquishment through open adoption, the birthmothers in this study perceived the experience in a positive light.

The birthmothers in this study generally expressed a desire to teach others about the value and benefits of open adoption. Without exception, they had been completely ignorant about open adoption prior to their own pregnancy, and they continually noted that the general public is ill informed about adoption issues. They believed that education pertaining to adoption issues was necessary for young people as well as their parents, many of whom are negatively biased towards adoption because of their experiences with the antiquated closed adoption system.

The summary of the themes provides an overarching story of the open adoption experience from the perspective of the birthmother. This overarching story in this study was interpreted to be the story of resilience. It was a story that began with trauma and loss, and moved through grief to various measures of healing, maturation and personal growth. A variety of personal and contextual factors also served to shape and direct each woman's story. The next section contains the presentation of the paradigm cases which allow for a closer exploration of the impact of personal and contextual factors in each participant's experience.

Presentation of the Paradigm Cases

Paradigm cases were identified by Leonard (1994) as "strong instances of particular patterns of meaning" (p. 59). While exemplars are particular vignettes used to illustrate themes that have been identified through thematic analysis, paradigm cases are holistic accounts of one individual's experience which assist the reader in understanding "how an individual's actions and understanding emerge from his or her situational context" (Leonard, 1994, p. 59). Paradigm cases serve as reference points or "family resemblances," and are used heuristically to facilitate the understanding of particular clinical cases (Leonard, 1994). The paradigm cases provided a case summary of each woman's experience with infant relinquishment through open adoption.

The paradigm cases presented below should not be considered an exhaustive representation of all cases of open adoption involving adolescent birthmothers. The cases are simply presented to provide a holistic account of the experiences of the five birthmothers who participated in this study. Each case presentation takes into account the

unique situational factors and contexts of each woman's life. Given the multitude of variables which may influence this phenomenon, generalizations to other cases must be made with caution.

Sheila

At the time of the interviews, Sheila was a happily married 31 year old mother of a 19 month old adopted son, Darrel. Sheila described herself as an outgoing, strong, and confident woman who was now focused on parenting her own adopted child and babysitting several other children. Sheila's reflections on her experience with open adoption were very positive. She hoped to dispel myths about adoption, and was desirous of more public education on open adoption, so that her adopted son and her birthson, age 13 at the time of the interviews, would not be stigmatized in any way.

Sheila became pregnant at the age of 18 at a time when her parents were going through a divorce. The late onset of menses as well as a very irregular menstrual cycle gave Sheila a false sense of security with regard to the risk of pregnancy, and helped support her initial denial of the pregnancy. Sheila's pregnancy was marked by a dissociative quality. On one level she acknowledged that she was pregnant and ensured that she took proper care of herself; however, she denied the pregnancy in her conscious mind until several months before Stephen was born.

Sheila attributed the denial to the fact that she knew she would not be able to raise the child; she interpreted the denial as a way of avoiding the anticipatory losses associated with choosing adoption. Even when she did finally acknowledge the pregnancy, she purposely attempted not to attach to the fetus in order to reduce the trauma and loss associated with the anticipated relinquishment.

Once Sheila acknowledged the pregnancy, she reached out for support to multiple sources. Sheila described herself as being a very open person, who typically shares her experiences quite freely with others. She cited her father, her aunts, and her friends as being very supportive, and she spoke at length to them about every aspect of the process of adoption including the selection of the adoptive couple. The birthfather chose not to become involved in any way.

While Sheila was confident she was making a good decision, she still experienced much anxiety because of all the unknowns involved in childbirth and adoption. She carefully chose the adoptive family, selecting a family that was quite similar to her own in terms of values and life-style. It was important to Sheila that she make her own decision, but it was also important to have that decision supported by her father. When she learned about open adoption, she was thrilled that she would be able to keep contact with the child she placed. Meeting Barry and Val was a great relief for Sheila. She perceived them as kind and thoughtful people, and she put all her efforts into providing them with a healthy child. She felt confident that she made the correct choice, and has never regretted her decision even though she and her husband later experienced infertility.

While Sheila experienced the support of family and friends at the time of the birth, the hospital personnel were not familiar with open adoption and they were not supportive. The nurses and the other new mothers were openly negative to her open adoption plan, and they did not welcome the adoptive parents into the hospital setting. Sheila attributed this negativity to the newness of open adoption and recognized that open adoption is now much more common and accepted. Her confidence and resolve in her decision were undaunted by the disapproval she experienced in the hospital.

Sheila did not fully mourn the loss of Stephen at the time of the relinquishment. A dissociative tendency may have constrained her grieving, and it appears that the feelings of grief emerged 11 years later when the adoption of a child that had been placed into her home was revoked.

The adoption agency helped Sheila and Barry and Val negotiate an adoption plan which was followed closely for the first five years at the initiative of Barry and Val. At the visits which occurred at least once a year, Sheila and her whole family would meet with Barry and Val and Stephen. The visits were pleasant and cordial and comparable to those between acquaintances rather than family.

Sheila was very open to all her friends about the child she had relinquished, and she readily shared that information with any young man she was dating. She married her husband, Corey, five years after Stephen was placed, and Stephen was the ring bearer at their wedding. As Sheila and Corey settled into married life, their relationship with

Barry, Val and Stephen seemed to naturally develop into a more intimate one. Thirteen years later, they have a relationship that resembles an extended family relationship. They share overnight visits and special holidays such as Christmas, and Sheila and Corey are cited as the guardians of Stephen and Kristin in the will of Barry and Val. Sheila has built a close loving relationship with Stephen, a relationship that in no way threatens his relationship with his adoptive parents.

Sheila is a strong proponent of open adoption. She feels adoption has benefited her in a number of very positive ways. In addition to the personal strength she has garnered from the experience, she feels she has been able to support other young women who face an unplanned pregnancy. She is enjoying life and is hopeful that she and Corey and Darrel will soon be able to add another child to their loving family circle.

Heather

Heather was a young frightened 14 year-old when she discovered she was pregnant. She was initially in denial about the pregnancy, but finally at about five months gestation, she admitted to herself that she was pregnant. She had no one to trust, no one to confide in, and so she secretly planned for an adoption. She kept the secret as long as she could, because she feared the wrath and disownment of her mother. A family friend finally approached her about the pregnancy and this friend provided the much needed support that was not provided by Heather's mother.

Heather secretly decided on adoption because she knew that she was not ready to care for a child of her own. She silently struggled with fears associated with the closed adoption system. During her pregnancy, Heather made a concerted effort not to attach to the fetus, in the hopes that a lack of attachment might make the adoption placement easier for her.

When Heather learned about open adoption, she was pleased that it offered the prospect of ongoing contact. Heather carefully reviewed the profiles provided by the adoption agency and lovingly selected a family for her child. She met Curt and Jean after the baby was born, and got to know them during the 10 days the baby was in the hospital. This time of transition was very important to Heather, because it gave her the opportunity to get to know Curt and Jean as well as her baby. She felt respected and cared for by

Curt and Jean, and she began to develop a relationship of trust with them, noting how deeply they cared for their older daughter. She appreciated that they included her in the naming process, and that they respected her need to spend time alone with Jason.

Heather struggled with attachment issues during those 10 days. She had attempted not to attach, but she realized that she had been unsuccessful in her efforts at preventing the bonding.

The relinquishment was very difficult for Heather and she coped by talking to her brother, and by spending about a week of time in isolation in her bedroom, thinking through her decision, coming to terms with it, and mourning her loss. It was a very emotional time for Heather and she dealt with it in isolation because she felt she had no other choice. Heather soon found an enduring support system when she began attending a school for pregnant and parenting teens. Through a Peers Educating Peers project, she learned to share her story with confidence. At the school, Heather did receive some criticism from some students who judged her as uncaring because she had relinquished her child. Heather learned to deal with these judgments in an assertive manner. She shared her story when asked, and countered the lack of knowledge about open adoption when it was appropriate to do so.

Over the last three years, Heather has built a very positive open adoption relationship with Curt and Jean. They visit regularly, and she delights in seeing the developmental changes that have occurred in Jason between visits. The birthfather has not been involved at all which is fine with Heather, because she knows the birthfather is involved in illicit drug usage. She fears he might be a bad influence on Jason.

Heather appreciates the way Curt and Jean work around her schedule to maintain contact. Because she is a student, she moves around a lot, but Curt and Jean always find a way to go and visit her. When face-to-face visits are not possible, Heather maintains contact with weekly phone calls. Heather has become very close to Curt and Jean and she views them as family. Her relationship with her own mother remains somewhat distant and strained.

At the time of the interviews, Heather was a confident 18 year-old college student who was earning marks in the honors range. She was much more social and outgoing than she was as a 14 year-old, and she spoke openly and often about her open adoption

relationship. The guilt, fear, and shame she experienced as a 14 year-old are no longer present. Heather believes the open adoption has been a very positive influence in her life. She is very independent and career oriented and she is in a committed love relationship with a young man. She hopes eventually to have children after she is married and established in her career.

Kaitlyn

Kaitlyn was a young woman whose was experiencing difficulties at home and school prior to her pregnancy. Her relationships with her parents and siblings were characterized by hostility, and her style of communication was generally aggressive and sarcastic. Kaitlyn had become amotivational with regard to school in junior high and by high school she had virtually dropped out, occasionally attending an outreach program in a mall. She believes she was a spoiled child, and her parents offered no significant consequences to her misbehaviour and her failure to attend school.

Kaitlyn was in denial with regard to her pregnancy until the fifth month when a friend insisted she have a pregnancy test. When Kaitlyn first learned that she was pregnant, she was overwhelmed with a wide range of emotions, including anger, fear, and excitement. Initially she retreated into herself, but eventually she started going back to the outreach program, where she was invited to participate in a support group for pregnant and parenting teens. This group was helpful to her in that it allowed her to share her feelings with others who had gone through similar experiences.

Kaitlyn and her mother engaged in a major conflict over how to resolve the pregnancy. Kaitlyn feels she was forced into placing her child for adoption, and she was very angry and resentful towards her mother because of this perceived coercion. She participated in the process of selecting the adoptive couple reluctantly and with a marked lack of graciousness. Kaitlyn did find some support throughout her pregnancy from the teachers at the outreach program. Kaitlyn initially held very negative views about adoption based on her understanding of the closed adoption system, and she struggled with the negative judgments that others also held with regard to adoption. The teachers took the time to listen to her and they encouraged her to do what was right for herself and

the baby, and not to worry about other people's attitudes towards her decisions. They also helped her challenge the negative stigma she held with regard to adoption.

Kaitlyn had a very traumatic birthing experience in the hospital. She experienced her stay as hostile and abusive, and she felt profoundly betrayed by the fact that she was unable to spend time with her baby prior to the relinquishment. On the day of her release from hospital, she wanted to see no one, and her chance meeting with the adoptive father in the hospital waiting room was most awkward and uncomfortable.

Kaitlyn suffered intense grief during the first 10 days post relinquishment. She felt a strong desire to see her child, but she was also very frightened that she would somehow sabotage the adoption plan that had been arranged. She turned to her social worker for help in arranging a visit with the adoptive family. At this meeting she felt reassured that she had done the right thing in placing Joshua because she saw that he was safe and well looked after in the home of April and Mike.

At this difficult time in her life, Kaitlyn drew an immense amount of support from a good friend and from the birthmother's support group run by the adoption agency. She used these venues as safe non-judgmental places to release her intense and confusing feelings after the relinquishment. She sought advice from other birthmothers with regard to the open adoption relationship, because she desperately wanted it to go well, and she benefited from the insights of the group facilitator and the other participants. Knowing that she had a propensity to intense expressions of anger, she felt she needed a safe place to vent her frustrations, ask her questions, and process her feelings. The candle lighting rituals and accepting atmosphere provided her a safe venue within which to do some of her mourning work.

About three months after the placement of Joshua, Kaitlyn again became pregnant. In this pregnancy she exercised the control that had been usurped from her in the previous pregnancy, and she chose to parent this child.

Kaitlyn felt very positive about the open adoption relationship she has been able to build with April and Mike. She is appreciative of the opportunities she has had to get to know them, and she also enjoys the fact that Brad and Joshua have the opportunity to get to know one another. She sometimes feels frustrated about the level of visiting, and is desirous of more contact, but she generally seems to work out these issues with April and

Mike. She is a strong supporter of open adoption, and recognizes that compromise and good communication and trust are required to make an open adoption work well.

Kaitlyn feels she has made many dramatic improvements in her life in the last five years. She feels she is a lot more responsible, independent and she fights less with her mother and siblings. She still struggles with communication skills and she mentioned that others have described her as rude and sarcastic. She feels she has made great strides in controlling her temper and she recognizes some positive qualities in herself. She believes she has become much more thoughtful of the needs of others and much less self-centered. She is struggling to make ends meet as a single parent, and she requires subsidy from Social Services to pay her bills. She also struggles with the demands of single parenting, and finds herself quite tired and listless much of the time. Kaitlyn is now goal oriented; she hopes to finish her high school, and obtain employment which will allow her to support herself and her young son, Brad.

Taylor

Taylor was in her second year of college and in her first year of nursing when she became pregnant. She and her boyfriend, Chad, had been practicing birth control, so the pregnancy came as a bit of a surprise. While she had a small suspicion that she might be pregnant at about 20 weeks, she kept putting the thought out of her mind, so the pregnancy was not confirmed until she had reached 28 weeks gestation. She had been planning on having an abortion if she was pregnant, but at 28 weeks it was too late to enact that option.

Taylor was devastated with the news of the pregnancy and held a rather catastrophic view of the future because of it. Furthermore, she felt embarrassed by the fact that she, a nursing student, would have an unplanned pregnancy that was not recognized. She turned to her mother who was a nurse for support. When Taylor found out that she could not have an abortion, her feelings of panic escalated, because she simply did not feel ready to parent.

Taylor had always held a negative view of adoption, but when she reviewed some information her mother brought home about open adoption, it seemed a more viable alternative. Taylor, Chad and Taylor's mother all agreed that rushing into a marriage and

quitting school because of a pregnancy would be a mistake for Taylor and Chad. Taylor felt that both she and Chad would likely feel resentful toward each other and the child if they were forced into a marriage before they were ready to commit to these relationships.

Learning about open adoption caused Taylor feel more positive about adoption as an option, and within a week of confirming the pregnancy, the decision for adoption was made, a decision Taylor now feels was made too hastily. In hindsight, Taylor feels that she and Chad should have considered the parenting option more fully by speaking to someone about the supports that would have been available to them, but they felt panicky and pressed for time. Over the three years since the placement, Taylor has continued to experience occasional nagging feelings of self-doubt with regard to the relinquishment. Her recent engagement to Chad again brought these feelings of self-doubt about the adoption to the surface for Taylor. As a result of her experiences, Taylor believes that all couples should receive information on parenting, even if they are adamant about their plans for adoption.

After the initial shock of the pregnancy, Taylor began to enjoy her pregnancy. She considered herself a mother at this time, and bonded to her child, experiencing deep feelings of love for the child that was developing within her womb. She was very cognizant of the fact that this was her time with her baby. For the time he belonged to her.

Taylor and Chad worked with an adoption agency and she appreciated the support offered by the adoption social worker. She also found a book entitled Dear Birthmother to be very helpful in that it allowed her to begin anticipating the grief associated with relinquishment.

Taylor and Chad read through many portfolios of prospective adoptive couples before they selected Joe and Shelly. One important criterion for them was the fact that Joe and Shelly were already involved in an open adoption. Taylor believed they were more likely to follow through with their promises with regard to open adoption because they had already proved themselves in another open adoption.

Taylor and Chad visited Joe and Shelly every weekend prior to James' birth in an effort to get to know them. The adoption social worker helped them develop a plan for James' birth, a plan that involved having Joe and Shelly present in the birthing room with

Taylor and her mother. Taylor now regrets that she did not claim that time as her time to be a mother to James. After the birth, Taylor held James, and then he was passed to Shelly as planned. Taylor found that experience painful; it was a foreshadowing of the impending loss, a foreshadowing that she would have preferred not to face so shortly after the birth. Likewise, Taylor regretted the fact that she allowed herself only one night with James in the hospital. She regretted not breast-feeding James and not taking him home for a few days, because she had so little time to get to know him, and to experience the mothering role. She had made the decision not to do these things because she was afraid that she would bond too closely with him. She now questions this logic because the bonding was unavoidable, and in an open adoption it was to be expected. She now wishes she would have made the first few days of James's life her time with him.

These sentiments should not be interpreted to suggest that Taylor did not appreciate the support offered by Joe and Shelly. She is now simply aware that Joe and Shelly didn't need to be physically present at the time of the birth. She now feels it would have been more helpful if they had been in the background, perhaps offering some support by telephone. Moreover, she felt that the presence of the prospective adoptive parents in the labor and delivery room created a subtle sense of obligation in that they have been through this intensive experience with the birthmother and therefore they are entitled to the child.

Taylor had a strong desire to be recognized as the mother of James until she actually entrusted him into the care of Joe and Shelly. She was upset with her doctor who suggested that she go home right after the birth, and have the baby sent to the nursery. His suggestions seemed to deny her status as a mother. Similarly, she also wished the nurses would have given her the same lessons in caring for the infant that were given to the other new mothers. Taylor wanted to be recognized as a mother for the time that she was the mother of James.

Taylor savored that first evening with James. She tried to stay awake to enjoy the limited time she had with him. Taylor planned a special entrustment ceremony for the next day, a ceremony which helped her begin the grieving process. She experienced intense feelings of loss and loneliness the first week, and she coped by talking to others and through journaling. She also experienced strong feelings of jealousy which surprised

her. She did not go to see James until the 10 day revocation period had elapsed, because she was afraid she might change her mind about the placement.

Taylor had a difficult time adjusting to the loss of James, and she went to see him just about every weekend the first three months. These frequent visits strained her relationship with Joe and Shelly who finally told her she was visiting too often. Taylor turned to Barbara, the social worker at the adoption agency and the birthmother's support group for assistance through this difficult time. She and Shelly have resolved their conflict about the visiting schedule, but there is some lingering tension between them. Taylor reported that she does not feel acknowledged as the birthmother of James by Shelly, and she desires a more intimate relationship with Shelly, who appears to be keeping a bit of a distance from her, yet Taylor appreciates the relationship that they do have, and the fact that she and Chad are able to enjoy visits with James and watch him grow and develop. Joe and Shelly have wished Taylor and Chad well in their upcoming wedding, and Taylor and Chad are hoping to involve James and Karen in the wedding ceremony in some fashion.

Jill

Jill was at the end of her Grade 12 year when she became pregnant. The father of the child was an abusive young man with mental health problems, and Jill had just ended her relationship with him when she discovered that she was pregnant. Jill initially thought she would parent the child, but a conversation with her brother helped her to face the reality that she was not ready to parent, and that she would not be acting in the baby's best interests if she would decide to parent him. Jill recognized that the baby would forever link her to Jeremy, her ex-boyfriend, and she knew that connection would be very difficult for both her and for the child.

Jill experienced excellent support from her family and friends throughout her pregnancy. She enjoyed her pregnancy except for the last weeks when she became quite uncomfortable. She became very attached to the child she was carrying.

Jill made the decision to place early on in her pregnancy, allowing adequate time to plan for the adoption. One adoption plan, which was privately arranged by Jill's mother, failed. This experience was devastating for Jill, and she was very frank with her

mother about her resentment of the fact that her mother had forced her into this ill-fated plan. From that moment on, Jill's mother respected her right to be in charge of her adoption plan and offered much support as Jill set out to execute her plan. Initially Jill had a difficult time selecting the couple, but once she and her family met Ed and Maureen, she was very pleased with them as the prospective adoptive parents.

After listening to another young woman speak about her experiences with open adoption at a seminar, Jill decided to request a hospital stay of four days to allow for some bonding time with her baby after the birth. Ed and Maureen were invited to be present at the birth, and all her family and friends were invited to drop in to greet the new baby during the four days prior to the relinquishment. After a very difficult labor, Maureen came into the delivery room to coach Jill through the last few pushes, and to cut the umbilical cord. Only Jeremy, who had been invited to visit in the hospital, was problematic in that he arrived intoxicated, argumentative, and confrontational.

Jill deeply appreciated the four days she had in the hospital with Michael, and she also valued the fact that Ed and Maureen were a part of Michael's life from the very first day. Jill believed that the bonding she experienced with Michael in those four days helped her with her grieving process in that she had come to know Michael well enough to truly let him go.

Jill was very confident in her decision to place Michael. The decision had been made well in advance of the birth, and Jill had engaged in much anticipatory grieving prior to the actual birth and relinquishment. Jill grieved the first few weeks after he was placed, but she kept reminding herself of her reasons and motivations for the adoption, and she suffered no lingering regrets. A video of Michael in the hospital helped her to mourn the loss.

Jill repeatedly voiced a deep appreciation for both Ed and Maureen. She appreciated Maureen's empathic interest in how she was doing after the relinquishment, and she felt confident that she has done the right thing in placing Michael into their home.

Jill is deeply appreciative of the fact that the adoption is open. She is glad that Michael will know that she made her decision out of love for him, not because she was

rejecting him. She feels a close familial bond with Ed and Maureen and their extended family, and she is enjoying watching Michael, now two years of age, grow up.

Jill believes the open adoption has had a positive maturing effect on her life. She has almost completed her nursing program, and feels she is now ready to settle down and start a family. She chose to transfer into nursing because it was more amenable to family life, in that it allows for part-time and casual work schedules. She realizes that her eagerness to marry may be contributing her tendency to stay in unhealthy relationships for too long.

Jill is eager to provide public education on open adoption issues. She is extremely positive about this way of forming families, and is hopeful that information about open adoption will inform the public about this viable alternative to parenting or abortion. She also hopes to help dispel some of the misinformation and myths that currently exist about adoption. Jill is frequently called upon to share her story with other young women who might be considering adoption.

Summary of the Paradigm Cases

These paradigm cases demonstrate the variety of familial and personal contexts in which an open adoption can occur. In considering these cases, it is important to note that this grouping of cases is not viewed as an exhaustive representation of all possible cases of open adoption involving adolescent birthmothers. Given the exploratory nature of this study, it was necessary to limit the number of participants to five. It is assumed that a broader investigation consisting of more participants would yield more paradigm cases, depicting a wider range of familial and personal contexts in which open adoption can occur.

A short summary statement of each paradigm case will now be presented. These summaries will highlight the key contextual factors which influenced each participant's experience of infant relinquishment through open adoption.

As an adolescent, Sheila was an outgoing, gregarious young woman who had already faced personal adversity in that she had received the diagnosis of lupus at age 11. While in high school, her parents experienced serious marital problems which resulted in her mother leaving the familial home and which eventually culminated in a divorce. At

this time, Sheila and her sister spent much time away from home, partying. The shock of a pregnancy was too much for Sheila to process and so she dissociated from it, carrying on with her Grade 12 year as if nothing had happened, until it was absolutely necessary to face the pregnancy. Once the pregnancy was exposed, Sheila was able to draw upon a very supportive family and community for strength and encouragement. Her father was a particular source of strength, and he helped her draw upon other important supports from within her extended family. Sheila was very clear in her mind right from the start that she was not ready to take on the role of parenting. Once she learned about open adoption, Sheila readily embraced it and set out to have her baby for another couple. She was pleased that something good could emerge from her distressing situation, that she was able to offer a child to a childless couple. At her core, Sheila had a strong and healthy personality. For the first five years of the open adoption experience, Sheila let the adoptive parents take the lead in the formation of the relationship. When she married and started creating a family of her own, the relationship evolved into a more intimate, extended family type of relationship. Sheila and Val are very close, and Sheila also has a much cherished relationship with Stephen, but she is very clear on boundary issues. She knows that Val and Barry are the parents of Stephen, and she would never cross that boundary. She and Corey are busy parenting their own child and they are working on expanding their own family.

Heather became pregnant at the very young age of 14 in a context where she had no support from family, friends, peers or schools. Heather independently researched her options and carried her secret for as long as possible as a means of self-preservation, since she was very frightened of what her mother would do to her if she discovered the pregnancy. Heather was able to accept help from others when it was offered to her, and she found a much appreciated support in a family friend who reached out to offer help. Heather was a keenly thoughtful and observant young woman, and she recognized that the prospective adoptive family that she had selected was a loving family who would be able to embrace and care for her child. Heather dealt with the trauma of her pregnancy and grieved the loss associated with the relinquishment in private. Heather's resilience was again highlighted in her choice of a specialized high school program for pregnant and parenting teens, a program which offered a level of support and guidance not

available in the larger urban high schools. As a young woman of 18, Heather is a well adjusted, future-oriented college student who is wise beyond her years. She has close friends, a boyfriend, career plans, and she hopes eventually to marry and have a family of her own. She has maintained a very positive relationship with the adoptive parents and delights in the development of her birthson, Jason. Her relationship with her mother continues to be strained, but she has accepted it for what it is, and does not appear to be unduly hampered by it.

Kaitlyn became pregnant at the young age of 15, and the pregnancy became another battleground in a family that was rift with ongoing conflict. Kaitlyn feels she was forced into the adoption. She resisted the adoption, yet she also recognized that she would not be able to properly raise a child in her conflict-ridden world, so there were some elements of reluctant cooperation with the adoption process, particularly when it came to the selection of the adoptive family. She continued to present the external trappings of anger and rebellion, but she did select a family that she felt would be a good adoptive family to the baby she was carrying. Kaitlyn reported a very disturbing and unsatisfactory birthing experience in which she felt very disenfranchised and abused. Her angry orientation coupled with all her negative experiences made it difficult for her to receive help and counsel, but her resilience and doggedness did eventually allow her to get the help she needed to cope with the trauma of the relinquishment. She sought out help from a close friend and from the adoption agency. The birthmother support group has become a life-line of support for Kaitlyn, as she continues to struggle with relationships and with the challenges of her life. Kaitlyn became pregnant again, at the age of 16, and she defiantly chose to parent that child. She is working hard to be a good parent to Brad, and she is also very committed to developing a positive relationship with the April and Mike the adoptive parents of Joshua. Kaitlyn experienced difficulties in the areas of school achievement and peer relationships prior to the pregnancy, and she continues to struggle with achieving her career goals, particularly since she is now also parenting.

Taylor, a 22 year old nurse at the time of the interviews, placed her child at the age of 19. Taylor presented as a somewhat soft-spoken thoughtful and articulate person, who reported that she was overwhelmed and panic stricken when she discovered she was

pregnant. Her denial of the pregnancy negated the option of abortion, because the pregnancy was too advanced when it came to light. Taylor and Chad did not feel ready to parent, and Taylor's mother did not want them to quit school because of the pregnancy. While Taylor initially held a negative view towards adoption, she became more positive about it when her mother brought her information about open adoption. Taylor and Chad may have made their decision about adoption too hastily, and Taylor now wonders whether they could have handled parenting the child. She also did not carefully attend to her own needs in the birthing and relinquishment process, and she has experienced some difficulty in establishing a healthy open adoption relationship. She has sought out assistance from the counsellor at the adoption agency, and is hopeful that the relationship between herself and the adoptive mother will eventually become more intimate. Taylor also struggles with the "what ifs", such as "What if we had chosen to parent James? What would our life have been like? Would we have been able to cope?" In spite of these disquieting thoughts, Taylor is looking forward to the future, a future which includes a career of nursing, marriage to Chad who is the birthfather of James, and the hopes of having other children, and she accepts the open adoption relationship as permanent.

Jill gave birth at the age of 19 after her first semester in college. The fact that the father of the child was an abusive, ex-boyfriend who had mental health problems was an important factor in her decision to relinquish. After receiving the counsel of her brother who had become a parent prior to finishing his university program, Jill concluded that she was simply not ready to parent. When she learned about open adoption, she embraced it as a solution to her dilemma. Jill's family is very close and she drew much support from her parents and her siblings through the process of relinquishment. They were at her side whenever she needed their support, and they joined her in welcoming the child into the world. Jill was an articulate and confident young woman who took charge of the relinquishment experience, communicating to others what she needed and wanted. The relinquishment, though painful, went very well for Jill, and she and her family have adjusted well to the open adoption, and are active participants in it.

In reviewing the paradigm cases, a number of contextual and personal factors that helped to shape each young woman's experience with open adoption were identified.

Personal factors included the ability to regulate one's emotions, the ability to accept the help of others, and the ability to recognize one's feelings and needs and then communicate them. Contextual factors included level of familial support, level of support outside the home, and the ability of the adoptive parents to communicate with and resolve conflicts with the birthmothers as conflicts or potential conflicts arose. The relationship that the birthmother was able to develop with the adoptive parents was considered a contextual factor which shaped her experience. The birthmother's relationship with the birthfather also helped to shape the birthmother's experience of open adoption.

CHAPTER SIX

Discussion

The findings of this study have contributed significantly to an understanding of the experience of birthmothers who have placed a child into an open adoption relationship during their adolescent years. These findings add breadth, richness, and depth to the narrow body of research that has examined this issue through quantitative methodologies.

Through the exploration of this topic, the researcher has come to a deep appreciation of the complexity of birthmother's experience in this challenging relationship. It is the hope of the researcher that this work will benefit those who are considering whether or not they wish to enter an open adoption relationship as well as those who are committed to the concept and are desirous of building healthy open adoption relationships. It is the researcher's hope that the insight and understanding generated by these findings will stimulate improved services to all potential participants in an open adoption relationship.

This chapter will highlight the main findings of the study and discuss the implications of these findings for adoption practice. Recommendations generated by the findings will be offered. An evaluation of the study will be presented and some limitations of this study will be discussed. While the research project has met its goal of facilitating a greater level of understanding in the researcher, there are still many questions left unanswered. The chapter will conclude with a discussion of possible directions for future research.

Main Research Findings

Each of the participants in this study shared her personal story of her experience with open adoption. Each young woman's experience was unique, and yet there were many thematic findings common to all of the narratives. These findings enrich our

understanding of the complexity of the experience of the adolescent birthmother in open adoption, and also provide direction for adoption practice.

One of the first findings that emerged from this study was that the pregnancy was experienced as a highly traumatic event. The traumatic beginnings to this experience had great impact in shaping how the young women approached their pregnancies, and thus this finding was deemed to be significant. Evidence of denial and dissociation were noted in most of the birthmothers, and as a result timely access to prenatal care and in-depth counselling was compromised. The ignorance of Canadian youth with regard to adoption issues in general and open adoption in particular (Daly, 1994) was also evident in the birthmothers in this study, and this ignorance added to the trauma of the pregnancy in that when the young women considered adoption, they contemplated the more frightening prospects of the closed adoption system.

The recognition that the experience of an unplanned pregnancy is a traumatic event in the life of an adolescent woman yields some important implications for the counselling and support of pregnant adolescents whether or not they are contemplating an adoption plan. The denial and dissociative tendency is reduced when a climate of safety and support is established (Herman, 1992; Schwarz, 2002) and thus every effort must be made to provide young people with access to counselling and support services early in the pregnancy. Education to help the young traumatized woman understand what is happening to her is crucial to the development of a sense of safety (van der kolk, McFarlane, & van der Hart, 1996), and a full exploration of the feelings associated with the traumatic event is essential to a healthy resolution of the trauma (Schwarz, 2002). Brodzinsky's (1990) noted that a sense of personal safety, the freedom to express the full range of feelings and the empathy and support of loved ones assisted birthmothers in their grieving after the relinquishment. The findings of this study suggest that these same conditions will assist the pregnant adolescent in acknowledging the pregnancy, and will reduce the duration and intensity of the fear, suffering, and isolation that most of the birthmothers in this study experienced during the pregnancy.

Another important finding that emerged from this study was that there were a number of losses associated with the pregnancy. These losses were ambiguous in nature, and thus were difficult to identify. One major loss was the loss of the carefree adolescent

life-style; another somewhat ambiguous loss was the anticipatory loss associated with the impending adoption. This latter loss would often stimulate anticipatory grieving which would foreshadow the grieving associated with relinquishment. Parents and peers also experienced ambiguous losses which sometimes evoked feelings of anger and frustration and had the potential of estranging the young pregnant adolescent from her support system. For example parents experienced the loss of the more conventional entry of their daughter into motherhood, and there was a loss of intimacy between the young woman and her peers in that peers found it difficult to understand the pregnant adolescent's new circumstances. Family counselling which helps family members name and accept the ambiguity inherent in these losses is recommended to prevent the depression, anxiety and family conflict that often results from an ambiguous loss (Boss, 2000). A support group for pregnant teens was helpful to one of the pregnant adolescents in this study in that it provided her with a group of peers who could understand her circumstances.

The two findings reported thus far plainly indicate that the time of the pregnancy is an intensely taxing and difficult time when much educational and counselling support is required. Clearly the counselling support that is required at the time of the pregnancy must move beyond simply addressing the obvious decision making task of how the adolescent wishes to resolve the unplanned pregnancy. Issues of fear, trauma, and ambiguous loss must also be addressed. Additionally, these findings point to the importance of education regarding unplanned pregnancy prior to it becoming an issue for any particular adolescent. Young people would benefit from education about open adoption, as well as abortion and parenting prior to facing an unplanned pregnancy. A full exploration of the gravity of these issues may encourage young people to take better precautions with regard to birth control.

Another major finding of the study was that the choice to place one's child into an adoption was a painful choice that was made reluctantly and out of a sense of necessity. The reasons given for this choice included a lack of readiness to take on the responsibilities of parenting, a lack of parental support, and the need to protect the child from the birthfather. An awareness of the risks involved in the making of this choice added to the stress experienced by the relinquishing birthmother. The risks included the fear that the child would not be cared for properly, that the birthmother had made the

wrong choice with regard to the selected adoptive parents, and that the adoptive parents would not follow through on their promises with regard to openness. Meeting and getting to know the prospective adoptive couple prior to the relinquishment helped to alleviate some of these fears, a finding which has been reported in previous research (Cushman et al., 1997). Another contributory factor to the stress of the adoption choice was the realization that one would be judged negatively by one's peers for placing the baby into an adoption, a finding that has been supported by previous research (Barth, 1987; Caragata; 1999; Weir, 2000). A number of authors have already commented on the fact that there is a social censure attached to adoption in that adoption is often viewed as an abandonment of one's baby (Caragata, 1999), and counselling support which addresses the social disapproval that some young relinquishing birthmothers experience is therefore warranted (Edwards & Williams, 2000).

The finding that the adolescent women in this study generally felt that they were not ready to parent while they were still adolescents is consistent with Eriksonian theory (Erikson, 1968) which suggests that the developmental focus in adolescence is identity formation, and tasks such as parenting are typically reserved for the later stage of young adulthood when the identity is firmly established and the young adult has achieved financial and emotional independence from her parents and is in a committed love relationship. Yet, another tenet of Erikson's theory would suggest that unless the adolescent herself agrees with the notion that she is not ready to parent, it would be counterproductive for adults to invoke the principle of lack of readiness in an attempt to pressure or coerce the young woman into choosing adoption. Erikson's theory of development clearly indicates that the adolescent is the one who must define her own identity. This process of self-definition involves the making of many choices such as that of career, values, and life-style. An application of this principle to the situation of an unplanned pregnancy suggests it is essential that the adolescent be empowered to define her identity with regard to the expected child. Will she be the relinquishing birthmother or will she be the parenting mother? When the adults in the life of the adolescent attempt to make the choice for the pregnant adolescent as occurred in the case of Kaitlyn, or when they allow for a hasty choice made in a state of panic as happened in the case of Taylor, there can be deleterious results. Thus, adoption practitioners are well advised to

ensure that the decision for adoption be well-considered and thoughtfully made by the pregnant adolescent and not by her parent (personal conversation, Karen Reynolds, May, 2002).

The finding that the birthmothers were able to consider the needs of the child concurrently with a consideration of their own needs placed them at the highest level of moral development according to Gilligan (1982), and further disproved the stereotypical assumption that relinquishing birthmothers are acting out of self-interest. This finding also lends support to Gilligan's view that women are primarily relational in their approach to moral dilemmas. The rationales given for the choice of open adoption indicated that the dilemma of the unplanned pregnancy was addressed from a relational stance by the young women in this study. Open adoption offered the birthmothers in this study the possibility of relationship and connection to the child without the responsibility of parenting. The birthmothers who willingly chose open adoption recognized that they were not developmentally ready to take on the role of parenting, but they had a deep desire to have a loving relationship with the child and to ensure that all of the child's needs were adequately met. All of this was possible in open adoption. The beauty of open adoption for the birthmothers in this study was that they were able to witness on an ongoing basis that their child was healthy, happy and well-cared for. This opportunity alleviated much anxiety for the birthmothers in this study, a finding consistent with previous research (McRoy & Grotevant, 1988).

Another important finding that emerged from the stories told by the participants was that all of the birthmothers had detailed and extensive hopes and dreams for the child, hopes and dreams that were often articulated in the selection of the adoptive parents. Quite clearly the birthmothers wanted to find parents who would give the very best to the child, and who would provide for the child what they themselves wished they could offer. This finding also dispels the myth that birthmothers are making a selfish decision, and lends further support to the notion that the selection of the adoptive family is a relational decision made by the birthmother who has a strong relational commitment to her child and the best interests of her child at heart.

Another significant finding of this study pertained to the issue of attachment. Most of the birthmothers were fearful of bonding to the infant, and attempted not to

attach to the child they were carrying in the belief that an attachment would interfere with their decision to relinquish the child. They shunned practices such as breastfeeding, and occasionally short-changed themselves with regard to allowing time to bond with the child after birth. In the cases where the bonding time was possible, it was appreciated and enjoyed, and did not interfere with decision to relinquish. Most of the birthmothers attached to the child in spite of efforts to resist the bonding, and in retrospect, they did not consider these attachments to be problematic. At the time of the interviews, the birthmothers were two through thirteen years post-relinquishment, and all reported a strong and special bond with the birthchild.

Other research has suggested that mother-infant bonding prior to birth is normative (Cranley, 1981), reciprocal (Kisilevsky et al., 2003), and important to the healthy development of the fetus (Trout, 2002), and thus efforts to negate mother-infant attachment appear counter-intuitive. Cross-cultural research has demonstrated that infants in collectivistic cultures are capable of developing a network of attachment figures (van IJzendoorn & Sagi, 1999); thus, it may be important to encourage mother-infant attachment even when the mother is planning to relinquish the child. Further research is required to shed light on this complex issue, particularly as it relates to open adoption.

Inherent in the entire experience of unplanned pregnancy was the sense of a profound lack of control over the course of one's life. Birthmothers responded to this chaotic loss of control by repeatedly seeking control in a multitude of ways. The selection of the prospective adoptive parents, and the decisions as to who would be present at the birth, and how the birth and relinquishment would occur were important ways in which birthmothers exercised control. In numerous instances, the parents, doctors, and/or nurses interfered or attempted to interfere with the birthmother's desire to take control of her experience, and these efforts usually had deleterious results. Given that the desire to make important decisions with regard to the trajectory of one's life is developmentally appropriate for an adolescent, a counselling approach which provides the necessary background information and which respects the ability of the birthmother to make age-appropriate decisions is critical.

Another important finding in this study was the birthmother's need for transition time with the baby prior to the relinquishment. Birthmothers who had the opportunity for transition time cherished it, and those who did not have the opportunity missed it terribly. A gentler and more gradual transition of the infant from the birthmother to the adoptive mother is intuitively supported by the research which documents the existence of reciprocal mother-infant bonding prior to birth (Cranley, 1981; Kisilevsky et al., 2003). The transition time seemed to serve two purposes for the birthmothers. It allowed the birthmother to get to know her baby and bond with him, and it allowed the birthmother and the adoptive parents the opportunity to get to know each other more intimately. The development of the relationship with the prospective adoptive parents made possible by extended contact during the transition time helped relieve some of the anxiety the birthmother felt with regard to the relinquishment, and allowed her greater peace with her decision. In light of this finding, education about the importance of transition time should be included in pre-adoption counselling for the expectant mothers and the prospective adoptive parents.

Another major finding of this study was the fact that birthmothers needed much emotional support to successfully navigate the many challenges inherent in infant relinquishment through open adoption. Challenges presented themselves at all stages of the adoption process, and continued well into the open adoption relationship. When support was not available from parents, the birthmothers found it elsewhere. Sources of support included teachers, friends, other trusted adults, adoption agency personnel, counselors, doctors, nurses and birthmother support groups. In light of this finding, an assessment of the pregnant adolescent's support systems is a necessary part of the counselling process, and counselling might focus on the improvement of existing support systems and the establishment of new support systems as required.

The naming of the child was interpreted to be an activity which symbolized the connection of the child to two families, while also foreshadowing the imminent relinquishment. Both the birthmother (and in one instance, the birthfather) and the adoptive parents had input into the naming process, and both recognized the importance of the other in the act of naming; thus, the naming process anticipated the cooperative nature of open adoption. The ritual of the naming also acknowledged the lead role that

the adoptive parents would have in parenting the child, and that the child would be entering a family other than the family of his birth. Birthmothers recognized that the adoptive parents would finalize the name and adoptive parents typically selected the first name. The naming process usually occurred just prior to the relinquishment - it foreshadowed the transference of the child from the care of the birthmother to the care of the adoptive mother. Paradoxically, while the naming process recognized and celebrated the connection of the child to the birthmother, it also predicted the severance of the birthmother's mothering role which would soon be transferred to the adoptive mother. Although ritual has been cited to be a beneficial way of marking the losses associated with adoption (Brodzinsky, 1990), only one of the birthmothers in the study participated in an entrustment ceremony. Given the significance of this moment in the adoption process, it might be useful to invite birthmothers and adoptive parents to consider a formal entrustment ceremony as a ritualized way of recognizing the transfer of the mothering role to the adoptive parents. Participation in such a ceremony would only be beneficial if all parties involved were desirous of this involvement.

The finding that birthmothers generally suffered deep grief with the relinquishment validates previous research which has examined birthmother grief in open adoption (Blanton & Deschner, 1990; Cushman, Kalmuss, & Namerow, 1997; Lancette & McClure, 1992). However, contrary to the findings reported by some of these studies (Blanton & Deschner 1990; Lancette & McClure, 1992), the grief experienced by the birthmothers in this current study was considered normal and not pathological. The level of openness in the current study was much higher than the level of openness in the previous studies cited, and this higher level of openness may account for the greater level of grief resolution evidenced in the birthmothers in this study. Birthmothers in this study found a variety of ways to mourn their losses including the following: crying; talking to others about their feelings of grief; journaling; watching a video of the baby; writing a letter to the baby; attending counselling sessions; and attending a birthmother's support group. The need for counselling and grief education both prior to and after the relinquishment was supported by this study.

Gilligan (1982) is credited with the notion that a woman's identity is shaped by a relational orientation. The finding that identifies the relational nature of open adoption as

the source for healing lends credence to Gilligan's theory. The relational ties developed between birthmothers and adoptive parents provided certainty to the birthmother that the child was happy and well cared for by a loving family. Some of the open adoption relationships evolved to the point where birthmothers and adoptive parents considered each other as extended family. Other relationships remained more guarded, and the level of birthmother satisfaction with those relationships was not as high. Clearly all birthmothers in this study desired a close and intimate relationship with the adoptive family as well as with the birthchild. Counselling support might help all members of the adoptive circle better achieve their goals with regard to the open adoption relationship.

As has already been alluded to, birthmothers in this study demonstrated a clear acceptance of the loss of the parenting role, and they moved into a reorganized way of relating to their birthchild, namely that of a birthmother. While they recognized their special biological and emotional connection to the child, all birthmothers were clear that the adoptive mother was the mother of the child. This acceptance of the loss of the parenting role along with the reorganization of relationships was indicative of a successful healing process (Brodzinsky, 1990; Watson, 1986; Worden, 2002).

Another related major finding which has also been alluded to previously was that the birthmothers viewed the bond that they had with the adopted child as enduring and life-long. They expected to always be involved in some way in the life of the child they had relinquished, and open adoption gave them the opportunity to nurture the bond. This bond did not in any way appear to threaten the mother-child relationship that had formed between the adoptive mother and the child. Furthermore, the level of contact established by birthmothers and adoptive families in this study suggests that adoptive parents were not threatened by the enduring bond between the birthmother and the adopted child. This finding contradicts the popular societal belief which views the bond between birthmother and relinquished child as problematic to the relationship between the adoptive mother and the child (Hughes, 1995; Miall, 1998) and points to the need for more public education pertaining to adoption issues.

Another significant finding in this study was that there is a certain "messiness" associated with open adoption. Establishing a level of contact that was acceptable to both birthmothers and adoptive parents was an issue of concern cited by some birthmothers.

In one instance, the adoptive parents felt the birthmother was not visiting enough, whereas in another they felt she was visiting too often. Working through conflict was another area of concern cited by birthmothers. Birthmothers did not want to jeopardize their relationship with the adoptive family, and thus they sometimes perceived conflict to be a frightening thing. Given that open adoption is a dynamic relationship in which all participants are constantly changing and growing, the potential for conflict is always there. Triad groups made up of members of an adoptive triad that are not associated with each other were recommended by one birthmother as a helpful place to explore questions or concerns about the open adoption relationship. A full range of post-adoption services including counselling, ongoing education, and support groups would help participants in open adoption address concerns as they arose.

According to Erikson (1968) adolescence is a time when young people define their identities. Clearly the experience of relinquishing a child through open adoption helped to define the identities of the young women in this study. The young women repeatedly noted that their experiences with open adoption had shaped their values, their views on relationships, and their vocational choices. The fact that they had gone through such a difficult experience allowed the young women to define themselves as strong and resilient. They had proven to themselves that they were able to overcome adversity and they were mature beyond their years. The experience of dealing with an unplanned pregnancy caused these young women to become more future-oriented and purposeful in their thinking, particularly with regard to plans for ongoing education and future employment.

A final theme that emerged from this study was a strong desire amongst the young women participants to teach others about the value and benefits of open adoption. While some of the women were critical about how certain parts of their open adoption experience had been handled, all were supportive of the notion of open adoption as a very viable and positive way to resolve an unplanned pregnancy. None of them had an understanding of open adoption prior to their own pregnancy, and all were aware of the need for more public education on the topic.

Recommendations

There have been many recommendations generated by the findings thus far. These major recommendations will now be reviewed and summarized.

Given the wide-spread ignorance that still exists with regard to open adoption, there clearly is a dire need for extensive education about open adoption practice within all sectors of society. Media education could inform the public about open adoption. With regard to the education of youth, the school system could strive to educate the upcoming generation about open adoption as a viable method of family construction. Information about adoption could be integrated into the family life education and health curriculums. In conjunction with sexuality education, children and youth could begin to explore the question of how to resolve the dilemma of an unplanned pregnancy. All the alternatives could be explained and discussed in conjunction with a discussion of how different value systems inform questions of morality. Children and youth should be given sound information about the options of abortion, parenting and adoption in a safe context which is respectful of the variety of values and perspectives that their parents may be presenting to them in their home environments. At the junior high level, youth could discuss a number of case studies of young men and women who have made various choices with regard to resolving an unplanned pregnancy. A successful open adoption relationship could be one of those options. An unsuccessful open adoption could be another option, and the class could explore the case study to determine where and why the relationship broke down. These suggestions provide just a sampling of the type of curriculum that could be developed to better educate young people about the realities of open adoption.

Education about the pregnancy and prenatal care should be presented to all youth in conjunction with sexuality education. Young people need to be taught that if they are sexually active, they must be vigilant with regard to a possible pregnancy even if they are using birth control. The importance of proper self-care and nutrition during pregnancy should be emphasized.

All adolescents would benefit from education pertaining to communication skills and the healthy resolution of conflict. Strategies to resolve parent-teen conflict and dating conflict should be discussed. The application of conflict resolution processes to

more complex relationships such as step-parent child relationships or open adoption relationships could also be considered.

Counselling services for pregnant adolescents must become much more visible and accessible in our society. Young people must know that there is a safe confidential place to turn to when they are faced with an unplanned pregnancy. Information about counselling services could be displayed in public places frequented by adolescents. Counsellors who work with pregnant adolescents should ensure that they address all the psychosocial needs of their clients. Issues of trauma and loss should be addressed, support systems should be identified and developed, and the decision making process should be explored in a thoughtful, deliberative way, ensuring that all options are considered. Counselling may involve educational opportunities for the pregnant adolescent and her boyfriend. Some examples might include interviewing a teen who is parenting, interviewing a teen who has placed a child in an open adoption, and interviewing someone who has had an abortion.

Education about the hospital experience and the options for the birthing experience should also be thoroughly presented so that the adolescent feels empowered to make the choices that are right for her. Adolescents would likely benefit from hearing or reading about the birthing experiences of other pregnant adolescents, so that they can better anticipate the experience, and be prepared to make the wide array of decisions that they will have to make.

Extensive post-placement and post-adoption services are also necessary. These services must be available throughout the life-time of the adoption circle, since the adoption circle is dynamic and always changing and presenting new challenges to its members.

Evaluating the Study

The concern for objectivity that is central to the positivistic research paradigm is not relevant to a hermeneutic inquiry which is based on the premise that the researcher acts from a subjective, interpretive position in the research process (Riessman, 1993). Similarly it is assumed that the participant who is telling her personal story to the

researcher is also doing interpretive work as she relays her experiences (Widdershoven, 1993).

The researcher engaging in an interpretive inquiry typically involves the reader in the validation process (Benner, 1985). Benner (1985) suggests that the reader should evaluate an interpretive work by keeping in mind the following five criteria of internal validity:

First, they should help us to understand the lives of the subjects; we should better comprehend the complex pattern of human experience as a result of these. Second, the themes should maintain the integrity of the original “data.” Third, the interpretations should be internally consistent. Fourth, data that support the findings should be presented. Usually, these data will take the form of excerpts from the interviews. Finally, the reported conclusions should be consistent with the reader’s own experience. In qualitative research, the readers must critically scrutinize the results of the thematic analysis, playing a more active role in the process of “validation” than they normally would.

Packer and Addison (1989) note that researchers begin an interpretive inquiry from a stance of “concerned engagement”, and they suggest that an interpretive account should be evaluated on the basis of whether or not it offered a solution to the basic problem that motivated the inquiry. Ellis (1998b) suggests using the following six questions to determine whether an adequate answer to the research question has been given in the interpretive account (pp. 30-31):

1. Is it plausible, convincing?
2. Does it fit with other material we know?
3. Does it have the power to change practice?
4. Has the researcher’s understanding been transformed?
5. Has a solution been uncovered?
6. Have new possibilities been opened up for the researcher to research?

I first assessed my interpretive inquiry with the five criteria for internal validity offered by Benner (1985). Firstly, I believe that the findings of this study will help the reader to understand the complexity of the experiences of the five birthmothers who participated in this study. The study included each participant’s lengthy personal narrative which was supported by extensive illustrative quotes, and this inclusion allowed for maintenance of the integrity of the original data. Furthermore, the reader is able to track the internal consistency of the interpretations by going back to the extensive narratives, thereby enhancing the credibility of the findings. The credibility of the

findings was further enhanced by the fact that the exemplars chosen clearly illustrated the themes that were presented, and the reader is able to scrutinize the results of the thematic analysis by carefully reviewing the narratives.

With regard to the questions posed by Ellis (1998b), I believe the findings are plausible and convincing in that they can be understood within the context of the narratives presented by the women participants. Furthermore, the findings have been related to the developmental theories of Erikson and Gilligan, as well as the theories of grief resolution and previous relevant research. In addition, the compelling accounts offered by the women participants offer many suggestions and insights which could enlighten and inform anyone interested in gaining a more complete understanding of the open adoption experience from the perspective of the birthmother. This final chapter of this dissertation offers a summary of the findings of the study and a discussion of how these findings might contribute to improved adoption services. New possibilities for research which will expand the knowledge base generated by this study are also suggested in a later section of this chapter.

Limitations of the Study

Participants for this study were selected using purposive convenience sampling, and may not be representative of the larger population of women who have relinquished an infant to open adoption in their adolescent years. It may be that women who choose to participate in a study such as this one are those who have had a particularly positive relinquishment experience. It is considered the responsibility of the reader to bring his or her own experience and understanding to a deliberation of the rich contextual data provided in the narratives and paradigm cases, thus extending generalization to reference populations (Merriam, 1998).

While the small number of participants has been listed as a limitation of the study, it can also be argued that the strength of this study lies in its in-depth interpretive analysis of the experiences of a limited number of participants. The degree of depth achieved and the scope of the experiences explored would have been difficult to achieve through a quantitative approach. In qualitative studies such as this one, the intent is not to yield findings that are generalizable to a larger population. Rather, the intent is to facilitate a

deeper understanding of the experience and that purpose has been achieved. Others who are involved in open adoption will be able to compare their experiences to those of the participants in the study. Those who are curious about what the experience of open adoption entails will have the opportunity to read and consider the experiences of the five participants in this study.

Another limitation to the study had to do with the recency of the relinquishment for most of the participants. Jill had relinquished her child just two years prior to the study whereas Kaitlyn, Taylor and Heather were all three years post-relinquishment. Sheila had relinquished her child 13 years prior to her participation in the study. Thus, with the exception of Sheila's story, the narratives did not explore how the open adoption relationships developed over an extended period of time.

Future Research Directions

This study has provided some useful information on a group of birthmothers who placed an infant child into an open adoption during their adolescent years. While the information reported in this project is significant, there is a need for more research on this understudied population. The findings of this exploratory study have stimulated some ideas for further research which will now be presented.

The issue of mother-infant attachment during pregnancy in women who are planning to place their babies for adoption deserves further research attention. Research has suggested that mother-infant bonding prior to birth is normative and reciprocal in nature, and there is the suggestion that it is important to the healthy development of the fetus. Cross-cultural research has demonstrated that infants in collectivistic cultures are capable of developing a network of attachment figures, and thus it may be important to encourage mother-infant attachment even when the mother is planning to relinquish the child. Further research is required to illuminate this complex and highly sensitive issue.

This study demonstrated the importance of ensuring that the birthmother spends at least several days with the baby prior to the placement of the baby. Further research investigating how to facilitate a healthy transition of the infant from the care of the birthmother to the care of the adoptive parents would be beneficial to all involved in the adoption circle.

This study also demonstrated the importance of support systems for adolescents who are placing a child into an open adoption. Further research exploring which services provided by adoption agencies are perceived to be most beneficial to the relinquishing adolescent might be helpful. The benefits of individual counselling, birthmother support groups, and triad groups have all been noted by birthmothers in this study. The value of one support over the other or a combination of supports could be studied further.

This study explored the open adoption experience from the perspective of the birthmother. A similar qualitative study could examine the open adoption experience from the perspective of the adoptive parents, or the adoptee. It would also be of value to examine the perspectives of all members of an adoptive triad in one open adoption relationship. A longitudinal study exploring the development of the open adoption relationship over the course of a lifetime would be most informative.

Only one of the five birthfathers in this study was a full and supportive participant in the open adoption proceedings, and the focus of this study did not include an exploration of his experience. Future qualitative research might pursue this avenue of investigation since so little is known about the birthfather's experience in open adoption.

The women in this study evidenced great resilience in that they found ways to mourn their losses and resolve their grief. It would be presumptuous to assume, on the basis of the findings generated by this small sample that all birthmothers move through the process of placing a child into an open adoption relationship without complications. Given that the risks associated with complicated bereavement include mental health problems such as anxiety and depression (Worden, 2002), further research exploring the processes of grief resolution in this understudied population is warranted.

The birthmothers in this study all desired an ongoing and intimate relationship with the adoptive family. Gross (1997) described three categories of adoptive parents involved in open adoption. She termed them rejecters, acceptors, and embracers, terms which illustrate the various types of relationships that are possible between birthmothers and adoptive parents in an open adoption relationship. Research examining what factors contribute to the movement of adoptive parents from the status of rejecters to acceptors or from the status of acceptors to embracers would be helpful for those who desire a more intimate open adoption relationship.

Final Reflections

As I have come to the end of this project, I am very appreciative for all I have learned. My original goal was to gain a deeper understanding of the experience of open adoption from the perspective of the birthmother who has relinquished a child in adolescence. I have met that goal and gained so much more in the process. I am deeply grateful to the five young women who so courageously shared their personal stories of a very challenging time in their lives. I was honored they shared their stories with me, and I was blessed by what I learned from them.

In listening to the birthmothers' stories, I became attuned to their fears and vulnerabilities, and I marveled at the success of the open adoption relationships in spite of the insecurities experienced by both birthmothers and adoptive parents. I was deeply moved by the realization that it was the love of a child that motivated each participant in the open adoption relationship to commit to the relationship and strive to understand the other. Out of the pain and confusion of an unplanned pregnancy, birthmothers in this study were able to create lives of meaning and hope.

Listening to the stories allowed me to witness what open adoption has to offer those who choose to participate in it. I began to see the beauty in the phenomenon of people choosing to be family to each other in the absence of blood ties. I began to see the building of the open adoption relationship as an exemplar of the building of all important relationships which involve risk and necessitate commitment. Those who enter the relationship may be vulnerable and frightened, but as the relationship grows and develops there is the opportunity for personal growth, healing, and love.

When open adoption works well, there is a sense of connectedness between all members of the adoption circle. No member possesses the other and all experience a sense of surety that the relationship will endure. Roles are respected; there is an appreciation for the other and a commitment to ensure ongoing relationship. In such a context, the child has, as Sheila so aptly stated it, "so many people who love him."

As I reflected on the "messiness" of open adoption, I realized that this messiness is no different than the messiness of all relationships. Relationships are not neat and tidy and predictable. All relationships require work and attention; old baggage has to be

sorted out, and boundaries established. The notion that the closed adoption system was neat and tidy is a fallacy; it was messy too, and there were fewer opportunities to work through the messiness because there were simply too many secrets. Healing and reconciliation are required in all relationships, and healing best occurs in a compassionate, accepting, and open environment.

I have learned that those birthparents and adoptive parents who choose to participate in open adoption choose to be vulnerable, fearful, risk-taking, embracing and loving people. They open themselves up to the risks associated with seeking and sharing love, and they allow themselves new opportunities to experience love and something of the sacred in life. It is a beautiful risk.

References

- Andersen, R. (1988). Why adoptees search: Motives and more. *Child Welfare*, 67, 15-19.
- Avery, R. (1998). Information disclosure and openness in adoption: State policy and empirical evidence. *Children and Youth Services Review*, 20, 57-85.
- Baran, A., & Pannor, R. (1993). Perspectives on open adoption. *The Future of Children*, 11, 119-124.
- Barth, R. (1987). Adolescent mother's beliefs about open adoption. *Social Casework*, 68, 323-331.
- Barth, R., & Miller, J. (2000). Building effective post-adoption services: What is the empirical foundation? *Family Relations*, 49, 447-455.
- Bartholet, E. (1993). *Family bonds: Adoption and the practice of parenting*. New York: Houghton Mifflin.
- Basow, S., & Rubin, L. (1999). Gender influences on adolescent development. In N. G. Johnson, M. C. Roberts, & J. Worell (Eds.), *Beyond appearance: A new look at adolescent girls* (pp. 25-52). Washington, DC: American Psychological Association.
- Belbas, N. (1986). Staying in touch: Empathy in open adoptions. *Smith College School for Social Work*, 57, 184-198.
- Benner, P. (1985). Quality of life: A phenomenological perspective on explanation, prediction, and understanding in nursing science. *Advances in Nursing Science*, 8, 1-14.
- Berry, M. (1991). The effects of open adoption on biological and adoptive parents and their children: The arguments and the evidence. *Child Welfare*, 70, 637-651.
- Berry, M. (1993). Adoptive parents perceptions of and comfort with open adoption. *Child Welfare*, 72, 231-256.
- Boss, P. (2000) *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, Massachusetts: Harvard University Press
- Bowlby, J. (1969). *Attachment and loss* (Vol. 1) *Attachment*. New York: Basic Books.
- Bowlby, J. (1982). *Attachment and loss* (Vol. 1) *Attachment* (2nd Ed.). New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Volume 3*. London: Hogarth Press.

- Bowlby, J. (1989). *Secure and insecure attachment*. New York: Books.
- Blanton, T., & Deschner, J. (1990). Biological mothers' grief: The postadoptive experience in open versus confidential adoptions. *Child Welfare, 69*, 525-535.
- Brodzinsky, D. (1990). A stress and coping model of adoption adjustment. In D. M. Brodzinsky, & M. D. Schechter (Eds.), *The psychology of adoption* (pp. 3-24). New York: Oxford University Press.
- Caragata, L. (1999). The construction of teen parenting and the decline of adoption. In J. Wong, & D. Checkland (Eds.), *Teen pregnancy and parenting: Social and ethical issues* (pp. 99- 120). Toronto: University of Toronto.
- Carp, E. (1998). *Family matters: Secrecy and disclosure in the history of adoption*. Cambridge, MA: Harvard University Press.
- Carr, M. (2000). Birthmother and subsequent children: The role of personality traits and attachment history. *Journal of Social Distress and the Homeless, 9*, 339-348.
- Christian, C., McRoy, R., Grotevant, H., & Bryant, C. (1997). Grief resolution of birthmothers in confidential, time-limited mediated, ongoing mediated, and fully disclosed adoptions. *Adoption Quarterly, 1*, 35-58.
- Clandinin, D. J. & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey-Bass.
- Clark, S. (1999). What do we know about unmarried mothers? In J. Wong, & D. C Checkland (Eds.), *Teen pregnancy and parenting: Social and ethical issues* (pp. 10-24). Toronto: University of Toronto.
- Curtis, P. (1986). The dialectics of open versus closed adoption of infants. *Child Welfare, 65*, 437-445.
- Cranley, M. S. (1981). Roots of attachment: The relationship of parents with their unborn. *Birth Defects: Original Article Series, 17*, 59-83.
- Cushman, L., Kalmuss, D., & Namerow, P. (1993). Placing an infant for adoption: The experience of young birthmothers. *Social Work, 38*, 264-272.
- Daly, K. J. (1994). Adolescent perceptions of adoption: Implications for resolving an unplanned pregnancy. *Youth & Society, 25*, 330-350.

- Davies, L., McKinnon, M., & Rains, P. (1999). 'On my own': A new discourse of dependence and independence from teen mothers. In J. Wong, & D. Checkland (Eds.), *Teen pregnancy and parenting: Social and ethical issues* (pp. 38-51). Toronto: University of Toronto.
- Denzin, N. K. & Lincoln, Y. S. (1994). Introduction: Entering the field of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.) *Handbook of qualitative research* (pp. 1-17). London: Sage Publications.
- Deykin, E. Y., Campbell, L. & Patti, P. (1984). The postadoption experience of surrendering parents. *American Journal of Orthopsychiatry*, 54, 271-280.
- Dutt, R., & Sanyal, A. (1991). 'Openness' in adoption or open adoption – a Black perspective. *Adoption & Fostering*, 15, 111-115.
- Edmonton's Children (2000). Report Available to the Public. *Success by 6*, <http://www.unitedthisistheway.com/successby6.htm>
- Edwards, C., & Williams, C. (2000). Adopting change: Birth mothers in maternity homes today. *Gender & Society*, 14, 160-183.
- Ellis, J. L. (1998a). Introduction: The teacher as interpretive inquirer. In J. L. Ellis (Ed.) *Teaching from understanding: Teacher as interpretive inquirer* (pp. 5-13). New York: Garland Publishing, Inc.
- Ellis, J. L. (1998b). Interpretive inquiry as a formal research process. In J. L. Ellis (Ed.) *Teaching from understanding: Teacher as interpretive inquirer* (pp. 15-32). New York: Garland Publishing, Inc.
- Ellis, J. L. (1998c). Narrative inquiries with children and youth. In J. L. Ellis (Ed.) *Teaching from understanding: Teacher as interpretive inquirer* (pp. 33-55). New York: Garland Publishing, Inc.
- Ellis, J. L. (2001, November). *Presentation on hermeneutics and interpretive inquiry*. Unpublished paper presented at University of Alberta Ed El 568 class, Edmonton, Alberta, Canada.
- Erikson, E. (1968). *Identity, Youth, and Crisis*. New York: W. W. Norton & Co.
- Fravel, D. McRoy, R., Grotevant, H. (2000). Birthmother perceptions of the psychologically present adopted child: adoption openness and boundary ambiguity. *Family Relations*, 49, 425-433.
- Gallagher, S. (1997). Hermeneutical Approaches to Educational Research. In H. Danner (Ed.), *Hermeneutics in Educational Discourse* (pp. 129-148). Johannesburg: Heinemann.

- Gallagher, S. (2002, March), *Approaches to interpretation in academic research*. Paper presented at the University of Alberta, Edmonton, Alberta.
- Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- Gritter, J. (1997). *The spirit of open adoption*. Washington, DC: Child Welfare League of America.
- Gross, H. (1997). Variants of open adoptions: The early years. *Marriage and Family Review*, 25, 19-42.
- Grotevant, H. D., & McRoy, R. G. (1998). *Openness in adoption: Exploring family connections*. Thousand Oaks, CA: Sage.
- Grotevant, H. D. (2000). Openness in adoption: research with the adoption kinship network. *Adoption Quarterly*, 4, 45-66.
- Hanoski, T. D. (2001). *Stories of sibling maltreatment: The instigators and a dyad of instigator and victim*. Unpublished doctoral dissertation, University of Alberta, Edmonton.
- Hanoski, T. D. (1998). *Sibling maltreatment: A narrative study of the experience of the victims*. Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.
- Hartman, A. (1991). Every clinical social worker is in post-adoption practice. *Journal of Independent Social Work*, 5, 149-163.
- Haugaard, J., West, N., Moed, A. (2000). Open adoption: Attitudes and experiences. *Adoption Quarterly*, 4, 89-100.
- Hees-Stauthamer, J. C. (1985). *The first pregnancy: an integrating principle in female psychology*. Ann Arbor, MI: University of Michigan Press.
- Henderson, D. (2000). Adoption issues in perspective: An introduction to the special issues. *Journal of Social Distress and the Homeless*, 9, 261-272.
- Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York: Basic.
- Herr, K. (1989). Adoption vs. parenting decisions among pregnant adolescents. *Adolescence*, 24, 795-799.
- Hofstede, G. (1980). *Culture's consequences: International differences in work-related values*. Beverly Hills: Sage.

- Hughes, B. (1995). Openness and contact in adoption: A child-centred perspective. *British Journal of Social Work, 25*, 729-747.
- Hultgren, F. H. (1089). Introduction to interpretive inquiry. In F.H. Hultgren and D. L. Coomer (Eds.), *Alternative modes of inquiry in home economics research*, (pp. 37-59). American Home Economics Association Teacher Education Yearbook 9. Peoria, IL: Glencoe.
- Kagitcibasi, C. (1997). Individualism and collectivism. In J. W. Berry, M. H. Segall, & C. Kagitcibasi (Eds.), *Handbook of cross-cultural psychology* (pp. 1-49). Boston: Allyn and Bacon.
- Kelly, D. (1999). A critical feminist perspective on teen pregnancy and parenthood. In J. Wong, & D. Checkland (Eds.), *Teen pregnancy and parenting: Social and ethical issues* (pp. 52-70). Toronto: University of Toronto.
- Kelly, D. (2000). *Pregnant with meaning: Teen mothers and the politics of inclusive schooling*. New York: Peter Lang Publishing.
- Kisilevsky, B. S., Hains, S. M., Lee, K., Xie, X., Huang, H., Ye, H. H., & et al. (2003). Effects of experience on fetal voice recognition. *Psychological Science, 14*, 220-224.
- Kraft, A., Palombo, J., Mitchell, D., & Schmidt, A. (1985). Some theoretical considerations on confidential adoptions, Part I: The birth mother. *Child and Adolescent Social Work, 2*, 13-21.
- Kroger, J. (1996). *Identity in adolescence: The balance between self and other*. New York: Routledge.
- Kroger, J. (2000). *Identity development: Adolescence through adulthood*. Thousand Oaks, CA: Sage Publications.
- Lancett, J. & McClure, B. (1992). Birthmothers: grieving the loss of a dream. *Journal of Mental Health Counseling, 114*, 84-96.
- Lauderdale, J. (1992). *The unbroken cord: The experience of infant relinquishment through adoption*. Unpublished Doctoral Thesis, College of Nursing, University of Utah, Salt Lake City.
- Leonard, V. (1989). A Heideggerian phenomenologic perspective on the concept of the person. *Advances in Nursing Science, 11*, 40-55.

- Leonard, V. (1994). A Heideggerian phenomenological perspective on the concept of person. In P. Benner (Ed.), *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness* (pp. 43-63). Thousand Oaks, CA: Sage Publications.
- Leynes, C. (1980). Keep or adopt. *Child Psychiatry and Human Development*, 11, 105-112.
- Lifton, B. (1977). *Twice born: Memoirs of an adopted daughter*. New York: McGraw-Hill.
- Luker, K. (1996). *Dubious conceptions*. Cambridge, Mass: Harvard University Press.
- Luther, S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71, 543-562.
- March, K. (1995). Perception of adoption as social stigma: Motivation for search and reunion. *Journal of Marriage and the Family*, 57, 653-660.
- McLaughlin, S. Pearce, S., Manninen, D., & Wings, L. (1988). To parent or relinquish: Consequences for adolescent mothers. *Social Work*, 33, 320-324.
- McRoy, R., & Grotevant, H. (1988). Open adoptions: Practice and policy issues. *Journal of Social Work and Human Sexuality*, 6, 119-132.
- Mech, E. V. (1986). Pregnant adolescents: Communicating the adoption option. *Child Welfare*, 65, 555-567.
- Merriam, S. B. (1998) *Qualitative research and case study applications in education*. San Francisco: Jossey-Bass Inc.
- Miall, C. E. (1987). The stigma of adoptive parent status: Perceptions of community attitudes toward adoption and the experience of informal social sanctioning. *Family Relations*, 36, 34-39.
- Miall, C. E. (1996). The social construction of adoption: Clinical and community perspective. *Family Relations*, 45, 309-317.
- Miall, C. E. (1998). Community assessments of adoption issues: Open adoption, birth reunions, and the disclosure of confidential information. *Journal of Family Issues*, 19, 556-577.
- Millen, L. & Roll, S. (1985). Solomon's mothers: A special case of pathological bereavement. *American Journal of Orthopsychiatry*, 55, 411-418.

- Miller, Patricia H. (1989). *Theories of developmental psychology* (2nd ed.). New York: Freeman and Company.
- Mishler, E.G. (1986). The analysis of interview-narratives. In T. R. Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct* (pp. 233-255). New York: Praeger.
- Morse, J. M. (1994). "Emerging from the data": The cognitive processes of analysis in qualitative inquiry. In J. M. Morse (Ed.) *Critical issues in qualitative research methods* (pp. 23-43). Thousand Oaks, CA: Sage Publications.
- Morse, J. M. & Field, P. A. (1995). *Qualitative research methods for health professionals*. Thousand Oaks, CA: Sage Publications, Inc.
- Mykietka, (1998). *Teen mothers: Their world portrayed*. Unpublished masters thesis, Centre for Health Promotion Studies, University of Alberta, Edmonton.
- Packer, M. & Addison, R. (1989). Evaluating an interpretive account. In M. Packer & R. Addison (Eds.), *Entering the circle: Hermeneutic investigation in psychology* (pp. 275-292). Albany: State University of New York Press.
- Panor, R., Baran, A. & Sorosky, A. (1978). Birthparents who relinquished babies for adoption revisited. *Family Process*, 17, 329-337.
- Peters, S. (1999). Teen parenting and Canadian values. In J. Wong, & D. Checkland (Eds.), *Teen pregnancy and parenting: Social and ethical issues* (pp. 3-9). Toronto: University of Toronto.
- Peshkin, A. (1993). The goodness of qualitative research. *Educational Researcher*, 22, 23-29.
- Riessman, C.K. (1993). Narrative analysis. In J. L. Hunter (Series Ed.) *Qualitative Research Methods Series, Volume 30*. Newbury Park, CAL Sage Publications, Inc.
- Reitz, M. (1999). Groundswell change in adoption requires anchoring by research. *Child & Adolescent Social Work Journal*, 16, 327-354.
- Resnick, M., Blum, R., Bose, J., Smith, M., & Toogood, R. (1990). Characteristics of unmarried adolescent mothers: Determinants of child rearing versus adoption. *American Journal of Orthopsychiatry*, 60, 577-584.
- Rothman, B. (1989). *Recreating motherhood: Ideology and technology in a patriarchal society*. New York: Norton.

- Romanchik, B. (2002). *Birth Mothers in the Shadow of Adoption*. Paper presented at the Ontario Adoption Community Conference, Toronto, Canada.
- Sachdev, P. (1989). *Unlocking the adoption files*. Toronto: Lexington Books.
- Sanders, C., Mauger, P., & Strong, P. (1985). *A manual for The Grief Experience Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- Sandven, K., & Resnick, M. (1990). Informal adoption among Black adolescent mothers. *American Journal of Orthopsychiatry*, 60, 210-224.
- Sass, D., & Henderson, D. (2000). Adoption issues: Preparation of psychologists and an evaluation of the need for continuing education. *Journal of Social Distress and the Homeless*, 9, 349-359.
- Schwandt, T.A. (2001). *Dictionary of Qualitative Inquiry* (2nd ed.). Thousand Oaks, CA: Sage.
- Schwarz, R. (2002). *Tools for transforming trauma*. New York: Brunner-Routledge.
- Siegel, D. (1993). Open adoption of infants: Adoptive parents' perceptions of advantages and disadvantages. *Social Work*, 38, 15-23.
- Silverman, P. (1981). *Helping women cope with grief*. Beverly Hills: Sage.
- Silk, J. (1987). Adoption among the Inuit. *Ethos*, 15, 320-328.
- Sobol, M. & Daly, K. (1992). The adoption alternative for pregnant adolescents: Decision making, consequences and policy implications. *Journal of Social Issues*, 48, 143-161.
- Sobol, M. & Daly, K. (1994). Canadian adoption statistics: 1981-1990. *Journal of Marriage and the Family*, 56, 494-499.
- Smith, D. G. (1991). Hermeneutic inquiry: The hermeneutic imagination and the pedagogic text. In E. C. Short (Ed.) *Forms of curriculum inquiry* (pp. 187-209).
- Smith, P.B. & Bond, M. H. (1999). *Social Psychology Across Cultures*. Boston: Allyn & Bacon.
- Statistics Canada. (1999). *Annual Demographic Statistics, 1998* (Catalogue no. 91-213-XPB). Ottawa, Canada: Ministry of Industry.
- Trout, (2002). *Broken Placements, Broken Hearts*. Paper presented at the Ontario Adoption Community Conference, Toronto, Canada.

- Van der Kolk, B. A., McFarlane, A. C., & van der Hart, O. (1996). A general treatment approach to posttraumatic stress disorder. In B. A. Van der Kolk, A. C. McFarlane, & O. van der Hart (Eds.), *Traumatic stress: The effects of overwhelming experience on the mind, body and society* (pp.417-440).
- van IJzendoorn, M. & Sagi, A (1999). Cross-cultural patterns of attachment: Universal and contextual dimensions. In J. Cassidy & P. R. Shaver (Eds.) *Handbook of attachment theory, research and clinical applications* (pp. 713-733).
- Wadhwa, S., & Millar, W. (1997). Teenage pregnancies: 1974 to 1994. *Health Reports*, 9, 9-17.
- Watson, K. (1986). Birth families: living with the adoption decision. *Public Welfare*, 44, 5-10. Weber, S. J. (1986). The nature of interviewing. *Phenomenology Pedagogy*, 4, 65-72.
- Weinreb, M. & Konstam, V. (1996). Birthmothers: A retrospective analysis of the surrendering experience. *Psychotherapy in Private Practice*, 15, 59-70.
- Weir, K. (2000). Developmental, familial, and peer deterrents to adoption placement. *Adoption Quarterly*, 3, 25-50.
- Widdershoven, G. A. (1993). The story of life: Hermeneutic perspectives on the relationship between narrative and life history. *The Narrative Study of Lives*, 1, 1-20.
- Wilson, H., & Hutchinson, S. (1991). Triangulation of qualitative methods: Heideggerian hermeneutics and grounded theory. *Qualitative Health Research*, 1, 263-276.
- Wroebel, G., Ayers-Lopez, S., Grotevant, H., McRoy, R., & Friedrich, M. (1996). Openness in adoption and the level of child participation. *Child Development*, 67, 2358-2374.

Appendix I – Advertisement

Volunteers Needed for a Research Project

Would you be willing to help others understand open adoption?

At present, little is known about the experiences of birthmothers who have placed a child through open adoption.

Are you a woman who placed her child in an open adoption while you were 19 or younger?

Would you be willing to participate in a research study which would explore this experience, and help others to understand it more fully?

******Participation in this study will be kept confidential******

For more information, please call:

Alice Joosse, xxxxxxxx or Dr. Len Stewin, University of Alberta, 492-9007.

Appendix II – Information Sheet

In this research project, I would like to learn about your experience of placing your child through an open adoption plan. I will be asking you questions about how you made the decision to place your child for adoption, and what that decision was like for you. I will also be asking about your open adoption arrangement, about how things are going for you in your life right now, and about your goals and plans for the future. I will also be asking you about your thoughts or advice for other young women who might face an unplanned pregnancy.

At present not much is known about the experiences of birthmothers who relinquish a child through open adoption. It is my hope that this study will help others understand your experiences. The findings of this study may help other young women who are considering placing through open adoption. This study may also help adoption counsellors and adoptive parents understand the needs and concerns of young women who have placed a child through an open adoption plan.

I will want to meet with you at least two times. I expect that each of our conversations will take between one and two hours. If necessary, we can meet a third time. During the interview, I will ask you some questions that will serve as a guide to help you tell the story of your experience. The questions are asked only to help stimulate the conversation. It is my hope that you will tell me whatever is relevant and important to you about your experiences. Some of the questions may be personal and you do not have to answer any questions that make you feel uncomfortable. You may also withdraw anytime from this study by simply letting me know that you no longer want to participate.

Our conversations will be tape recorded and written out in notes by myself. These notes, also referred to as a transcript, will be kept in a private office in my home. They will only be seen by me, and perhaps by the professors who are supervising my work. Your name will not be used in the transcript. No one will be allowed to sit in on our conversations, or listen to the tapes. The tapes will be erased after the study is completed. The transcripts will be destroyed after seven years.

I will use the transcript of our conversations to write a story of your experiences with open adoption. In this story, I will give you and all the other people you speak about pseudonyms to protect your identity, and I will also change or delete any identifying information to ensure confidentiality. After I have written the story, I will contact you and give you the opportunity to read it and make sure that the information is correct and true to your experience, and that you are comfortable with how it is presented. If you wish to meet with me to discuss how I have written up your story, that will be arranged.

I understand that the conversations we have may address some sensitive and emotional issues that you may want to continue to talk about with someone else. I will provide you with a list of counsellors that you would be able to contact if you so desired.

I will also be interviewing some other women who have relinquished a child through an open adoption plan. The story of your experiences will be analyzed along with the experiences of these other women. The results of this study will be written up in a paper so that other people can read it. The findings of the study may also be used to teach others and may be used in an article. The information collected in this study may be used in another study, if the study is approved by an ethics board.

After the study is completed, I will be happy to let you read the completed project. If you are interested please phone me to arrange for your reading of the final project.

I thank you for your interest and participation in this project.

Alice Joosse (student)
Department of Educational Psychology
University of Alberta
Phone: xxxxxxxx

Dr. Len Stewin (supervisor)
Department of Educational Psychology
University of Alberta
Phone: 492-5245

Appendix III – Research Participant Consent Form

Project Title: The experiences of women who have placed an infant through open adoption.

Alice Joesse (student)
Department of Educational Psychology
University of Alberta
Phone: xxxxxxxx

Dr. Len Stewin (supervisor)
Department of Educational Psychology
University of Alberta
Phone: 492-5245

This research is to be carried out by Alice Joesse who is a chartered psychologist and a doctoral student at the University of Alberta. I understand the following:

1. In this study, Alice will ask me to talk about my experiences with open adoption. What I tell her may help adoption counsellors, adoptive parents, and other young women who are considering placing a child through open adoption. The talk will take place in a quiet private place that Alice and I both choose. Alice and I will meet at least twice and possibly three times. Each meeting will take from one to two hours.
2. The talk will be tape recorded and written out in notes by Alice. These notes will be kept in a private office in Alice's home. They will only be seen by Alice, and the professors who are supervising her work. My name will not be used in the notes, and only Alice will be able to match my name to what I say.
3. No one will be allowed to sit in on our talks, or listen to the tapes. The information I give, will be written up as my personal story, and I will have a chance to read my story to make sure Alice has all the information correct. Some information may be changed for reasons of confidentiality. The information I give will also be analyzed with the information of other women who are also participating in this study. The results of this study will be written up in a paper so that other people can read it. The information I give, may also be used to teach others and may be used in an article. The information I give may be used in another study, if the study is approved by an ethics board.
4. This form will be kept in a secure place during the study. The tapes and notes about the study will also be kept in a secure place when not in use. Alice will erase the tapes immediately after completion of the study. Alice will tear up and throw away this form one year after the study is over. After 7 years the notes will be destroyed.
5. I have discussed the purpose of this study with Alice, and I know that the information gained from this study may help others. I know that I can refuse to answer any question, and that I can quit being in this study at any time, just by letting Alice know.
6. I feel no pressure to participate in this study, and I freely agree to participate in it. If I have any more questions, I can call Alice or Dr. Stewin, Alice's supervisor. I have a copy of this form as well as the information sheet.

I, _____ (please print) agree to be in this study.

Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____

Appendix IV

Date

Alice Joosse
xxxxxxxxxx
Edmonton, Alberta
xxxxxxxxxx

Dear [birthmother's name]

I want to thank you for participating in my study and allowing me to interview you about your experiences with open adoption. I have finished your story, and have included a copy for you to read. Please note that I have removed all identifying information and have replaced most of the names with pseudonyms to preserve confidentiality.

If there is anything in your story that you feel is inaccurate or that you want removed, please feel free to call me at xxxxxxxx, or write me at the above address. Also, if there is anything new that you have remembered or anything important that was missed, please do not hesitate to call me, and I will include it in the story. If I do not hear from you within one month's time, I will assume that no changes need to be made.

Please accept my best wishes for happiness and success in all your endeavors. Once again, thanks for your willingness to share your experiences with me.

Sincerely,

Alice Joosse

Appendix V – Counselling Agencies

1. Adoption Options: 448-1159
2. Catholic Social Services: 420-1970
3. The Family Centre: 423-2831
4. Alberta Mental Health Clinic: 427-4444
5. Lousage Institute: 488-7679