BIRTH PARENT GRIEF AND LOSS RESOLUTION IN OPEN ADOPTION

by

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Abstract

While research has explored birth parent grief and loss, it has not been thorough in exploring how the experience of having an open adoption affects birth parents’ grief and loss experience and resolution. Previous research has highlighted positive effects of open adoptions to date, but the body of knowledge is quite limited in regards to the birth parents’ adjustment in current day open adoptions. This descriptive qualitative study explores birth parents’ experiences in current day open adoptions and seeks to understand their experience of grief and loss and movement towards grief resolution in the context of an open adoption.

Findings of this study confirm that the experience of adoption placement involves grief and loss and that openness in adoption helps to mitigate this painful experience. Most notably, birth parents found meaning, comfort and peace in knowing of their child’s well being and by having ongoing involvement in the life of the child and adoptive family. This study aims to expand the body of knowledge to provide practitioners with a deeper understanding of the birth parent experience which can lead to more effective support and counselling.
Preface

This study required the approval of the University of British Columbia’s Behavioural Research Ethics Board. The project name was Birth Parent Grief – Open Adoption, project number H10-02529. The Ethics Board granted approval on February 2, 2011.

Dr. Richard Sullivan was the Principal Investigator in this study. As a Masters thesis student, I wrote the thesis proposal, ethics application, invitation to participate in research, consent form, questionnaire and interview guide. I conducted the interviews, completed the data analysis and wrote the manuscript. Dr. Sullivan reviewed all drafts and provided critique and direction for the study.
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1 Introduction

In its simplest definition, most people understand what adoption means, but loss and grief experienced in adoption remains for the most part private and unseen. It has been well documented that a birth parent that places a child for adoption experiences profound grief and loss (Condon, 1986; DeSimone, 1996; Deykin, Campbell & Patti 1984; Logan, 1996; Rynearson, 1982; Smith 2006; Wiley & Baden 2005; Winkler & Van Keppel 1984). A birth parent’s choice for adoption has been described by Rynearson (1982) as a “discordant dilemma of separation and loss” as the separation is permanent yet not finite as the child continues to exist (p. 338).

Domestic adoption has declined significantly over this past century as women have more options for an off-time pregnancy, yet many women still consider adoption as a viable option for their child. Birth parents, adoptees and adoptive families have significantly influenced the social and legal aspects of adoption planning, and contributed to more open and respectful practices which honour all members of the adoption triad (Henney, Onken, McRoy & Grotevant, 1998, Henney, McRoy, Ayers-Lopez & Grotevant, 2003, Gritter, 1997). Nonetheless, academic and popular literature acknowledges that birth parents’ grieving process and adjustment needs to be better understood so that adoption practice may be refined to better meet the needs of all adoption triad members (Christian, McRoy, Grotevant & Bryant, 1997; Condon, 1986; Ge et al., 2008; Wiley & Baden 2005; Wolfgram, 2008). This research endeavoured to contribute new insights into the ways birth parents experienced grief and loss in current day open adoptions and how they describe and construct meaning from their experiences.
1.1 Personal Interest

My interest in this research topic stems out of my professional work in child welfare and adoption. I have worked in the field of child welfare for fifteen years and have been employed by a licensed adoption agency in British Columbia for the past eight years as a Registered Social Worker. The scope of my duties includes managing international adoption programs from various countries, completing homestudy assessments and post placement reports for adopting parents, counselling birth parents that are considering adoption for their infant, and coordinating the agency’s birth parent support group. Prior to working for the adoption agency, I was employed as a guardianship social worker for the provincial child welfare authority.

In my work as a birth parent counsellor, I have had the responsibility and the privilege of counselling and supporting birth parents as they consider adoption and also the alternatives to adoption for their unborn child or in some circumstances, their already born child. The depth of grief and pain that I have witnessed as a birth parent places their child for adoption has personally and professionally affected me. I acknowledge that the many birth parents I have worked with are not homogenous in make up and demographics, nor in emotional response to placement. However, generally speaking, most birth parents have demonstrated a distinct expression of searing grief and sorrow at the time of relinquishment. I have wondered how birth parents cope, how they process the ensuing grief and loss and how they make sense of this experience, and where they find hope. Additionally, as open adoption is now common practice and birth parents can choose, negotiate and design their own arrangements, I wonder how the birth parent grieves, processes loss and moves towards
grief resolution in an ongoing open adoption relationship with their child and the adoptive family.

The British Columbia College of Social Worker’s first statement in the Code of Ethics gives the direction that: “A social worker shall maintain the best interest of the client as the primary professional obligation”. Infant adoption placement challenges the seemingly straightforward stance of this ethic, as there are two clients, the birth parent and the child. The best interests of both must be served. Additionally, is the grief and sorrow that ensues in ‘the best interests’ of the birth parent?

The best interest of a birth parent who has chosen to place a child for adoption includes a supportive outcome of the placement and steps towards grief and loss resolution. The current research clearly articulates that relinquishment to adoption entails grief and loss, but the body of research is not conclusive on what factors serve to mitigate the loss. The few studies on open adoption support the view that ongoing contact in adoption promotes a better loss resolution (Ge et al., 2008). My research seeks to further the body of knowledge and ask how birth parents in current day open adoptions cope through the loss involved in adoption and how they function in an ongoing open adoption relationship. Having this research available to the adoption community can ensure that practice indeed focuses on the best interest of the birth parent and congruently the child.
2 Literature Review

2.1 Historical Context

While adoption is an ancient practice, it is continually evolving and has come to be defined as a lawful transfer of parental obligations and rights. Since it’s legal inception in the western world in the early 1900’s, adoption has acted as a “barometer of social change, reflecting and responding to issues of public and political interest” (Smith & Logan, 2004, p. 1, Alty & Cameron, 2007). Adoptions throughout western history, up until the second quarter of the twentieth century, were characterized by openness (Wolfgram, 2008). Based on the family belief system, a child who could not be cared for by the birth parent was most often cared for in an informal arrangement with the next of kin or kith (Wolfgram, 2008). Thus, the adopted child and birth relatives were aware of each other’s identities and commonly maintained social and relational ties. Canada’s first adoption statute was passed in New Brunswick in 1873, which entailed an open process.

Confidentiality and secrecy entered child adoption in the early part of the twentieth century, influenced by the social culture of the era. The intent of secrecy was to conceal the adoption for all triad members and thereby deflect the stigma that had become attached to it. Parental rights and responsibilities were fully transferred to the adoptive parents and the birth mother and father were to have no further role in the child’s life (Ayers-Lopez, Henney, McRoy, Hanna & Grotevant, 2008). The adoptive parents were given no identifying information about the birth family, and the birth parents were given little, if any, information about the adoptive family (Baldassi, 2004). Thus within a few decades the ability to plan for one’s child was removed from the birth parents, and their child’s future welfare was assumed by the assigned social worker, demarcating a significant shift in adoption policy and practice.
As parties were kept apart and records became sealed, adoptions became closed. Secrecy was further promoted through sealed records, with Manitoba and Ontario sealing adoption records in the 1920’s. Sealing records meant that parties within the adoption triad (birth parents, adopted child, adoptive parents) had no legal access to identifying information about each other or access to any part of the adoption records. As records were sealed, so were birth parents and the adopted child and adoptive parents kept separate from knowing each other’s identities. This was meant to be a protective practice to reduce the chance that the adopted child would be considered a second-class citizen and bear the title of being illegitimate (Sullivan & Lathrop, 2004; Wolfgram, 2008). It was believed that the adopted child had a better chance of integrating into the adoptive family if there was no knowledge of the birth family (Brodzinsky, 2005; Wolfgram, 2008). It was also believed that a child could only bond to one family and the presence of birth family members might harm the adoptee’s psychological development and cause trauma, and thereby impact the integrity of the adoptive family (Baldassi, 2004). Secrecy was meant to protect the birth mother from the stigma of being a “fallen woman” and allow her and the birth father to have closure and move on in their lives.

James Gritter (1997) writes that the practice of closed adoption was meant to produce a “clean” adoption; the adoptive parents were squeaky clean, the child was a clean slate and the birth parent made a clean break. However, a clean break was not possible for the birth parents as the relinquished child continued to exist, a significant challenge for resolving grief (DeSimone, 1996). Sullivan and Lathrop (2004) note that the secrecy afforded by a closed adoption may have afforded a positive developmental outcome at the time of child placement, but nullified a significant event in the birth parent’s personal narrative.
2.2 Social and Political Shifts

The significant cultural and societal events and changes of the 1960’s and 1970’s had a major influence on adoption practice, and policy changes followed. The civil rights movement, the women’s movement and the passage of the provisions of freedom of information legislation all bore influence on the state of adoption (Brodzinsky, 2000). Birth parents and adopted children coming of age began returning to adoption agencies and government offices, requesting background information and also identifying and contact information of their birth relations. As Brodzinsky (2005) writes, the “fundamental principles underlying confidential adoption were being challenged” (p. 146) and agencies began re-thinking their role in controlling the relationship between birth and adoptive families (Henney, McRoy, Ayers-Lopez & Grotevant, 2003). The request for contact challenged the notion that the legal event of adoption could terminate all connections between the adopted child and the birth family (Appell, 2000). Additionally, in the 1970’s several birth mothers challenged the secrecy of adoptions through several court cases, though none were successful (Haugaard, West & Mode, 2000). Efforts then shifted to focus on changing adoption laws and unsealing adoption records, as well as promoting openness in future adoptions.

In the 1970’s, negative societal attitudes towards the children of unwed mothers decreased and the legal designation of “illegitimacy” was removed from birth registrations (Henney, Onken, McRoy & Grotevant, 1998). With the stigma surrounding nonmarital births diminishing and single parenting gaining more acceptance, adoption relinquishment rates began to decline (Ge et al., 2008). Additionally, with the greater accessibility of birth control and family planning methods, women gained more ability to avoid or terminate an
unplanned pregnancy. Dropping child relinquishment rates translated as a benefit for women who still considered adoption for their unborn child, as they gained leverage to assert their wishes for the terms of the adoption, such as participating in selecting the adoptive family and requesting and negotiating ongoing contact (Henney et al., 2003).

It is also noteworthy to examine what was happening in Canadian social policy parallel to the decline in child relinquishment. In the 1960’s, the federal government introduced the Canada Pension Plan which added value even to a young woman’s life, providing workers with more economic security of retirement pensions, disability and survivors’ pensions, and lump-sum death benefits. Of more immediate significance was the introduction of the Canada Assistance Plan (CAP) that met financial need of Canadians regardless of cause (Guest, 1994). This plan aimed to provide services that would help people retain independence and thereby enhance a birth mother’s ability to care for her infant. CAP contributed to the provision of basic needs and also included a broad range of health services, counseling services, assessment and referral services, homemaker and daycare services, welfare institutions for children, employment supports and other special needs of any kind (Guest, 1994). As social security expanded, women experiencing an unplanned pregnancy suddenly had more options for support.

What else was influencing society during this time? In Canada, the Constitution of 1982, including the Charter of Rights and Freedoms, raised the Canadian consciousness and awareness of the rights of people to association and information. A fundamental freedom listed in section 2(d) is the freedom of association. Legal Right 7 states that everyone has the right to life, liberty and security of person and the right not to be deprived thereof. Equality Rights 15 (1) states that every individual is equal before and under the law and has the right
to equal protection and benefit of the law without discrimination. The charter caused adoptees and birth parents to ask the following questions and push for further access to their own information: How can one be restricted from association with birth family members? How can one be deprived of their own birth information? Do adoptees have equal access to information as non-adoptees do? (Griffith, 1991). Additionally, expanded Freedom of Information legislation in Canada further affirmed triad members’ right to personal information. The movement towards greater openness and continuity in adoption relationships had gained momentum through the various changes in social policy and the constitution.

2.3 Change in Agency Practice

As birth parents and adoptees vocalized their experiences and needs, and as social policy began to respond, adoption agencies also listened and birth parent’s experiences informed and shaped agency practice. A longitudinal study undertaken by Henney et al., (2003) researched openness practices and attitudes in 31 American adoption agencies at three points in time: 1987, 1993 and 1999. Findings of this study were that agencies steadily increased their provision of fully disclosed adoptions as standard agency practice. At the time of the first interviews in 1987, 36% of agencies offered fully disclosed adoptions and by the final set of interviews in 1999, 79% of agencies offered fully disclosed adoptions as standard practice. Agency staff reported that the most predominant factor leading the agencies to practise open adoption was birth mother demand. Other significant factors in the trajectory towards more openness was agency staff’s convictions after witnessing birth parents grief in closed adoption, receiving requests from birth and adoptive families wanting
more information, adopted persons returning to the agencies to search for birth parents, and
greater number of birth parents searching for the child they relinquished. Agency staff had
also witnessed successful adjustment and satisfaction of those participating in open
arrangements.

Social workers, legislators, and agency policy makers listened to adoptees’ and birth
parents’ stories of pain from closed adoption and began to realize that the intended
“protective” practice of closed adoption was actually experienced as “insensitive, coercive,
intrusive and paternalistic” (Siegel, 1993). Thus some agencies began to experiment with
empowering birth parents to make their own decisions about how much contact they would
like to have throughout the child’s life, and today some form of openness characterize most
infant adoptions (Reamer, 2007).

In their seminal work on open adoption, Pannor and Baran describe open adoption as
the process in which the birth parents and the adoptive parents meet and exchange identifying
information (1984). Openness in my research study is defined as on-going direct contact
between the adoptive family and the birth parent and/or birth family members. This can be as
simple as a verbal agreement, to a signed agreement, to an adoption order that incorporates
the terms of the openness agreement. It can involve the exchange of identifying information
such as phone numbers, home addresses, emails, and full names. It can include in person
visits, emails, letters phone calls and sharing pictures.

2.4 Birth Parent Experience of Grief

While infant adoption practice has evolved greatly over the past half century, moving
to an open adoption model, the experience of grief and loss remains a hallmark of adoption
for all parties involved in the adoption triad (Kaplan & Silverstein, 1982; Reitz, 1992). Specifically for a birth parent, any reasonable person can understand that it is difficult to relinquish and place a child for adoption. Descriptive written words are an inadequate means to convey the birth parent’s emotional and mental anguish and experience of separation and child relinquishment. The grief reactions of birth parents have been described in the literature as being composed of psychological, physical and social-interpersonal reactions (Henney, Ayers-Lopez, McRoy & Grotevant, 2007). Yet still, the breadth, depth and uniqueness of the grieving process of a birth parent is poorly understood, and even less acknowledged and legitimised (Condon, 1986; De Simone, 1996).

Several clinical studies have documented the persistent, negative effects birthmothers have experienced after placing a child for adoption. These have included unresolved, prolonged, unacknowledged and complicated grief, shame, guilt, negative self image, difficulty in intimate relationships, challenges parenting future children, fantasies of reunion, anxiety and trauma (Condon, 1986; DeSimone, 1996; Deykin et al., 1984; Kelly, 2005; Logan, 1996; Rynearson, 1982; Smith 2006; Wiley & Baden 2005; Winkler & Van Keppel, 1984).

As grief is the main focus of this study, it is useful to discuss definitions of grief. Worden (2002) defines grief in general as “the personal experience of the loss” (p. 25). Grief may manifest itself in physiological changes, emotions of sorrow, distress or guilt, socially through family and other interpersonal relationships and maladaptive coping strategies such as substance use and self harm. Grief can be described as the reaction to loss that may be thought of as the mind's natural healing process, activated by a significant loss (Schein, Spitz, & Burlingame, 2006). Although grief typically becomes less intense, it can be re-stimulated
to its initial intensity throughout the grief process and is non-linear (Cowles, 1996, as cited in Hooyman & Kramer, 2006). Grief has not been defined as pathological but a “normal process, reflecting both the strengths and values of human attachments and the capacity to adapt to loss and adversity” (Hooyman & Kramer, 2006, p. 215).

For the purpose of this study, grief is conceptualized as a normal reaction to a painful experience in life, and does not view a birth parent grief response as pathological. Kelly (2005) describes grief as a beneficial response as it enables a person to process the loss. This study seeks to learn how birth mothers respond to their loss, how they cope, and attempt to heal from the grief of the loss, in an open adoption relationship.

Wiley and Baden’s (2005) literature review studied the birth parent decision to relinquish a child for adoption, the early post relinquishment period and the effects of relinquishment throughout the birth parent’s lifespan. The review found that clinical symptoms for birth parents included unresolved grief, isolation and difficulty with future relationships. Their report notes that when considering long-term outcomes, research tends to be heavily focused on birth parents that continue to struggle with the loss of their child for years following the relinquishment. In the seven studies reviewed by Wiley and Baden, unresolved grief was reported in all, and at least for a percentage of birth parents, the experience of relinquishment had been a trauma (Carr, 2000; Cushman, Kalmuss, & Namerow, 1997; De Simone, 1996; Deykin et al., 1984; Fravel et al., 2000; Rynearson, 1982; Wiley & Baden, 2005; Winkler & van Keppel, 1984).

Henney, Ayers-Lopez, McRoy and Grotevant (2007) explored birth parents’ experiences of grief and loss over time and across the continuum of openness in adoption. Data was collected at 4 to 12 years post-placement (wave 1) and 12-20 years post placement
The notable findings were that at wave 1, a majority of birth parents were experiencing moderate to high degrees of grief, while in wave 2, a similar majority reported feeling some or no feelings of grief. Birth parents in fully disclosed adoptions tended to have lower levels of grief than those in confidential adoptions. As well, there was a negative correlation between a birthparent’s satisfaction with the openness arrangement and his/her global grief score. The study showed that over time, grief subsided, and open adoptions were correlated with lower levels of grief. The study identified the need for further research to create a contemporary theory of birth parent adjustment across the lifespan, and to contribute to a satisfactory definition as to what grief resolution should look like. While the study provides rich data, it is based on adoptions that occurred more than 22 years ago and current research is needed to address modern day experiences.

The Evan B. Donaldson Adoption Institute released a paper entitled *Safeguarding The Rights and Well Being of Birthparents in the Adoption Process* (Smith, 2006). The study reported that in order for a birth parent to integrate the adoption decision without undue negative long-term consequences, a birth parent needs to resolve the grief that invariably accompanies such a profound loss, make peace with the decision to place a child for adoption rather than to parent, and incorporate being a birthparent into one’s identity without lowering self-esteem. Brodzinsky (1990) suggests that healthy grieving is possible if a birth parent can express her grief in a non-judgmental environment, have people supporting her during this process, have a way to commemorate the loss of the child, and if she can eventually reorganize her understanding of the adoption. Reorganizing one’s thoughts involves integrating the loss, which “suggests that it becomes part of us” and is incorporated into the birth parent’s identity (Wiley & Baden, 2005, p. 33). Additionally, in reaching the latter
stages of grieving, new meaning is found to believe that the loss was not in vain (Worden, 2002).

Adoption is complex and highly personal, and further research can build the body of knowledge to improve service to all members of the adoption triad (De Simone, 1996; Henney et al., 2007; Logan, 1996; Pannor & Barron, 1982). Current day research supports J. Logan’s (1996) assertion that “it is imperative that the prevalence and long term impact of relinquishment begin to be recognized, not least so that the experiences of birth parents are better understood” (p. 625). As the birth parent component of the adoption triad is “often silent and underserved”, there is an ethical obligation for informed and sensitive service to birth parents (Henney et al., 2007, p. 888).

It is widely acknowledged that research about birth parents is more limited than that which is focussed on other members of the adoption triad (Christian, McRoy, Grotevant, & Bryant, 1997; Condon, 1986; Freundlich, 2002; Wolfgram, 2008; Zamostntny, 2003, qtd. in Wiley & Baden, 2005). Ge et al. (2008) note that birth parents often remain hidden and difficult to study because of the sensitive and stigmatizing nature of adoption. Many studies describe birth parent grief and loss, but there is a gap in current published research that studies what factors help mitigate and assist in resolving the grief and loss. In addition there is a dearth of research on the impact of the open adoption relationship on grief resolution. It is hoped that this study may prove valuable in increasing the body of knowledge in these particular areas.
2.5 Summary

In summary, research to date confirms that the experience of grief and loss is common following child relinquishment. The research also confirms that the birth parent’s experience of grief and loss is poorly understood and commonly unrecognised and not validated. Existing research confirms that birth parents are the most understudied part of the adoption triad and confirms the need to further research on birth parent’s adjustment and grief resolution.
3 Theory

3.1 Theoretical Framework: Social Constructionism

The theoretical framework employed in this research study needs to account for the psychological process of the birth parent’s grief experience and the complex nature of interpersonal relationships. It needs to acknowledge societal structures and their influence and bridge a birth parent’s experience with systems external to her. In addition, the theoretical framework needs to explore the connections among birth, psychological and social processes as they relate to grief and loss resolution. The theory needs to view the birth parent as the expert on their experience and recognize the range of experiences amongst birth parents. It also needs to examine how a birth parent differentiates and categorizes her experiences, and how a birth parent constructs meaning within herself, within her interpersonal relationships and within her environment. Finally, the theoretical framework needs to address how a birth parent constructs the language and story about the adoption experience and how she constructs meaning out of the ongoing contact through the process of open adoption.

I have selected social constructionism theory to inform my approach to the research question of “what factors in the open adoption arrangement impact the birth parent’s experience and path to resolution of grief experienced from child relinquishment”. Social constructionism provides a framework to explore the key factors within the broad range of birth parent’s experiences. The research question will be located within the extant literature, an overview of social constructionism will be provided, its application will be critiqued and the implications of this theory for the practitioner will be discussed.
I will now discuss the evolution of the theory, the central premise, assumptions and philosophical underpinnings. Social constructionism is a philosophical position, derived from Kant, in which knowledge is seen as the creation of the observer interacting with the environment (Dean, 1993). It is a metatheory about people’s interpretations of the world and their experiences (Berg & DeJong, 1996). Social constructionism is derived from social psychology which emphasizes the social aspects of our ways of knowing (Dean, 1993). Social constructionism is also classified as part of the postmodern movement which “devalues the search for universal laws and theories, emphasizes localized experiences and recognizes differences” (Fraser, Taylor, Jackson, & O’Jack, 1991; Sand & Nuccio, 1992, as cited in Greene, 1994, p. 115). The central premise of social constructionism is that reality can not be known apart from our constructions of it, and knowledge is socially, historically and culturally situated (Dean, 1993). Moving social constructionism from theory and applying it to social work, Parton and O’Byrne (2000) describe constructive social work as a fusion of the two terms: construction (the action of constructing) and constructive (having a useful purpose), emphasizing that social constructionism is both theoretical and metaphorical (p. 10). This also draws attention to the theoretical and applied nature of social constructionism.

Social constructionism asserts that people actively construct meaning over time through their interactions with other people and their environment. Howard Goldstein (qtd. in Greene, 1994, p. 118) describes client’s conceptualizations as “the private metaphors and symbols used by the mind to explain the world as it is perceived.” It is a blending of the social world and the private psychological thoughts of one’s mind that form meaning for a
person. When applied to the circumstances of a birth parent, it is through the process of constructing meaning that a birth parent builds understanding of her experiences.

Social constructionism proposes an interactional view of human behaviour, which assumes that intricate connections exist between the individual and social environments and that the interpersonal, social and psychological are interrelated (Franklin, 1995). Social constructionism views all knowledge as a result of social interaction involving the senses and language, and this knowledge encompasses an individual’s sense of self (Greene, Lee, & Hoffpauir, 2005, p. 269). It is in this way that social constructionism can be applied to the research question as understanding is being sought about how a birth parent’s connections within themselves and between themselves and their social world (i.e. the open adoption relationship with the adoptive family) impact their grief resolution.

Social constructionism does not accept the concept of objective reality. The theory suggests that a fundamental reality can not exist independent of the complexity of people’s lives (Greene, 1994). Social constructionism acknowledges that all people develop a concept of reality and this allows them to attach meaning to the important aspects of their lives (Greene et al., 2005). Social constructionism believes it is impossible for a person to know an objective reality completely due to the diverse operations of the human cognitive structures and processes, and the nature of language and social processes (Franklin, 1995). Constructionists propose that no final, true explanation of the world or clients lives can be found but rather there are multiple realities and the purpose of inquiry is to gather conceptualizations of these realities (Greene, 1994). This is relevant for this course of study as it recognizes the variance found in birth parent’s experience of adoption, grief and ongoing contact.
Social constructionism recognizes diversity and argues that people are active creators of their experience. Reality is constructed as an outcome of the birth structure and as a manifestation of the individual’s system of belief and social context (Watzlawick, 1984, cited in Greene, 1994, p. 121). Social constructionism embraces the diversity found in individuals, families and communities, and the interweaving of a particular gender, race religion, age, socioeconomic position, sexual preference and life experience (Greene, 1994). The acceptance of diversity in social constructionism, when applied to this study’s research question, provides for a greater understanding of the experience of the individual birth parent and the diversity of experiences among those who participated.

The application of social constructionism is strengths based and rejects a pathology problem solving model. The emphasis of social constructionism is not on the problem, but rather on the clients “abilities, resources and capacities, competencies and passion” (Greene et al., 2005, p. 272). Strength involves the “capacity to cope with difficulties, to maintain functioning in the face of stress, to bounce back in the face of significant trauma, to use external challenges as a stimulus for growth and to use social supports as sources of resilience” (McQuaide & Ehrenreich, 1997, qtd. in Greene et al., 2005, p. 268). This perspective is helpful to the research question as it promotes the birth parents’ abilities to cope and resolve grief.

Social constructionism holds that reality is not discovered, but rather constructed through social discourse, through language (Franklin, 1995). Language is central to a person’s construction of meaning as it is used to “filter, differentiate, categorize and label one’s lived experiences” (Johnson, 1972, qtd. in Greene et al., 2005, p. 270. See also Efrna & Heffner, 1991). Language enables humans to conceptualize, attach meaning, take control
and decide on action. Social constructionism asserts that a person can not know the world except through language which defines, describes and interprets it (Hartman, 1991, as cited in Dean, 1993). Language is significant as it is a tool that measures a person’s construction of meaning which can provide categories and structures for symbolic transactions (Maines, 2000). Berg and DeJong (1996) comment that language does not merely mirror reality, it is our major means of constructing reality. Parton and O’Bryne (2000) note that it is via language that the individual self is formed.

Social constructionism focuses on how meaning is formed for the individual. It views the person as the expert of their own life and seeks to understand how an individual forms meaning from their experiences and relationships. It is not as interested in how events shape a person but how the meaning the person ascribes to the event impacts them (Parton & O’Bryne, 2000). People are seen as actively in control of the meaning they assign to their lives, and control “helps clients to cope, and it empowers. It boosts self esteem and personal confidence, and ultimately it encourages people to believe that they are valued and worthwhile human beings” (Howe, 1993, qtd. in Parton & O’Bryne, 2000, p. 12). Through the process of assigning meaning, a person can accommodate a negative or difficult event and see it in a positive light, thereby processing the loss and seeking resolution and a return to equilibrium.

People change by developing constructions of new meaning. Social constructionism conceptualizes human change through deconstructing frames of reference and constructing new meanings. This change occurs at the process level and is an ongoing aspect of people’s everyday lives and relationships (Franklin, 1995; Parton & O’Bryne, 2000). In relation to this research study, a birth parent’s ‘process level’ is the experiences, feelings and reflections
she encounters throughout pregnancy, birth, adoption placement and ongoing contact with her child and the adoptive family. The process level also takes these experiences, builds them together into a construction and converts them into a new form, i.e. grieving into resolution.

Parton and O’Bryne (2000) assert that social constructionism provides a vocabulary for understanding and using the substance of process, which is a major strength of social constructionism. A person experiences themselves as the same person in their day-to-day life, but as their frames of reference change and alternate frames of reference are considered, the person will also reconsider their sense of self and reality (Greene, 1994). This is applicable to the research question which seeks to understand how a birth parent understands herself in light of the grief process and the new relationships of open adoption: the relationship to the child, the adoptive family, and herself in the new role of ‘birth parent’.

The theory offers a way for the birth parent to describe the process and meaning attached to transforming their relationship with their child rather than extinguishing the relationship. The theory also needs to account for how a birth parent can process grief and loss in an ongoing relationship through open adoption, as opposed to the past model of relinquishing and severing all relationship with the child.

Meaning reconstruction in grief has been extensively studied by James Gillies and Robert Neimeyer who write that constructivist theories have informed understandings of grief as constructivism emphasizes meaning making in adaptation to loss. The terms meaning making and meaning reconstruction are used interchangeably. Meaning making is the way in which a person who has experienced loss searches for and actively reconstructs meaning in the face of loss. This search for, finding of and reconstruction of meaning assists with the
grief process and adaptation to a changed world (Gilles & Neimeyer, 2006). Grieving is a process of reconstructing a world of meaning that has been challenged by loss (Neimeyer, Burke, Mackay, & van Dyke Strong, 2009). Gillies and Niemeyer (2006) note that people are driven to find or create a sense of meaning in their lives and this drive can facilitate their capacity to transcend difficult experiences such as grave loss. The authors also assert that the process of meaning making is set in motion in reaction to feelings of loss and grief (Gillies & Niemeyer, 2006). This confirms the idea of meaning making being an active process that occurs in the face of loss as the search for meaning is an active response or reaction to the loss.

The authors also note that meaning reconstruction has a useful function as it helps the person adapt to a changed world, an adaptation that is reflected in social, behavioural, psychological and physiological domains. Finding meaning helps the person restore order to their upset world and adapt to the experience in their life. This emphasizes a strengths based framework in terms of the process and experience of grief and loss. It is in the active process of making and assigning meaning to the loss that change, transformation and possible resolution occurs, which is useful for the study of birth parent grief in open adoption.

Social constructionism recognizes a person’s construction of meaning is situated within a social and political context (Dean, 1993). This is relevant to birth parent grief and openness in adoption as open adoptions are facilitated through agency practice, which is determined by the legislation of the time. It also recognizes the impact of the social setting on the birth parent’s construction of meaning.

In summary, the theory of social constructionism lends itself well to describing the complexity of the birth parent’s grief and loss process in child relinquishment. It is also
works well in describing the complexities involved in grief resolution within an ongoing open adoption relationship.

3.2 Conclusion and Research Question

In its simplest definition, most people understand what adoption means, but loss and grief experienced in adoption remains for the most part a private, unseen process. It has been well documented that a birth parent who places a child for adoption experiences profound grief and loss. While the academic research has explored birth parent grief and loss, it has not been thorough in exploring what factors help mitigate and heal the loss, specifically how ongoing contact with the child and adoptive family affects the resolution of grief and loss. The purpose of my research is to explore the experiences of birth parents in current day open adoptions to determine what factors in the open adoption arrangement impacted the birth parent’s experience and path to resolution of grief experienced from child relinquishment.
4 Methodology

4.1 Methodological Approach

This is a descriptive qualitative research project that seeks to represent the birth parent experience in everyday terms (Sandelowski, 2000). For the purposes of this study, qualitative research design is well suited to access data rich in detail and embedded in the birth parent context (Maxwell, 2005). Gilbert (2002) said that “we live in stories, not statistics” and promotes qualitative research to access the embedded meaning in people’s stories (p. 35 qtd. in Gillies & Neimeyer, 2006). Qualitative research is useful to bring new understandings and rich descriptions of complex events and processes as it seeks to understand and find meaning rather than quantify. Maxwell (2005) asserts that qualitative research is better able to understand how the events, actions and meanings are shaped by the unique circumstances in which these occur. Smith (1996, cited in Kelly, 2005) suggests that qualitative research seeks to explore, understand and describe the personal and social experiences of participants and tries to capture the meaning that particular phenomenon holds for them.

The qualitative method is useful for my research study which seeks to understand how the birth parents describes, constructs and assigns meaning to their experiences and the world around them (Kelly, 2005). Qualitative research also has an inherent openness and flexibility that allows modification of the design and focus to understand new discoveries and relationships, which helps with unexpected phenomenon and can generate results that are understandable and experientially credible (Maxwell, 2005).
Thus, qualitative research is well suited to examining the birth parent experience of child relinquishment, grief and loss and open adoption, which is a complex, intricate and complicated experience. As the aim of this study is to understand birth parent’s experiences of grief and loss resolution within current day adoptions which are often times characterized by openness and ongoing contact, qualitative research provides a valuable framework for collecting and analysing the data.

4.2 Sampling

Sampling for this study was purposive as the goal of the study was to describe the grief and loss experiences and resolution of birth parents who chose adoption for their infant within current day open adoptions. Purposive sampling means that participants are sampled based on the purpose of the research study. Sampling was non-randomized and deliberative to achieve the goal of recruiting a specific population. It was purposive as birth parents are a difficult population to access due to the stigmatizing nature of child relinquishment and there is no known area of birth parent congregation. Maxwell (2005) notes that purposive sampling involves deliberately selecting particular settings or persons in order to provide information that cannot be secured elsewhere, and to maximize the value of the sample.

Three licensed adoption agencies in British Columbia gave approval to post an invitation to participate in research with birth parents associated with the agency. The agencies all facilitate local infant adoption placement and all provide follow up support to birth parents indefinitely, even though the birth parent’s file may be closed. For example, all agencies report operating an ongoing birth parent support group which any birth parent, with an open or closed file, may participate in. Consistent with the British Columbia Adoption Act (1996), all agencies counsel birth parents regarding open adoption and assist the birth parent
in negotiating an openness agreement if chosen by the birth parent. Additionally, the agencies work within all geographical areas of British Columbia and thereby could draw a sample of birth parents across the province.

As a further way of recruiting, the Adoptive Families Association of British Columbia (AFABC) posted an invitation to participate in the research in their bimonthly magazine. AFABC has supported adoptive families in British Columbia for over thirty years. While they do not facilitate adoptions, they do support and provide information and education to adoptive parents. Adoptive parents and birth parents may have read the notification within the AFABC magazine, and thus was another source of purposive sampling and going to where the research subjects are.

This research did not include adoptions facilitated by the provincial government’s Ministry for Children and Family Development (MCFD). MCFD generally does not facilitate voluntary infant adoption placements and refers birth parents who wish to plan a voluntary placement to the licensed agencies.

Having received an invitation and having indicated an interest in participating, potential research subjects (i.e. birth parents) were given a detailed explanation of the purpose and scope of the research. When a potential research subject indicated interest in participating in this study, the scope of the research and interview was described to her. If the person wanted to participate she was provided with a consent form and the questionnaire guide to review. At the time of the interview, the consent form was explained along with her right to end the interview at any time and withdraw from the study. Before the interview began, a copy of the signed consent form, the list of counselling resources and a gift card was given to the
The participants were given a short questionnaire to complete and then a 40 minute recorded interview was conducted.

As this research focused on the emotional topic of child relinquishment, there was the possibility that the participant may feel upset or distressed during the interview. For this reason, a list of accessible counselling resources was presented before the interview began. This research study was committed to the University of British Columbia’s Behavioural Research Ethics Board’s directive of not incurring harm or distress upon participants. Participants had the option to end the interview at any time, which safeguarded this principle. Having worked extensively with birth parents provided this researcher with sensitivity for the birth parents in the interview. While human subject ethics boards cautions that talking about sensitive topics may lead to psychological damage, participants in other research have described interviews that elicit emotions as “cathartic” and a chance to express themselves before a non judgemental, sympathetic listener (Padgett, 2008). As this research takes a strengths based approach, it was assumed that participants had the ability to self-identify their needs within the interview, and the expression of emotions, be it joy or sorrows, was seen as natural.

4.3 Participants

The sample consisted of 13 birth parents that placed their child for adoption in British Columbia (12) and Alberta (1) since 2000. 16 women responded to the study but 3 did not schedule an interview due to their own time constraints. The research study was open to birth mothers and birth fathers but all respondents were female. The goal of the study was to have between 10 and 15 birth parents participate. The time and resources available to this
researcher were a factor in the size of the group. Additionally, in reviewing the data, it was
determined that for the scope and resources of this study, saturation could be obtained within
this sample.

The identities of the birth parents have been protected and they have been given
pseudonyms in this study. The data has been stored in a locked filing cabinet. The interviews
were recorded and transcribed and member checks have been utilized for reliability. A brief
description of the participants is found in Table 1 below.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Participant’s age at placement</th>
<th>Child’s current age</th>
<th>Frequency of Contact in Open Adoption Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela</td>
<td>21</td>
<td>4 ½</td>
<td>Has seen daughter and adoptive parents 2 times and can request visits. Unrestricted phone calls and emails.</td>
</tr>
<tr>
<td>Jill</td>
<td>20</td>
<td>8</td>
<td>Sees son and adoptive parents weekly. Unrestricted phone calls and emails.</td>
</tr>
<tr>
<td>Carmen</td>
<td>24</td>
<td>2 ½</td>
<td>Sees daughter and adoptive parents 3 times per year. Unrestricted emails, usually 3 times per month.</td>
</tr>
<tr>
<td>Rebekah</td>
<td>18, 20</td>
<td>5, 3</td>
<td>Has seen both sons and adoptive parents once since placement, which has been her preference. Have open email contact and a webpage for pictures and updates.</td>
</tr>
<tr>
<td>Participant</td>
<td>Participant’s age at placement</td>
<td>Child’s current age</td>
<td>Frequency of Contact in Open Adoption Relationship</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------</td>
<td>---------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Nora</td>
<td>21</td>
<td>2</td>
<td>Sees daughter and adoptive parents 10 - 12 times per year. Unrestricted email and phone contact.</td>
</tr>
<tr>
<td>Marisa</td>
<td>18</td>
<td>2 ½</td>
<td>Unrestricted phone and email contact. Sees daughter and adoptive parents every 1-2 months.</td>
</tr>
<tr>
<td>Sarah</td>
<td>22</td>
<td>2</td>
<td>Has not seen child since birth due to geographic distance. Receives pictures and updates by email every 3 months.</td>
</tr>
<tr>
<td>Michelle</td>
<td>18</td>
<td>3 ½</td>
<td>Unrestricted phone and email contact. Sees daughter and adoptive parents 4 times per year.</td>
</tr>
<tr>
<td>Cynthia</td>
<td>34</td>
<td>2</td>
<td>Has 3 scheduled visits with child and adoptive parents per year.</td>
</tr>
<tr>
<td>Jenna</td>
<td>24</td>
<td>3</td>
<td>Unrestricted phone and email contact. Stays with the adoptive family for one week, approximately 4 times per year.</td>
</tr>
<tr>
<td>Carla</td>
<td>21</td>
<td>8 ½</td>
<td>Updates and pictures by email 3-4 times per year. No in-person contact with child since he was 4 years of age. Sees adoptive parents once a year.</td>
</tr>
<tr>
<td>Sophie</td>
<td>20</td>
<td>2 1/2</td>
<td>Unrestricted phone and email contact. Has 10 -11 visits with daughter and adoptive parents per year.</td>
</tr>
</tbody>
</table>
4.4 Data Collection

The primary source of data collection was through a short questionnaire, audio taped interviews that utilized a fourteen-question guide, and field notes recorded at the end of each interview. Interviews were conducted in a private space selected by the participant to ensure her privacy regarding the personal nature of the research. Interviews were on average forty minutes in length. Audio taped interviews were transcribed verbatim. Participants were assured confidentiality and were told that the audio recording would be stored in a secure place, was only accessible by the researcher and the supervisor and would be deleted upon project completion.

After the consent form was completed and the counselling resource sheet was provided, a short questionnaire was administered. The questionnaire (Appendix A - Questionnaire) was utilized to efficiently gather a demographic sketch of the birth parents. The interview guide (Appendix B - Interview Guide) used open-ended questions designed to focus the participant on the topic area. The participant was then encouraged to report her thoughts and perceptions of her experience. The interview guide helped to make interviewing more systematic and comprehensive, when interviewing many participants, particularly those whose experiences may vary (Kelly, 2005). Additionally, the semi-structured interview provided the opportunity to introduce the topic, but also adjust the course of the interview based on the nature of the data emerging.

Interviews were chosen as the primary source of data collection, common to qualitative research. Padgett (2008) reports that high-quality interviews are the linchpin of
success for the vast majority of qualitative studies as it is goal directed, is conversational without being a conversation, and affirms the researcher as the learner and the participant as the expert of their experiences. Interviews are also seen as sites for meaning making as the research participant constructs the data generated in the interview and contributes meaning to their experiences through the direction of the qualitative questions and form.

From the interview guide, the participants were first asked a series of questions that were structured to elicit information about the circumstances surrounding their decision of adoption for their child, and their feelings before and after the birth and placement of their child. The second component of the interview consisted of open-ended questions designed to elicit information about how they learned about open adoption and what their thought process was in determining how they would like to structure the relationship with the adoptive parents and child. This section also queried the nature of the relationship the birth parent now has with the adoptive mother, adoptive father and the child. The final section of the interview contained open-ended questions designed to elicit information about the birth parents’ experience of grief and loss, and how the relationship with the adoptive family influences their grief and loss. Lastly, the final question asks birth parents how they ‘make sense’ or find meaning in this experience.

4.5 Data Analysis

The interviews were recorded and transcribed, and were analyzed in an ongoing manner. The data was read repeatedly to achieve immersion and get a sense of the whole (Hsieh & Shannon, 2005). Codes were inductively generated from the birth parents own descriptions of their experiences, from the text; a process defined as open coding (Maxwell,
Codes were lifted from the language of the birth parents, which provided a direct representation of the data. Language is central to a person’s construction of meaning as language is used to “filter, differentiate, categorize and label one’s lived experiences” (Johnson, 1972, qtd. in Greene et al., 2005, p. 270. See also Efrna & Heffner, 1991).

Constant comparative analysis was employed to continually search for similarities and differences across the data (Padgett, 2008). Major themes that emerged from the data were collected and grouped under headings. The subthemes that emerged out of each subject were presented within the broader theme.

The data reflected commonalities in experience and also depicted individual birth parent’s processes and the variance found. Quotations were taken directly from the interviews while also protecting birth parent’s identities.

4.6 Approach to Validity

One of the most significant issues a researcher faces is the potential threat to validity. This section will review what steps were taken to build validity into this study. Due to the nature of qualitative research, validity can not be established by objective measures but can be strengthened by measures that have been well defined in qualitative research methodology, and are detailed in the following paragraphs.

The interviews were transcribed verbatim to ensure accuracy and completeness of the data collected. In seeking to meet descriptive validity, I stayed close to the data by using the words of the participants to inform headings and in direct quotes, as “language is a vehicle of communication” (Sandelowski, 2000).
To build rigor, as the data was analysed in an ongoing manner, I returned to the participants to review, clarify and validate tentative findings and to counter the possibility that I may be wrong in my interpretations of the data. Participants were provided with their direct quotes that were to be used in the findings section, and all participants confirmed the accuracy of the quotes. This aided to ensure that my interpretations were congruent with their experiences. Using ‘member checks’ thus helps build credibility for the findings.

A further method employed to build rigor was debriefing and support. This method was employed through checking in with my advisor on a regular basis. Debriefing can provide emotional support, fresh ideas, feedback and can keep the researcher honest (Padgett, 2008). This was indeed my experience.

Negative case analysis was another tool utilized to build rigor. When a pattern was emerging from the data, I returned to the data to search for negative cases that would not confirm the same finding. I was careful to determine if the negative case disconfirmed the evidence, or if it was discrepant and thereby served to refine but not refute emerging themes.

Reflexivity is the ability and willingness of the researcher to acknowledge and take account of the many ways the researcher influences the findings. It is the acknowledgement of the impossibility of being able to remain outside of the subject matter while researching it. Reflexivity is the ability to reflect inward as an inquirer and outwards to the cultural, historical, political and other forces that shape everything about inquiry and in between the researcher and participants to the social interaction they share (Sandelowki & Barroso, 2002). This is acknowledged by myself and accounted for in the section heading “Personal Interest”. Additionally, to bring the factor of reflexivity to light and be accountable to it’s influence, debriefing sessions included time focussed on reflexivity. Member checks as described
above also served to counteract the challenge posed by reflexivity. Reflexivity can enhance the quality of a research process and data generated and can also increase the researchers sensitivity to the participants concerns and experiences (Gilgun, 2010).

Lastly, it is also acknowledged that this sample was subject to a response/non-response bias as it is self-selected. Birth parents who do not acknowledge grief and loss in the child relinquishment experience, or those who have had very poor experiences, or may have different views about what was helpful to their grief and loss resolution may chose to not participate. Although the participants provided insight into their own experiences, this research can not claim that the participants’ experiences in this study represents all present era birth parents who relinquish a child for adoption.
5 Findings

All participants agreed that having an open adoption is preferable and serves a function in assisting in the grief and loss resolution process for a birth parent who relinquishes a child. The ways in which openness in adoption has influenced the birth parents’ grief and loss experiences, as it emerged from the data, are grouped into four major themes: (1) adoption planning and openness, (2) grief experience and adjustment within open adoption, (3) forming open adoption relationships (4) reflections on closed and open adoptions, and meaning making. The sub themes that emerged in each category are described under the wider theme.

The data and themes that emerged, speak to the various ways in which open adoption assists in birth parents’ grief and loss resolution. The data also speak to the nature of these open adoption relationships and highlight how the quality of the open adoption relationship can influence, assist or aggravate a birth parent’s grief and loss resolution. Quotations are taken directly from transcribed interviews and edited slightly for clarity. Pseudonyms are used.

5.1 Adoption Planning and Discovering Openness

5.1.1 Reasons for choosing adoption

The participants in this study expressed similar reasons for deciding on an adoption placement for their child which by and large preceded their consideration of openness. Many birth parents were single at the time of their pregnancy and wanted two parents for their child. A number expressed that they could not provide for the child, could not even take care
of themselves and therefore were not prepared to also meet a child’s needs. ‘Struggle’ was a word used by a few women to describe what life would be like for themselves and the children if they kept them. Others acknowledged that they did not have the means and were not prepared for the task of motherhood. One parent described the consideration of adoption as ‘smart and logical’ while another had a premonition years before and felt the choice of adoption was easy and fated. Some birth parents spoke about how they chose life over termination, noting that they decided to give their child life, even if it was not with them. Many birth parents acknowledged that they chose adoption for the well being of the child, as demonstrated in the following quote:

I wanted the best for her. I wanted her to have two parents and a stable relationship that could love her and give her everything and I knew that I was too young in the sense that I wasn’t married, didn’t have a good job, and I wanted to give her everything and I knew I couldn’t give that to her. So that is the main reason why I chose adoption. It wasn’t an issue of not loving her. I knew I could love her, I knew I could try my best but I just didn’t think my best would be good enough for her. 

(Sarah)

5.1.2 How birth parents described their decision for adoption

All birth parents spoke about ‘their decision’ for adoption and identified that it was their own choice and not a plan that was made against their will. Birth parent’s experiences of support or opposition for adoption by family and friends varied greatly. Yet many birth parents knew that regardless of others’ support or lack thereof, the choice was theirs to make. Expressions of confidence in their decision permeated the findings, and one birth parent described her choice for adoption as a mature adult decision. One birth parent reflects on her own unstable childhood and notes,

…going through things like that made me appreciate my own choice for my children at the time that all this happened. I was the one making the decision and I was
making it because it was best for me and for everybody else involved. Both my children will have a life that I wasn’t able to give them. (Rebekah)

Many birth parents talked about their confidence with their decision, and could not describe in great detail ‘how’ they knew it was the right choice for their child, but simply that they ‘just knew’. It was as if they were assured by their intuition of the situation and of their ability to make a sound decision.

I just always knew it was the right decision. The majority of the time I don’t question if I made the right decision. I just know. (Nora)

I have always had confidence in knowing that I was making the right choice and that I made the right choice. I feel like I have and when I do have bad days, I know that this was the right choice for my daughter and ultimately she is the most important person in the equation. (Sophie)

Something just told me that her being with (the adoptive parents), out of everybody, that it was going to be ok. You know, you just get that feeling. (Marisa)

I didn’t have that feeling that I wanted him back. I just kind of felt that I had done it and I had done it for the right reasons and that he was here for a reason and it wasn’t for me so I was really confident in my decision. (Carla)

Within the group of study participants, one birth mother expressed regret in her decision for adoption. Yet, she acknowledged that it was her decision, along with the birth father. She expresses herself in the following quote:

We didn’t have a crystal ball, so we did the best we could at the time, we made the best decision we could at the time and it’s going to work out in the end. Honestly, if I could go back, would I keep her? Yes. But I didn’t know things were going to work out and like my mom says to me, ‘you made the best decision you could at the time, you can’t say these ‘what if”s’ because it will make you crazy’. (Sarah)

A few birth parents expressed other regrets, not related to the decision for adoption. The regrets expressed included not spending more time with the baby at the hospital, not holding the baby, not being more assertive with wishes for openness, not putting an openness
agreement on paper, not taking more time to get to know the adoptive parents before the baby’s birth, and not choosing the right adoptive couple for their child.

In addition to making a decision for the baby, the birth parents in the study talked about the magnitude of the responsibility they felt in choosing the right adoptive parents for their unborn child. They also noted the assurance that came from being able to choose the family, and for some, to get to know the family before delivery. Having the ability and legal right to choose the adoptive parents is an initial step in open adoption as the birth parent reads home studies and can choose the family setting that her child will grow up in. The birth parents were delighted that they could select the adoptive family and most recognized the gravity of their choice of an adoptive family and it’s ramifications for their child. A number of birth parents talked about their efforts, reading numerous home studies, in one birth mother’s situation reading over 100 adoptive parent home studies. They talked about the time it took, the worry and anxiety they felt about finding ‘the right’ family, some describing it as their biggest worry.

One of the biggest things that I was worried about was who I’d be giving my child to and it helped to get to know them as friends and get to know what kind of environment my son would be in – it was very helpful. (Amy)

I was so worried that I wouldn’t pick an amazing family. I did meet a couple before them and I just felt ok about it, but I didn’t feel like it was going to be ok. Like it might be ok, and they might be great parents but I didn’t feel like I could know for sure. I wasn’t ok until I actually met them (the couple she chose). I liked them. And then I felt it was definitely going to be good for her (baby girl) and me; especially for her and that’s what I felt. She’s going to be totally ok. (Jenna)

5.1.3 Initial thoughts on openness

I knew nothing. I didn’t even know what the word (openness) meant. Even when they (the agency) said ‘we do an openness thing where they send you a picture and a letter sometimes’. It was very vague and they were like ‘we’ll sign this contract but its not legally binding’ and so I was like ‘ya, whatever’. Like I never put much
thought into it, but I thought it was nice to get pictures, but it might not happen so I was like ‘ok.’ (Jill)

I didn’t know too much about it (openness) but I definitely knew about closed adoption from the movies, and I knew that’s not what I wanted. I knew I wanted to see her often, but I wasn’t quite sure actually as I didn’t know if what I wanted existed. I knew that if it was closed or nothing, I probably wouldn’t do an adoption. (Nora)

In this study, few of the birth mothers had knowledge of openness and ongoing contact in current day adoptions prior to contacting the adoption agency. The majority of the women thought adoption was ‘clean cut’, thought they would never see their child again and/or thought their child would only be permitted to seek contact when he or she had reached adulthood.

The birth mothers learned about open adoption from various sources, including the adoption agency. One woman’s older brother had been relinquished for adoption and she developed a relationship with him in their teenage years. Thus she had experienced open adoption within her own family. The same woman also had a friend who placed a baby in an open adoption, and hearing her friend talk about the open adoption relationship interested her and gave her hope. A few women noted that hearing other people’s stories of open adoption brought them hope and knowledge about current day open adoption. One birth mother attended a ‘birth mother’s day’ celebration on mothers day weekend, met other birth mothers and heard about and saw their open adoption relationships. One birth mother first learned about open adoption from a pamphlet in an abortion clinic. The anonymous quotes contained in the pamphlet were eye opening to her, and to this day she has kept the simple pamphlet as it had a profound impact on her life.

Initially, a number of woman thought they would prefer a closed adoption. The rationales they gave for initially preferring a closed adoption were as follows: “to put it
behind me and move on with my life” (Amy); “because it would be difficult to see her and I didn’t want to get attached” (Marisa & Michelle); “because it would be better and less confusing for the child” (Sarah). These women expressed gratefulness that pregnancy is long, as it gave them time to learn more about the benefits of openness in adoption and all entered into open adoptions.

Initially it made it more difficult as I really missed her and I wanted to be there for her and then I was thinking maybe we should have done it closed. But then as time progressed I got more and more happy that we did the openness because I didn’t want to be sitting there thinking ‘How’s my baby? Is she with the right people? Is she going to be ok?’ So the openness really made that a lot easier as time went on. (Marisa)

One birth parent knew from the first trimester that she wanted to plan an open adoption. She was already raising a son and wanted him and the baby to enjoy a ‘cousin like’ relationship. From the beginning, the birth mother put her faith in ‘trust and open communication’ but feels that the adoptive parents, while retaining three scheduled visits a year, have withdrawn trust, open communication and warmth from the open adoption relationship. Although the open adoption remains intact, the quality of the relationship has aggravated the birth mother’s experience of grief.

While most birth mothers did not know that open adoption was possible when they first contacted the adoption agency, and most initially thought they would prefer an adoption without contact, all women now describe their children’s adoptions as open. As the women learned about the risks and benefits of open adoption for all parties (birth parents, child, adoptive parents), as they proceeded with the tasks of planning the adoption (providing their own social and medical history, receiving counselling and choosing an adoptive family), and as they had time to integrate their new knowledge with their thoughts and feelings of the
process and experience of the pregnancy and child placement, all the women moved towards an open adoption plan.

5.2 Grief Experience and Adjustment Within Open Adoption

5.2.1 Feelings and Experiences at Time of Relinquishment

The birth parents in this study expressed a wide spectrum of feelings at the time of their pregnancy and child relinquishment. The data shows diversity in types of feelings felt and expressed, ranging from bliss to debilitating depression. At the time of their child’s birth, all women had arranged for an open adoption, although the form of the openness varied.

Difficult feelings that were experienced and expressed by the women included feeling sad, down, anxious, overwhelmed, depressed, upset, confused, nervous, scared, regret, self loathing, anger, jealousy. Most described this as a very hard time, and describe the feelings as painful and tumultuous. Most cried more than they had cried before in their life, some attributing this to the adoption and some to the hormones associated with labour and delivery. One woman felt debilitated, felt like she was in a fog and felt the emotional pain compounded the pain from the physical recovery.

I had severe depression where I didn’t get out of bed. My mom said my eyes looked dead for the first year, but especially the first month. I didn’t see a future for myself. I was totally debilitated by the pain and it was very physical too. I felt a lot of the things that happened after you give birth were amplified by my depression, like my breasts and haemorrhoids, like everything was so much worse. I had a lot of problems where I’d wake up in the night hearing her cry and I’d literally get out of my bed, go out in the hall to her room and my brain literally thought she was going to be there in her crib, like I needed to feed her or something, and then it would just hit me again. (Sarah)
I felt depression, no motivation, hate, anger, and all my dreams fell apart. I had a lack of hope, couldn’t bear to understand what happened, denied a lot, had emotional break downs and didn’t look at life the same way. (Carmen)

Many described the first month after the baby’s birth as the most difficult time. Many felt bliss from delivery, and enjoyed a high feeling for a short while, going from ‘the ultimate high to the ultimate low’. Women also identified the emotions of loneliness, emptiness, a void with their empty stomach and missing their baby.

I think the strongest emotion that I could link with the first month is feeling lonely. There was definitely an emptiness when she was no longer there and the way people treat you is different. Pregnancy is so exciting and so happy and everyone’s all over you asking you questions and after no one really knows how to approach you. So not only is the baby no longer with you, but everyone kind of takes half a step backwards. In general the feeling was very lonely. (Sophie)

I would always think about him. You still have the tummy there and you go there to touch it and it’s not there anymore. There’s a feeling that there’s a void. (Rebekah)

Some women described feelings of confusion, feeling as though their thoughts were ‘all over the place’, ‘everything was jumbled’, feeling in a fog, and finding it hard to concentrate. One woman noted that she was intentionally steeling herself to get through. Feelings of guilt and remorse were common in the interviews, along with remorse that the child is no longer with them and guilt in not being able to provide everything they wished for the child.

Some women spoke of anxiousness to complete the process: to have the baby, to see if the baby is okay and in good health, and move on to the next stage in the adoption and in their lives in general. One woman also described anxiousness to see how birthing felt, to decide if she would ever want to birth another child. A few women expressed relief, that the baby was finally born and that an adoptive family was decided upon.
There’s a sense of relief, you know, its one stage complete, there’s many more to come, but in that first month you realize that you’ve finished your job in a way, my end of the deal, my biggest part was complete. (Sophie)

I just felt a kind of lift of, like relief. (Rebekah)

One woman expressed feeling ‘totally fine’ and was not teary and not sad. One expressed feely guilty because she was not feeling sad, but rather content, which she attributed to having an open adoption. Another woman also described her last month of pregnancy as ‘not sad’ but felt like she was intentionally cherishing the time with her child in utero before birth.

I started realizing that these would be the last moments with my son and so I just wanted to sit at home and be with him and soak that time in with him. I just remember feeling like I just wanted to wrap him in my life for a little bit longer, for that last little bit. (Amy)

Many women expressed strong positive feelings of being proud of their accomplishment of bringing a child into the world, and the pride and joy they felt in placing their child with adoptive parents and thereby creating a family. After birth they experienced joy, felt high and blissful, felt lucky, strong, womanly and happy.

I remember feeling like I had just finished a marathon. I had all these images and feelings in my mind of a difficult, long road, and that the event was fairly arduous, but I also felt like I had accomplished so much and like I had done something that I was very proud of, and that I knew was right. I do remember feeling very proud, happy, feeling very comforted knowing that he was with a couple that I had spent months getting to know, and knowing he was safe. (Amy)

There’s happy emotions as well, you get to see her and hold her and having a child is pretty life changing experience. You feel strong, I felt like a woman for the first time. (Sophie)

Many women reflected on their feelings of excitement to meet the baby for the first time, and also the excitement of continuing to see the baby grow and develop in the future as is possible in open adoptions. Some expressed excitement for the child because they knew
the kind of life the child would have with the adoptive family that they had chosen. One woman, who was already parenting a child, was excited to be birthing again, and to birth at home with a midwife. Some were excited to be helping the adoptive parents become a family and excited to be giving such a gift. In the open adoption, the women could see the family’s joy and thereby benefited from not only the sorrows of adoption but the joys, and their contributions and sacrifices were acknowledged.

There’s a huge excitement. You’re going to see what you’ve been building and growing for the last nine months. (Sophie)

I was excited to know there was a little human being in the world because of me. That was the excitement of having a child and I still had that excitement because I still got to hear so much about her and I felt like I was hearing her gurgles and her growing, the first time she laughed, the first time she smiled, so that was kind of exciting. The excitement I had was in knowing she was happy and that got me through. (Jenna)

I was really excited to be giving such a gift, so that was kind of cool. A family that couldn’t have kids got someone they love and I did that. Like it was me- it was nobody else. It was me that did that. (Carla)

A number of women identified the actual separation from the baby as the hardest moment. A number of women recalled how they lost composure and removed themselves from the situation to cope.

I’ve always dreamed of having a little girl and then finally when I did, I had to give her away. That was the hardest part, the next day, that was the hardest thing I ever had to do was give her to them. (Marisa)

I knew what was coming when I was handing him over to the carseat. I couldn’t even look at him. I can’t remember if he started crying or not but I knew I started crying right away so I just had to leave. I had to remove myself from that whole situation, and get in the car and then go, so I just kind of ripped it off like a bandaid. (Rebekah)

She was in her baby seat and they were going a different way and they picked her up and started walking the other way and I just kind of thought, this is it, this is the loss, this is the cutting of the strings, this is the part I was not looking forward to, and going a different way than her was so hard. (Jenna)
Lastly, a common expression by birth parents was their concern for the future, even within the open adoption relationship. They realized that while they planned for their child before birth, with adoption they would no longer make decisions for their child and they no longer had control of the situation. There were common general worries about the unknown future, and worries that the open adoption relationship would be satisfactory to all parties. Birth parents also expressed worries that their child would be happy and also if the child would have a fair understanding of why the parent chose adoption for the child.

A lot of my anxiety came with the future, what’s going to happen, are these people… well this is who they are now, is this how they are going to be in the future? (Nora)

There was a lot of fear as to how it was going to unfold. I felt like I never wanted to give anyone a problem so I was hoping that everything was ok with him. So it was kind of strange, even though I wasn’t going to be parenting him, I just wanted to make sure he was fine and that he was feeling great. (Carla)

5.2.2 Present Feelings and Experiences

Birth parents reflected on what their current feelings and emotions were, in relation to the adoption of their child. Several of the birth parents reported feeling “a lot better,” and others shared descriptors such as “great, happy, good.” Some describe their feelings as “a lot easier” and many said they no longer think about their child’s adoption every day.

I don’t think I can remember the last time I was upset about it. I don’t really miss him at all, because I’m probably going to see him tomorrow. (Jill)

Overall, I deal with it well. I can live, day to day; it’s good. I don’t think about them everyday anymore. (Rebekah)

I’m a lot better. I just have teary moments here and there, not all the time, but the tears still happen here and there. (Carmen)
The birth parents reflect that the experience of their feelings has been a process. Many birth parents noted that they went through stages of grief, felt a wide array of emotions, had gone through “every emotion”. They did not know if they grieved in the “right order,” but acknowledged that various feelings have been experienced since pregnancy and up to the present day. Some birth parents talked about the ongoing nature of grief, and the mixed feelings they experience at different milestones (child’s birthday, mother’s day). One birth mother noted that the milestones were ‘a little bit worse’ for her as she has since chosen a career in early childhood education and has more knowledge of the stages of child development.

It’s ongoing, every milestone and I think it’s a little bit worse now too because of the career choice I’ve chosen. I understand where the development and the milestones and the age and I think that’s why I think about it more now anyways. (Rebekah)

You grieve different things at different points. Initially you’re grieving the actual loss of the child; you’re not actually losing him, it’s not like he’s gone forever but your losing him out of your life on a daily basis. And then as time goes on you start to grieve different parts. If you’re in a point in your life where you want to start having kids and maybe you’re not having them yet, you’re thinking, maybe was that not my chance? Friends and family start having kids and you have to watch that. You have to watch your sister have a kid and watch how much more excited people were for her. So there’s different grieving parts that will happen throughout my life. I’m hoping by the time my son is 18 that I will be able to go to his graduation but if that doesn’t happen, then I’ll be grieving at that point, knowing it’s his graduation and knowing that I’m not watching him cross the stage, but knowing that I made him and the reason he’s crossing the stage is because of me. (Carla)

It came in different stages and I had to just let myself really feel it, to be able to move onto the next and I don’t have that same grief anymore. (Sophie)

The birth parents gave mixed reports of missing and not missing their child. Some go through periods of missing the child, and some miss and thereby grieve not being part of the child’s life everyday.
I don’t really miss him, but I miss those parts of the day that you don’t get to be a part of and that is the only thing I get sad about is that oh, I wish I was there for those little things that are so sweet and fun. (Jill)

I’m still having trouble that I wasn’t there for her first everything. I am there as a part of her life and that’s what matters to me. (Marisa)

Some birth parents expressed sorrow for the way in which the open adoption relationship has developed. Some relationships became characterized by rigidity, a lack of warmth and one birth parent felt ‘cheated’ by this experience. As time progressed, one birth parent began to feel grief, wherein she reported no grief at the time of placement. She attributes the experience of grief to the adoptive parents’ change in disposition towards to the open adoption relationship, to her and the son that she is raising.

I am extremely disappointed and frustrated and spend too much energy trying to figure out how to improve the adoptive parent’s disrespectful behaviour, which I fear is leading down the road to them being very bad adoptive parents. The only grief is over their behaviour and their rejection of us. I feel nervous about my daughter’s future and sad on my son’s sake that we’ve been rejected by these people. (Cynthia)

Some birth parents did not find the words “grief and loss” as an accurate or appropriate descriptor of their experiences. All acknowledge that it has been an emotion-centred and challenging experience, yet they worked to define their own experience with language chosen by themselves.

With the perspective that I’ve gained from the experience and relationships that I have with the couple and my son, I wouldn’t actually categorize my feelings as grief. I felt it prior, but the emotions that I have felt since, I wouldn’t say its grief. That’s not the term I would use. (Amy)

For the most part, I wouldn’t necessarily say grieving is the word that I would use. I would just say accepting. (Carla)

Now sometimes I get a little nervous because part of me feels it still isn’t real, like I’m in denial, or if maybe deep down I have accepted it, and now it’s just done with, like maybe I don’t need to deal with it anymore. (Sarah)
Lastly, most birth parents expressed happiness with the way the open adoption relationship has developed, delight in seeing their child grow, and pride in their child.

Now I feel proud. I feel proud of her, I feel proud of my choice both with adoption and with the adoptive parents. I feel happy. Proud is really the best word. I don’t feel a sense of loss at all anymore. I feel like I’ve actually added to my family in more ways than one. (Sophie)

I’m happy. Sad at times. I miss her, but I’m proud as she has wonderful parents. From time to time I miss the idea of not having her in my life on a daily basis, but I’m excited for her life. (Jenna)

5.2.3 Factors That Have Helped Birth Parents Cope

For any woman, pregnancy and giving birth is a major life event. Women in society are given special attention and support during and after pregnancy. The women in this study also had the additional experience of placing their child for adoption. This section looks at what factors were helpful to women in open adoptions, and what helped them cope.

Most women identified the support of family and friends as predominant in helping them cope with the initial adjustment and ongoing feelings related to the adoption. Women identified friends, mostly mothers and some fathers, a future husband, a new boyfriend, siblings, aunts and other women birth moms as being a support. Two women identified the birth father as being a source of support. A few mentioned an adoption counsellor and the adoption agency as helpful, but the women predominantly identified people in their personal life and non-professional supports.

A number of women journal to express themselves. Some write a journal for themselves and some write a journal that they hope to give to their child when he or she is older. Some women write in other forms such as reports, poems or speeches related to
adoption. Some also write or chat online in adoption groups. The women did this in the past and also continue to do so.

I went online to yahoo groups and they have birth mothers groups. At the second week (after her baby was born), I would go online everyday and I would talk to these women and it was nice to hear other stories at first and they’re hearing my side too and it’s kind of nice. (Michelle)

I started writing a journal to her and at that point it really helped, like just writing to her, like just to be able to explain in the moment because even ten minutes later I might not be feeling the same way, but it was written down so she has it if she wants it, to see that it wasn’t easy. (Nora)

A number of women identified keeping busy and active, having a life beyond and outside of the adoption as helpful to coping and adjusting. Some purposefully planned a trip and found travelling and space as helpful in coping. One birth mother expressed her wishes for the adoptive family to have space from her, to give them room to focus on bonding with the baby.

About six weeks after I gave birth I took a trip, I went back packing on my own for about six weeks and that’s what grounded me. I wasn’t defined by anything there. There was so much going on and so many emotions and I had my time solely. I went on my own so I had complete and utter clarity. It cleared my head and brought me back to that more assured place. (Nora)

As soon as I was up and walking my sister and I went to Europe and we went backpacking. I did that because I really wanted to spend time with family and also spend time away from the city, the adoptive family and my apartment. I felt it would give distance to for me and the adoptive couple as well because I wanted them to be able to bond freely. It was very nice, I feel like for both of us. For them to have their space and me to have my space so it was very liberating. (Amy)

Many women identified factors relating to the open adoption as helpful to their ability to cope, adjust and integrate the adoption. Birth parents identified the adoptive parents as a source of comfort and support, and expressed appreciation of the adoptive parent’s care for them. The birth parents identified getting to know the adoptive parents more, seeing them
and also hearing about their child, seeing their child and getting to know their child as helpful to their adjustment and the grief. They also identified looking at pictures of their child, be it hard copies or pictures on Facebook, as helpful. Also putting effort into the open adoption relationship was identified as helpful.

Just talking to the adoptive mom, and her always wanting and having so much to say, like she’s not leaving out anything. That really helped just knowing exactly what was going on. That really helped the grieving process. The adoptive mom goes out of her way to make sure I’m ok. I feel like she really cares about my healing process and that makes me realize it wasn’t all about my baby. I think she really cares about me and that I was a part of her life experience. (Jenna)

The relationship I had with the adoptive parents helped. Seeing them and seeing her with them in their house is always as a source of comfort as it exceeded my expectations so that definitely helped me cope with some of the grief. (Nora)

It’s easier now that I have Facebook so we can just contact each other whenever – it’s just an idea I thought of not too long ago. I told them about this Facebook page I set up where I’d put all my pictures and updates of what I’m doing in my life so they know what’s going on and they’re able to talk to my sons about it if they ever have questions in the future. So they can see what’s going on at their pace and I can go and see what’s going on at my pace. I think it’s the best idea I ever had. I’m so proud of it. (Rebekah)

One woman, Cynthia, felt shut out by the adoptive parents and has been denied the opportunity to be involved in her daughter’s life. While the adoption is still defined as an open adoption, it has become rigidly structured, less open and less warm than the birth mother had believed it would be. One way she has coped with this exclusion is to invest her energies in children who are a regular part of her day-to-day life, such as a new godchild.

One woman who expressed regret and experienced depression for the first year stated that telling, or ‘unloading’ her feelings on the adoptive parents was significantly helpful to her ability to cope.

It took me almost a year to the day to get over my depression. It was funny how after a year it was gone. I think it was the email I sent to the adoptive father where I was so honest that I’m not ok, I regret my decision, I wish I’d kept her, I want her back
but I can’t. Like after I just let everything out in the open it just seemed to lift off my chest. And he emailed back saying “Oh my god, like we knew you must have been lying for our benefit, like you didn’t want to make us feel bad but we’re glad you told us how you actually felt.” And once I unloaded, I felt a big weight off my shoulders and that is the last time I remember feeling really sad. (Sarah)

Other factors related to being open about the adoption were identified as well, such as the adoption not being a secret and talking openly about the adoption with friends and family. The birth mothers also identified that talking in itself was very helpful. The women talked in various ways: conversations with friends and family, talking with a counsellor, talking with the adoptive parents, talking with other birth moms, and also talking publicly at adoption events, birth parent panels and adoption education programs.

Because it’s open, I can talk more freely about it. I like being able to talk about it. Like every time I talk about it, something kind of comes up and then I think about it in a different sort of way. (Michelle)

Another big thing would be doing the panels that I do. I speak three times a year and I’ve done that basically since day one and I’m speaking to prospective adoptive parents and it’s just fantastic because I get to tell them all about the experience and hopefully help them with their journey. (Carla)

Talking about it is what helps me. I need to talk. The key was being able to talk about it to people all the time. Like sometimes it’s life, I’m sorry, I just need to talk again. To be honest with people was key as well. (Sarah)

One other significant factor that birth mothers identified as being helpful in coping was the confidence they held regarding their decision for adoption.

I think what’s really helped me always has been the confidence in knowing that I was making the right choice and that I made the right choice. (Sophie)

I never felt he was in the wrong place and that really helped. (Jill)

I think the most important thing is just knowing it was the right thing. Like I didn’t make this decision for me, I made this decision for my son. (Carla)
5.3 Forming Open Adoption Relationships

5.3.1 Qualities in the Open Adoption Relationship

In this research study, the birth parents had much to report about their relationship with the adoptive parents. Within the sample of participants, there were some birth parents who had not seen their child nor the adoptive parents since the placement of their child, yet maintained an open adoption through methods other than in person visits, such as email, pictures, letters updates, Facebook, phone calls. Many of the sample had in-person visits with the adoptive parents and their child; some saw each other frequently (once a week or once a month) while some had a more structured relationship, visiting every three to four months. Regardless of the structure of the contact between the birth parent and their child and adoptive family, the contact and the relationship with the adoptive parents and their child was significant to the birth parents.

The birth parents had many terms of reference and descriptors for the adoptive parents. They described the adoptive parents as “friends, extended family, very kind and very good people, awesome, distant family, very good friends, family, a big support”.

It feels like extended family to me. Because like sometimes I have to write papers on family and personal experiences and I’m taking classes about family and you have to write about your personal experiences in your family and I always include them too. (Michelle)

They basically invited me to be a part of their family. They said as long as we have your guy’s baby, we want you guys to be part of our family and I was like oh my god! I was touched by that. Not many people will do that right? (Marisa)

Birth parents also talked about the intentionality they exert in building a positive and caring relationship with the adoptive parents. They talk about the reciprocal nature of this
relationship and see the relationship between the adults as a positive gift and example of loving relationship that their child will benefit from.

I’ve learned that the more trust and honesty and respect that you give to others, the more inclined they are to reciprocate. The more freedom and love and respect and care I showed to the adopting couple, the more they reciprocated that back to me. I think the three of us have come to understand that we didn’t want my son to be the one link between us. At the centre of the experience for me is how the three of us could be so loving. We’re all able to share this experience together and focus on the relationship that the four of us share. (Amy)

Right now it’s been mostly about the adoptive parents and myself creating the relationship that she can take from it however, I don’t know, whatever she feels. I care for and love them all. (Sophie)

I think everyone in the family knows that I care very much about everybody. I help put dishes away and I help babysit, help the adoptive mom with anything she might need help with. (Jenna)

The birth parents of this study also used many descriptors to portray the qualities they have experienced in an open adoption relationship. Predominant words included harmonious, respectful, open, cooperative, trust, respect, honesty, reciprocal, consistent, warm, open, amazing. Many reiterated the strength of the open adoption relationship hinging on the ability to be open and honest with each other. While the descriptors listed above would be categorized as positive and supportive characteristics of an open adoption relationship, not all birth parents in the study can attribute these to their open adoption relationship.

Two women in the study identify how the adoptive parents rigidity in the open adoption relationship has restricted the open adoption relationship. The two birth parents that identify this experience, note that the nature of and quality of the difficult relationship is a factor that hinders their grief process.
I think they only tell me the good. I don’t think they’re telling me the bad. I think they just want him (her son) to be so perfect, so it’s kind of fake sometimes. (Carla)

I thought they were good people. And yet they’ve turned out to be nightmares. (Cynthia)

5.3.2 Relationship With the Adoptive Parents

The birth parents in this study generally spoke about the adopting parents as a couple. They identified the relationships they have with the adoptive parents as being a supportive factor in their grief and loss resolution. Few spoke about the adoptive father in detail, but those who did described him as an older brother figure, as the logistical one in the relationship, and as a friend. However, most women in the sample had much more to say about the adoptive mother and the relationship between them. A general fondness and tenderness for the adoptive mothers was evident throughout the interviews. Some birth mothers were protective of the adoptive mothers and were affirming of them as mothers. Other birth mothers felt that the adoptive mother provides a significant amount of support and care for the birth mother herself. Birth mothers describe the adoptive mother as “a sister, a friend, really close, a very special relationship”. One birth parent describes the adoptive mother as “emotional, thankful, and affectionate.” The quotes below demonstrate the affection the birth mothers feel and how the birth mother defines and describes the relationship with the adoptive mother.

Our relationship is based on our daughter. We both can see in each other how much we love her. It’s like having a friend that you can talk about with so much in similar that makes you smile about everything. We’ve been able to share so many stories and love about our daughter. So I think it’s a great relationship. (Jenna)

We have a really special relationship. During the pregnancy she was one of my biggest supports. She has continued to be one of my biggest supports and supporters.
I think that there’s something there that most birth mothers feel for the adoptive mothers. There’s this special bond and a relationship there that I don’t think will ever be broken. I care and love them all, but I really can honestly say that I love the adoptive mother. I really respect her as well. (Sophie)

5.3.3 Relationship With the Child

The women in the study all spoke about the child they placed for adoption, and how they relate to their child. It was important to everyone in the research group to know that their child was doing well and was happy in life, and identified that knowing this brought them comfort and peace.

The sample spoke about their own relationship with their child. As the sample was focussed on women who placed an infant in the last decade (2000 and on), the children were young and ranged in age from one year to eight years of age. Some of the women whose children are younger noted that there is a not an identifiable relationship established yet as the child is so young and may not show recognition of the birth parent when she visits. Some say that the child does not know anything yet while some think their child is starting to recognize them as a familiar person. Some note that they work on building a favourable relationship and like to play with the child and bring gifts to the child and family. Some also note that their baby shows a sort of familiarity when they visit.

The last time she was at our house, she connected with our stuff in an interesting way and we gave a lot to her. There is definitely a strong connection. Obviously something is there. When she looks at me, or when she connects with her brother, she might not have any cognitive structure, she doesn’t know in a word way why we’re connected but in a kind of look, in a puzzled way, like who are you? And obviously you’re not the regular kind of people I see. (Cynthia)

The birth parents placed value on getting to know their child, but over and above this, the birth parents wanted to ‘be there’ for their child, now and in the future, in any way that
the child may need them. It was very important to the birth parents that their child will know and understand (now or in the future) that they very much care for the child, are available to the child as need be, and chose adoption for the best interests of the child. The birth parent’s articulated a commitment to be available to their child throughout his or her life in whatever way the child or the adoptive parents need them.

She’s going to know I was there to be part of her life. I didn’t just give up and not want nothing to do with her. I want her to grow up and know that I’d made the effort to be part of her life and the adoptive parents allowing me to be part of her life is awesome. It made me feel so good about the entire thing. (Marisa)

And like, she’ll know. She may still have questions, but she’ll know that I care. Like, I’m sure in a lot of closed adoptions the parents care. But how is their child supposed to know? (Nora)

I feel like the adoptive parents want me to get to know him and him to get to know me in a way that would be the most comfortable for him to have a relationship with me if he wants. I think that’s what, to know him personally, that I’m part of their family and I was the means by which he was blessed to be in their family and so I feel very fortunate to have played that role. But it’s definitely not something that’s in the past and over and done with. I still feel very much part of their lives and his. (Amy)

In a letter to the child shortly after birth, one birth mother writes, “My dear sweet baby girl, if you ever thought I didn’t raise you because I didn’t love you, you are very wrong. I loved you more than I have ever loved anything in this lifetime, but I fear that I would put you through a struggle in life by my side. I couldn’t bear the thought of you not being happy. I hope and pray that one day you’ll forgive me and know that no matter what, I will be here for the rest of your life, if you will let me.” (Jenna)

I want to let them (the adoptive family) know that I could be living at the other end of the world, but I’m not going anywhere. I really want my daughter to see that I’ve always been there and I know her parents, and this is something that we’re all comfortable with and happy with and hopefully she’ll follow suit. (Sophie)

The women also note that the open adoption relationship will change over time, particularly as the child matures. They recognize that presently, the primary relationship being built is between the adults: the birth parent and the adoptive parents. While the birth
parent related to the adoptive family as a whole, they recognize that an individual relationship will likely develop as the child matures.

The relationship is at the right spot. I wouldn’t mind if it opened up later on and we got closer. That would be fine and I think they’d be open to it. It would be fine to open it up to however she wants it to be. (Michelle)

Right now it’s been mostly about the adoptive parents and myself creating the relationship that she can take from it whatever she feels. I think that later, a more open relationship is good but when my daughter has more of a voice in it. I don’t want to feel like I’ve been forced on her. (Sophie)

Some birth parents, while in an open adoption, do not see their children. For some it is their own choice and for some it is based on the adoptive parents’ wishes. Whether it was the birth parents’ choice or not, the birth parents who do not see their children on an on-going basis report an anxiety about what it will be like when they do eventually see each other, as they are confident that they will have more contact in the future.

It would be easier for me if I was seeing him as I wouldn’t have anxiety about what it’s actually going to be like when we do se each other. I do have anxiety thinking about that. I worry that he’s going to ask me why I didn’t want to see him and I have to explain that it wasn’t me. If it was more open, it would be easier on everyone. (Carla)

I think the thing I wonder about the most is when I’ll make a step or what will happen if I don’t make a step and they (her sons) want to make a step by the time they’re 18. Those are the biggest things I have to worry about. (Rebekah)

5.3.4 Birth Parent’s Perception of Their Role in the Open Adoption Relationship

Most of the birth parents in the study see themselves as active in the open adoption relationship and used different ways of describing their role. Again, a spectrum of responses showed the variety and diversity that exists within the different ways the open adoption relationships have developed. The variety of responses also show the ways in which the birth parents wish to be defined and the role they are creating and/or wish to create. Additionally,
the role is subject to the adoptive parents having the same value and definition for the role and affirming it or limiting it.

Some women referred to themselves in regards to the role in which they provided the child to the adoptive parents. Words used to describe this role were “surrogate, conduit, donor, a mined resource”. Some of the responses were positive and some were negative. The responses appeared to reflect on the women’s stages of grief resolution. For some the role has been treated with honour and this has supported their grief resolution. For others, their role has been treated with disregard and this has aggravated their grief resolution process.

You’re a mined resource. Like honestly, it’s ugly. (Cynthia)

I feel very fortunate to have played that role as being a conduit to them becoming a family. (Amy)

Sometimes I feel like I was just a donor. I feel like I was just the person who was there at the right time for them. But I know they care about me deeply, but my role is basically whatever they want it to be at this point. I don’t have a choice in the role. (Carla)

I felt like a surrogate. I felt blessed to have the right to help another family out. (Angela)

The women in the study had a variety of ways of describing their roles in relation to their child. Many used family type descriptors including auntie, extended family, an older sister, tummy mummy, and an invested third party. One of the quotes describes the role that the birth mother foresaw, as an aunt, but as her open adoption relationship with the adoptive parents is rigid in structure, she has not been able to assume this role and feels a sense of rejection from the adoptive parents, which has complicated her grief process.

What I see it as - being a trusted aunt - and the way they acted- like I’m someone to be distrusted and feared – are totally different. (Cynthia).
I’m just one more person there to love him. I feel like I’m just another person. I think he knows who I am so it’s kind of like whatever he feels at that time I am, that’s what I’ll be. (Jill)

I see myself as an aunt, rather than as a birth mom. An aunt gives me a role that’s comfortable. It’s become an integrated part of my life. I think that the length of time has had consistency so I think that has made it easier, very solid and natural. (Nora)

I feel like my role is kind of like an auntie type thing. As an auntie I get to sit and play with her as much as I want and they let me take her by myself into Build a Bear. I was surprised they let me take her just by myself and I was like, ‘Oh thank you’ and that was really awesome. Like, I think it was what I really needed, it was kind of like some kind of closure almost to the whole thing. It made me feel a lot better that they are willing to let me spend time with her by myself and for us to get to know each other too. It signified that they trusted me and that they’d made me feel like I’m part of their family. (Marisa)

Two birth mothers in open adoptions that do not presently have in-person contact, due to choice and distance, had difficulty seeing a role for themselves.

I don’t think there really is a relationship there. I don’t think there is anything there because I’m not there. I think if I were to communicate with them more, there would be a relationship to develop, and if I’m having a relationship with the adoptive parents, it’ll be soon after that I’ll have a relationship with both of the boys. (Rebekah)

There’s not much of a role right now because they live far away and we don’t ever see them. So I don’t know what type of role I would have at this point. I guess I’m just the person they have to email every three months. (Sarah)

Inherent in building a relationship with their child and the adoptive family, was the birth parents’ need to have boundaries and as many described it, “some space.” They described this space as necessary to be healthy, to not feel too obsessed, to find balance, to feel that they are moving on with their life’s plans, and to protect themselves.

I wanted to spend some time away from the city, not just distance for me but distance for the adoptive couple as well. I feel like for both of us, for them to have their space and me to have my space so, it was very liberating and I felt like it was a healthy decision and I don’t feel like I was escaping or in denial. (Amy)
Living away, there is a nice boundary. I’ve had to distance myself a little to be in a healthy relationship with them. Definitely still close and connected. (Nora)

There was a lot of push and pull initially, like you want to be closer but you need a little bit of distance. (Sophie)

I like it how it is, because I don’t want too much. I’d become more obsessed, so having it spaced out means I can get on with my life. I don’t have to think about it all the time. (Sarah)

5.4 Reflection on Closed and Open Adoptions and Meaning Making

5.4.1 Birth Parent’s Perception of how a Closed Adoption Would Influence the Experience of Grief and Loss

This study only sought birth parents who identify as having an open adoption, and all the adoptions fell along the openness spectrum. During the interview the birth parents were asked: “How do you think the experience of grief and loss would be different if you had a closed adoption?” The birth parents had a unanimous response that the experience of grief and loss would be so much greater if they had a closed adoption. Two birth parents said that if their children’s adoptions were closed, they would no longer talk about it, would try to forget about it and pretend it never happened. These women said this would not be healthy for them, but it would be their way of coping.

The birth parents in general said they would be more sad, upset, they would dwell on it more, they would always wonder how the child is and would regret not having it open. There would be more stress and grief, it would be difficult and would cause more stress later in life. They felt there would be more questions and more concerns in life, because with an open adoption, the questions and concerns can be addressed. Some birth parents quickly responded, “there’s no way, I wouldn’t have chosen adoption, no way,” and could not entertain the question.
I just can’t fathom it. I don’t think I’d be able to go on. I know people are highly adaptable but I don’t think I’d be able to live such a healthy life. (Nora)

I think I’d be a lot more upset and in that wondering state of mind. I’d be thinking everyday what happened to my baby? Where is she? Is she ok? (Marisa)

If it was closed, I think I’d be going crazy. I could not handle not knowing, because my mind would make up all these horrible things that were happening to her. If I didn’t know she was ok, like that would be devastating. Like the thought of it makes me feel sick. These mothers that went through it in the 1960’s who just didn’t know, it breaks my heart for them because I think it’s so important just to make sure she’s ok. (Sarah)

If it were closed I would have to tell myself that they’re fine, and she’s going to be fine. I guess you could do that, like sort of, but like you wouldn’t know for sure. (Michelle)

5.4.1.2 Experiences of Separateness by the Adoption Agency

Some birth parents reflected on vestiges of a closed adoption system that they encountered during their time of working with adoption agencies. Two birth parents brought forward a similar experience - that birth parents and adoptive parents are purposely kept separate during the adoption process. One noted that all the adoption agency websites she looked at had a distinct path for birth parents and a separate path for adoptive parents. She thought adoptive parents and birth parents would appreciate and want to know the same information, and she did not understand the separation. The birth parents felt they were treated differently, as ‘scary and freaky birth parents’.

Like we’re addressed on a totally separate level. We don’t even speak at the same panels. No wonder it seems so big and scary. That’s sort of treating it like it’s untouchable. I don’t understand what the mystery is. I didn’t treat it like that or treat it like it was a different thing – to exist on this careful space. That’s the only thing that stood out to me was that standoffishness or separation wherein I would have valued stories from adoptive parents of what they were thinking and I’m sure adoptive parents would have valued the birth parent perspective. So if you stay in this scary place, you add to the scariness. (Jill)
The agency has a newsletter and it only goes to the adoptive parents, not the birth parents. The birth mothers get nothing. They don’t even get a newsletter and they certainly don’t get a gathering and they don’t get respect at all. The only grief I have had is over the adoptive parents rejection of the child I am parenting and grief over realizing that the agency very much is interested in serving the paying client and doesn’t really care about birth moms. (Cynthia)

5.4.2 Reflections of Birth Parents’ Experiences with Openness

The birth parents were in full agreement that having an open adoption was helpful in their process of grief and loss resolution. They noted that openness had made the experience “much easier, provided comfort, softened the grief, provided a cushion and minimized the grief”. One woman noted that the close and open relationship with the adoptive family has made all the difference and helped tremendously. The women in the study also reported that open adoption makes it easier to receive assurance that their child is fine. Some open adoption relationships have made the birth parents feel welcome in the lives of the adoptive family and this has made the birth parent feel much better. Additionally, having an open adoption provided more opportunity for a birth mother to be more open about the adoption in her life and talk more freely about it, something the birth mothers saw as beneficial.

Additionally, the birth parents shared the sentiment that seeing their child’s development and happiness brought joy to them, some describing it as the greatest joy. Hearing their child laugh, seeing their child smile makes the birth parent happy: knowing their child is happy makes them happy. Seeing their child’s happiness and well-being also inspired the birth parents to live full and happy lives themselves, and felt they could “get on” with their own lives. Some birth parents express their gratefulness, their good luck, their gratitude for this experience and for the child that they brought into the world.

Knowing she’s really loved and happy makes it easier. Over time, I’ve learned to let more love in. I just feel like I can give where before I was overwhelmed. The
assurance, knowing she is going to have a great life helped me to move on with my life and to become stronger, and knowing that I went through that has helped me believe that I’m stronger and there’s more acceptance than there was before. The whole process of her being happy has helped me accept it. (Jenna)

(Seeing him) was great and it was like a huge weight lifted off my shoulder just from knowing he was fine. (Carla)

That was my biggest issue, that I never see her again, so the fact that there was openness, I was like, right on. I was like happy. (Marisa)

Openness made it much easier because you don’t feel like you lost something. You get photos, and you don’t feel like you’ve done something wrong. (Angela)

Open adoption has helped me experience this whole thing with a positive, joyous attitude, rather than feeling some sort of loss. I feel like because it was so open and because we have the relationship that we do, I haven’t lost him, in using that word. I wouldn’t say this experience has been anything for me to grieve over because I loved the experience and I still do and I’m still very much a part of their family’s life and I wouldn’t use those two words actually, grief and loss. If they were to pull back and remove themselves from my life then it would feel like a loss, but I don’t feel like I’ve lost him. I still feel very much a part of his life and their lives. (Amy)

5.4.3 How Birth Parents Make Meaning in Their Experience of Adoption

The birth parents in this study were able to describe what meaning they attributed to the adoption experience, and much of the meaning was found in the construction of and establishment of an ongoing role in the life of their child and the adoptive family. The birth parents demonstrated pride in their child and talked fondly of the child. They expressed that seeing that their child is happy and loved was the bottom line for them, and this brought them contentment. One birth parent noted that over time as she sees her daughter, she is assured that she is in the right place and she does not regret the adoption. Some described having the child as the best thing they have done in their lives to date, and also explained how the experience of having a child has changed their lives, and continues to define their life. They
expressed appreciation of being involved in their child’s life and gaining many new relationships through the open adoption experience.

She’s just the best thing I’ve ever done. She will forever have changed my life. I mean I can’t even remember the person I was before. She’s made me realize what’s actually important in life. In today’s society there’s so many constraints on what people are suppose to do and what path in life they are suppose to take and I probably bought into it before, but she stopped my life in it’s tracks. She made me really evaluate what I want out of life, what is important. (Nora)

The thing that makes me find sense in it is, like deep down, 100%, in the core of who I am, my heart and soul knows she is here for a reason. And I feel pride that I brought her here with someone I love so that we can watch her grow together. If I were to die tomorrow, she’s the one good thing I’ve done in my life. Like she’s the trophy of my life. (Sarah)

This whole experience pushes me to want to do more with myself and be a better person and I want my daughter to be proud of me. A lot of my decisions can be linked back to that one sentiment, what I’m feeling, what I’m doing in one way or another, I’m doing it for my daughter. (Sophie)

I guess there’s a lot of things I don’t take for granted anymore. I have a better appreciation for my mom now too, we got a lot closer through this process. I try to do as much as possible now that I couldn’t have done if I had kept her. (Michelle)

Again, the parents noted that seeing their child happy brings them happiness and inspires them to be happy. A number of birth parents acknowledge that in placing their child for adoption, they did something good for a couple (the adoptive parents) that could not bear children and they take satisfaction in this. A number commented that they know their child is in the right place, where they are meant to be, even that the child was born for the adoptive couple, and they find meaning in this. A number also note that they choose to look at the positive factors of the experience.

I was doing something good for somebody else who was ready at that time. I have to look at it in a positive way, that another family is feeling happy. I feel good about that. I’m a giver and it’s easy to look at it this way. As well, both of my son’s will have a life I wasn’t able to give them. (Rebekah)
I’m happy she exists and I see what a happy girl she is and that makes me so happy and proud. I’m just so happy she’s alive and she has all the stuff I couldn’t give her, I’m just so happy. (Sarah)

I think he was born for them. I really, truly believe that. (Carla)

Every time I am around my daughter, I am so grateful that she is loved by so many people. I look at her life and I see how happy she is and I know she is in the life she deserves. I really just make meaning of it by seeing her happy. Her happiness makes me happy. (Jenna)

From this experience I got a new friend, a positive support system and knowing that she’s going to be taken care of and the freedom to do things that I’d never be able to do. It made me a stronger person that is now able to stand up for my beliefs. (Angela)

However, not all birth parents were in satisfactory open adoption relationships and struggled to find meaning in the outcome of their adoption. It seemed as though the grief resolution was stunted by this frustration as meaning could not be found.

It shouldn’t be this way. How do you make meaning out of people treating you badly? You don’t. People shouldn’t treat you badly. What meaning is there in that? (Cynthia)
6 Discussion

The goal of this study was to describe how a small number (13) of birth parents’ experience of grief and loss was impacted through the ongoing open adoption relationship. These were birth parents that had placed a child for adoption through the agency system in British Columbia and one in Alberta, between 2000 and 2010. Findings confirmed that having an open adoption was helpful and generally mitigated the grief and loss experience involved in relinquishing and placing a child for adoption.

The birth parents were unanimous in their reports that having an open adoption had a positive effect on their experience of grief. Findings in the previous chapter were described under the following headings: (1) adoption planning and discovering openness, (2) grief experience and adjustment within open adoption, (3) forming open adoption relationships (4) reflections on closed and open adoptions, and meaning making. In this chapter, themes that emerged from the data will be discussed in further detail.

Before continuing, I think it is important to describe to the reader the present statutory requirements for birth parent service. Before placing a child for adoption, an adoption agency must provide the birth parent with information about adoption and the alternatives to adoption, and also with information about prospective adoptive parents who have been approved on the basis of a homestudy completed in accordance with the provincial regulations. As birth parents must be counselled about not only adoption but also the alternatives to adoption, counselling must be non-directive and must explore all the options a birth parent has, thus promoting the birth parent’s right to self determination and the right to plan for their child. Being treated as a client in their own right, having the ability to make decisions for their child, and receiving non-directive counselling is sound social work
practice that treats the birth parent with dignity and supports the best process for a birth parent considering the difficult choice of adoption. All of these factors support a better grief outcome (Reamer & Siegel, 2007).

Additionally, it is important for the reader to understand the regularity of infant placement. Infant adoptions in British Columbia have declined since 1970 when a record number of 2000 infants were placed for adoption in the province that year. It is now more than 40 years since the peak of infant placement and in the past decade, the annual provincial infant placement rate has not wavered significantly from an average of 60 infant placements. This change can be accredited to cultural, social and political shifts, and most significantly to increased options for women facing an off-time pregnancy. These shifts and increased options have been further detailed in Section 2.2.

It is essential to note that this study was restricted to birth parents who placed a child through a licensed agency, and not through the child welfare authority. Annually, a few hundred children are adopted through the provincial child welfare authority and needless to say, all those children have birth parents who have experienced separation from their child. There are many commonalities that these birth parents have experienced, similar to birth parents who placed through a licensed agency, yet also many factors which make their experience distinctly different. Children who are placed for adoption through the child welfare system are under the legal planning of the child welfare authority, whereas infants placed for adoption through a licensed agency are under the legal planning of their birth parents. It has not been within the scope of this paper to explore the grief and loss experiences of birth parents in open adoptions whose children were placed for adoption through the child welfare authority. However some of the findings will also be insightful for
a future study of similarities and differences between birth parents in agency and child welfare adoptions.

The findings of this study support previous research and also bring new understandings to the body of knowledge of birth parent adjustment. The main finding of this study, which previous research supports, is that open adoption has a positive effect on birth parents’ grief and loss resolution (Baldassi, 2004; Brodzinsky, 2000; Brodzinsky, 2005; Christian et al., 1997; Ge et al., 2008; Gross, 1993; Henney et al., 2007; Smith, 2006).

6.1 Grief Remains a Common Experience

While open adoption does provide some relief to birth parents’ experience of grief and loss, the act of relinquishing an infant remains a very challenging and exceptionally difficult experience. Most of the birth parents in this research study identified the adoption placement as difficult and emotionally laden. The women in this study described feeling sad, down, anxious, overwhelmed, depressed, upset, confused, nervous, scared, regret, self-loathing, anger and jealousy. This is a common theme in the literature about a woman’s response to child relinquishment (Condon, 1986; DeSimone, 1996; Deykin et al., 1984; Logan, 1996; Rynearson, 1982; Smith, 2006; Wiley & Baden, 2005; Winkler & Van Keppel, 1984).

The birth parents in this study identified the emotions of guilt and remorse. Of the 13 women in the sample, only one woman expressed remorse for the decision for adoption. The other 12 women expressed guilt of not being able to provide for their child and remorse that they could not be with their child. This finding is similar yet different from past research, as in the past many expressions of birth parent’s feelings of remorse were regret of the decision for adoption (De Simone, 1996). What the data of my study has shown is that the birth
parents felt confident in their decision for the adoption, yet different facets of guilt and remorse unrelated to the decision for adoption were still experienced.

This study also confirms prior research as it reports that the grief experienced is a process that goes through stages, is a personal experience, and does not have a standard trajectory (De Simone, 1996; Worden, 2002). As noted in the findings, the women’s experiences of the grief process varied greatly. Some acknowledged that factors related to the adoption may be grieved throughout their entire life cycle, and some noted that they have bouts of difficulty. Most acknowledged that the grief and loss has eased tremendously which is congruent with other research on birth parents’ experience of grief relief in open adoptions (Ge et al., 2008). However one birth parent noted that the grief was worse as she was surrounded by preschool children who remind her of her sons and thereby her grief has been re-stimulated by her environment, as has been found in other research (Condon, 1986; Hooymann & Kramer, 2006; Silverstein & Demick, 1994; Townsend, 2003).

6.2 Ability to Plan for One’s Child

This study had a new finding that is not common in the existing body of research, as not all women in the study expressed difficult feelings of grief and loss. Some felt “not teary, not sad” and “proud, happy, comforted” through the experience of birthing and placing a child for adoption. The women attributed their more positive emotional state to knowing they had been the one to plan for their child (i.e. choosing the adoptive family and negotiating ongoing contact) and they expressed confidence in the plan they made.

Theory postulations in adoption literature have noted that birth parents’ guilt and uncertainty can be relieved when they experience an adoption process wherein they can
choose the adoptive parents and can visualize the family environment in which the child will live, and also when they receive preparatory counselling (Berry, 1991, Pannor & Baran, 1984). Both of these factors (counselling and choosing the adoptive family) are statutory requirements in the British Columbia Adoption Act (1996) and thus policy and practice has established structures that support a birth parent’s grief resolution.

As the legislation in British Columbia gives birth parents the opportunity to select the adoptive family and receive information about the prospective adoptive family by way of an approved homestudy, phantom worries of where her child is and what kind of family he or she is living in can be assuaged. Selecting the adoptive family can give the birth parent more assurance of the child’s wellbeing as the child is in a place of their own personal choosing. This is congruent with existing research which shows that choosing the adoptive family and arranging an open adoption increases a birth mother’s sense of control and she takes more responsibility for the decision to relinquish, which assists with grief resolution (Berry, Dylla, Barth & Needell, 1998; Brodzinsky, 2000; Cushman et al., 1997; Pannor & Baran, 1982; Townsend, 2003). This study also confirms Baldassi’s research of 2004 which reports growing evidence that birth mothers who are involved in choosing the adoptive parents adjust to their child’s relinquishment more quickly and suffer fewer long-term negative effects.

Openness provides birth parents with the assurance that their child is being well cared for; a comfort for one of the most significant worries of a birth parent (Baldassi, 2004; Gross, 1993; Silverstein & Demick, 1994; Townsend, 2003). Assurance was a strong theme in my research study as well, as ongoing knowledge of the child’s wellbeing and happiness brought the same to the birth parent.
6.3 Confidence and Positive Feelings

A finding of this study, which is not common in the current literature, was the confidence with which the women spoke of their decision for adoption. The birth mothers were all very clear that the decision was their own to make and regardless of how much support or lack of support they felt for the adoption plan from family and friends, they viewed the decision for adoption as their own to make. This demonstrates a factor noted in the Evan B. Donaldson study (Smith, 2006) which states that in order for a woman to “integrate the adoption decision without undue negative long term consequences,” she needs to make peace with the decision to place a child for adoption and not have experienced coercion in her decision for the child. A recent study by a Northern California birth parent post adoption support organization (Magee & Brodzinsky, 2010) also produced similar findings, with birth parents reporting that confidence in their adoption decision was a critical factor in their adjustment process.

Within a current day open adoption, the birth parent is not only choosing adoption for her child, but also choosing the family that will raise her child. This is in contrast to adoptions during the closed era where the birth parent experienced the legal reality of the adoption, but did not have the right to choose the home for her child, nor have any ongoing knowledge of her child. It is evident from this research that a birth parent can feel confidence, not only in her decision of adoption for her baby, but in the result of that decision for her child, as the experience of adoption is not a relinquishment frozen in time but an ongoing assurance of the child’s wellbeing.
A further novel finding in this study that is not prevalent in the current body of research on relinquishment is the positive feelings that the birth parents reported at the time of the child’s birth and also over the following years subsequent to the child’s adoption. Excitement was commonly reported in regards to meeting and seeing the child once he or she was born. The celebration of the baby’s arrival, the euphoria and bliss of bringing a child into the world was spoken about by the birth parents along with their pride at the birth and their on-going pride in their child. Prior research by Lancette and McClure (1992) reported similar findings that having greater certainty of her child’s well being may contribute to a birth mother’s sense of pride regarding her decision for adoption.

6.4 A New Role to Experience

A literature review by Townsend (2003) confirms that openness in adoption reduces many of the negative consequences of relinquishing a child for adoption. Openness is believed to mitigate birth mother’s feelings of pain and loss, resulting in less destructive behaviour and greater emotional wellbeing (Christian et al., 1997). The participants in this study confirmed, in their own words, that openness has indeed made the experience of adoption easier as it provided “comfort, softened the grief, provided a cushion and minimized the grief”. The birth parents are able to interact with the adoptive parents and child and thereby, at the same time they are grieving a loss, they are building new relationships in which the birth mother is constructing a role.

Many research studies have found that birth parents continue to think about their children (De Simone, 1996, Townsend, 2003, Rynearson, 1982, Wiley & Baden, 2005). My research study resoundingly confirms this. Birth parents not only think about their child, but
their child is an ongoing reality and relationship in the life of the birth parent. My research confirmed that birth parents continue to show concern for their child, worry about their child’s wellbeing and feel assured by contact and knowing the child is well. Open adoption provides the birth parent with knowledge and assurance of the child’s wellbeing and the potential for an ongoing role in the child’s life as he or she grows (Berry et al., 1998).

Pannor and Baran (1982), in their seminal work on open adoption, state that the involvement of birth parents does not need be any different from the nurturing a child would receive from any meaningful relative or friend, and like this research, many birth parents in this study described themselves in these terms of ‘extended family’. Ge et al. (2008) also report that the ‘new form of relationship’ found in open adoptions has a beneficial effect. My study supported this statement as birth parents used various descriptors in regards to their role in the open adoption relationship, evidencing a ‘new form’ of relationship.

Openness has been described as a birth parent’s expression of the true depth of commitment she feels for her child, meaning she has entered an open adoption relationship to stay involved and available to her child (Silverstein & Demick, 1994). Birth parents in this study confirmed this statement. They articulated how very much they care for the well being of their child, they articulated their commitment to their child’s happiness, and they articulated their commitment to being available to their child in whatever way the child may need them now and in the future. A number of birth parents in this study acknowledged that their relationship with the child is not well developed as the child is very young, yet their intent is to build an open adoption relationship with the adoptive family, to always be there for their child, and they hope that over time the child will see the birth parent as a familiar loving person in his or her life.
The birth parents in this study described how they defined their role in the open adoption relationship and in doing so how they are providing an expansion of the discourse on the meaning of adoption and what it means to be family. Birth parents in this study mostly used terms that referred to a family type role such as ‘extended family, an aunt, an older sister’. Being able to define and assume a new role in the open adoption relationship with their child and the adoptive parents is evidence of movement towards grief resolution according to William Worden’s grief work. Worden (2002) theorizes that mourning in general is considered to be complete when a person is able to experience pleasures, take on new roles, and look forward to new events. Additionally, Neimeyer (2009) notes that grief can become complicated when a person has confusion about one’s role in life, but when a grieving person can experiment with a new social role and identity, “restoration oriented coping” is demonstrated (Stroebe & Schut, 1999 as cited in Neimeyer et al., 2009, p. 75). The birth parents in this study showed growth and steps to grief resolution as, for the most part, they could describe and define their role and were finding a way to be in relationship with their child and the adoptive family as a whole. As they describe and define their roles, birth parents are not being static in time or arrested at the time of relinquishment, but are growing and evolving in an ongoing relationship.

6.5 Support of Adoptive Parents

As birth parents defined their role in the open adoption relationships along the lines of a family type relationship, they also noted the degree of support they felt, which assisted in their grief resolution, from the adoptive parents. Most of the birth parents experienced the adoptive parents as caring and empathetic and described the adoptive parents as a significant
source of support and people who truly care about their adjustment and wellbeing. Ge et al. (2008), in their study of 323 matched birth parents and adoptive parents, had a similar finding in that adoptive parents provided an informal source of social support through exchanges and contact. This is a significant finding as it is at the heart of open adoption which does not seek “separation and replacement” but rather “continuity and empathic awareness” of others (Silverstein & Demick, 1994, p. 114). The empathic awareness that open adoption makes possible is an asset in the management of the complex open adoption relationship. It affirms the family-like way of relating and validates and brings relief to the birth parents experience of loss.

An important finding of this study confirms Henney et al.’s (2007) earlier finding that birth parents in open adoptions tended to have lower levels of grief than those in closed adoptions. Henney et al. (2007) also noted a negative correlation between a birthparent’s satisfaction with the openness arrangement with the adoptive parents and his/her global grief score. While my study utilized a different methodology, the data has similar findings in that birth parent’s clearly articulated the qualities of the open adoption relationship (honesty, harmonious, respectful, open, cooperative, trust, respect, reciprocal, consistent, warm, open, amazing) and noted that the adoptive parent’s disposition towards the birth parent contributed to the birth parents grief resolution. One birth parent noted that a deteriorated and poor open adoption relationship had contributed to her grief, where before she had not felt grief in the adoption experience. But generally, the birth parents responses focussed on the importance of the quality of the contact and relationship rather than the quantity or structure of contact.

This data illustrates the centrality of the relationship between the birth parent and the adoptive parents. While birth parents clearly articulated their care for their child, they
identified their primary active relationship in the adoption triad as being with the adoptive parents. This illuminates the importance the birth parents placed in building a positive relationship with the adoptive parents, seeing this as the building blocks for having a positive relationship with their child as he/she matures. The birth parents recognized that if their relationship with the adoptive parents did not work out, a future relationship with their child would not develop.

6.6 Being Open in General Helps

In addition to having an open adoption, birth parents identified that being open about the adoption in their life in general has been helpful to coping and adjusting. Many of the birth parents in this study reported that talking about their child, talking about the birth, and talking about the adoption as a significant factor in coping with the grief they experienced. This is, in effect, a product of open adoption, as a birth parent who is engaged in an open adoption relationship is more likely to be open about the adoption in other areas of her life. Two birth parents stated that if they did not have an open adoption, they would not talk about the adoption, but by having an open adoption and talking about it, they felt continual growth and healing. By being open, by talking about their children, by being engaged with the adoptive family, the birth parents did not carry adoption as a secret that for many in closed adoptions was a confounding factor for an integrated life narrative (Sullivan & Lathrop, 2004).

In writing about grieving, Neimeyer (2009) notes that retelling one’s narrative provides social validation of one’s story and experience, and provides empathic understanding. Re-telling and re-narration of their story can be pivotal in healing, promotes mastery of difficult
parts and helps counteract avoidance coping (Neimeyer, 2009). Many birth mothers expressed this in the study, noting that talking a lot, privately and publically, helped in their grief resolution. Brodzinsky (1990) wrote about birth parent grief resolution and noted that resolution is possible if a birth parent can express their grief in a non-judgmental environment, such as the women of this study have been able to do with chosen friends, family, partners and adoption panels. Many women in the study reported speaking at adoption education panels and identified this public re-telling of their stories as beneficial to grief resolution and healing.

The participants of this study noted that by not having the adoption a secret in their lives, the adoption could and has become an integrated part of their lives, an evident step towards resolve and integration. Being open and not being secretive, allows the loss to be acknowledged and this assists with grief resolution (Christian et al., 1997).

6.7 Remnants of Secrecy Persist

Some birth parents commented on secrecy and separation as they experienced it with adoption agencies, adoption professionals and even adoption websites that have one pathway for adoptive parents and one pathway for birth parents. One birth parent noted that there is a feeling of “separateness” and that birth parents are sometimes treated as “scary.” Another woman commented that the adoption agency kept the adoptive parents and birth parents very separate. The body of research shows that open adoption has grown because social workers and policy makers listened to birth parents painful closed adoptions stories. They heard that birth parents experienced closed adoption as “insensitive, coercive, intrusive and paternalistic” (Seigel, 1993). Yet this present study’s comments stand as testament to the
ways in which the “protective practice” of closed adoption lingers, and is experienced as disempowering and paternalistic.

Conversely, James Gritter (1997), a Catholic social worker writes about his agency’s progression in building an open adoption practice. He writes about his agency’s experience in bringing adoptive parents and birth parents together in the following quote:

I will never forget the anxiety generated the first time we brought together a group of birth parents and prospective adoptive parents. Following the prevailing thought of the era, I presumed they were natural adversaries. It took less than a minute for these “natural adversaries” to discover the common ground of pain. As they exchanged stories of loss and loneliness, they let down their guard, leaned into each other and entered each other’s pain. Given an opportunity to explore the pain of their circumstances jointly, birth parents and adoptive parents are naturally supportive. Pain is their common denominator and anyone who shortchanges the pain of adoption misses one of the vital building blocks of open adoption. (Gritter, 1997, p. 88)

6.8 New Constructions of Meaning

From a theoretical viewpoint, the participants of this study articulated how they have found and constructed meaning out of ongoing contact with their child and the adoptive family. The birth parents expressed a range of experiences amongst them, all describing their adoptions as open although having different levels of in-person contact from none to weekly. This demonstrates a constructivist blend of the birth parents’ social world and the private thoughts that form and construct meaning in their lives. The participants demonstrated that a singular conclusive model of the open adoption relationship model does not exist as open adoption relationships are personal, complex, and constructed from situation to situation. This affirms the constructivist position that no final, true explanation can be found (Greene, 1994). Rather there are multiple realities within open adoption and this inquiry has gathered conceptualizations of these realities.
This study is congruent with social constructionism, which is strengths based and not problem focussed, but rather accentuates the clients’ abilities, resources, capacities, competencies and passions (Greene et al., 2005). The participants have demonstrated the capacity to cope with difficulties, maintain functioning under stress, use external challenges as a stimulus for growth and use social supports as a source of resilience. The social supports were primarily family and friends, and also the adoptive parents. Through an open adoption relationship, the birth parents gained new relationships and contributed to new relationships, finding the open adoption relationship a source of support in coping with loss and grief.

Social constructionism seeks to understand how people form meaning from their experiences and relationships. Through the process of assigning meaning, a person can accommodate a difficult event and see it in a positive light, thereby processing the loss and moving toward resolution. People change and heal by developing constructions of new meanings. This change occurs at the process level and is an ongoing aspect of people’s everyday lives and relationships (Franklin, 1995; Parton & O’Bryne, 2000). The birth parents in this study evidenced this as they reflected on their feelings at the time of adoption placement and their feelings and adjustment over the months and years since their child was born.

Brodzinsky (2005) notes that openness in adoption includes a willingness to consider the meaning of adoption in one’s life; thus openness provides a forum for meaning making and subsequently supports grief resolution. The predominant way in which birth parents found meaning was in the assurance that their child was doing well and that they could be a positive presence in their child’s life. This is indeed parental, in that a parent wants the best for their child and can only feel assured if they have confirmation of their child’s well being.
Many birth parents also found new meaning through the entire experience which they described as transformative, life changing and life defining. They found meaning in the experience, spurring them on to be a better person, to reassess and clarify their values in life, to reach for their goals and refine their sense of what is important in life. Many expressed meaning in the experience through their feelings of pride of their child, of their choice for adoption, of the adoptive family, and of their relationship together. Again, the research came back to defining the open adoption relationship, expanding the meaning of family, and finding meaning in this relationship. As birth parents faced the loss of the child at relinquishment, they grew into open adoption relationships and gained new supports and new connections with the adoptive family. The open adoption relationship became characterized as a significant support, as a family-like relationship, and as a major influence in the resolution of grief and loss.
7 Conclusion

7.1 Limitations

This study reported the views and experiences of grief and loss within open adoption by a small sample of birth parents. While the findings and discussion have been detailed in the previous chapters, it is also important to note the limitations of this study. As this is a hard to access population, the data generated is valuable despite the small size. The findings were insightful and will contribute to the body of knowledge but cannot be generalized to all birth parents who relinquish a child for adoption. The experiences of birth parents who participated in this study may vary significantly from other birth parents.

Generalizability of this study is limited as the sampling design was not broadly inclusive. The birth parents were contacted by way of an email notification through the adoption agency with whom they worked. Only birth parents who had access to a computer, had an email address and had kept the adoption agency up to date with their current email address could have received the notification. Not all birth parents provide an email address to an adoption agency and therefore, the opportunity for a larger sample was limited. As the sample was only sought within a limited jurisdiction, the experiences reported in this study may have been more homogenous as birth parents placed their children for adoption under the same legislation.

It is possible that a response bias may have existed. Birth parents who have had a more favourable open adoption experience may be more inclined to talk about their experiences, whereas birth parents who have had greater difficulties may not want to engage in an adoption related forum such as this study. Thus the limitation is self-selection exists. Additionally, this study did not seek responses of birth parents in current day closed
adoptions and thereby the study did not provide data on how birth parents in closed adoptions are faring.

The interview guide for this study may not have adequately captured the full experiences of the birth parents. The interview guide asked questions relating to emotions experienced at the time of relinquishment and then current day experiences, but did not elicit information about the process in between these two points in time. In retrospect, including questions that elicited the fuller spectrum of the experience could help provide a fuller picture and description of a birth parent’s process.

The factor of reflexivity/reactivity is a limitation of this study. Maxwell (2005) notes that eliminating the influence of the researcher is impossible, but rather the goal is to understand the influence and use it productively. To avoid reactivity, the use of leading questions was avoided. I was diligent to stay in the role of researcher and not revert to my professional role in which I provide counselling. Yet, this remains a limitation as several of the participants have known me as a practitioner and their responses may have been influenced by their perception of my views about adoption. The research proposal and ethics application safeguarded against this factor as I did not interview any participants that currently had an open file with the agency I work for. Although my experience and knowledge in this topic area is an asset to this research project, another interviewer who had no vested interest or no previous dealings with the participants may have produced different findings.
7.2 Suggestions for Policy and Practice

Entering an open adoption relationship is exceptionally complex. As one birth mother in this study referred to it, birthing and placing a child for adoption and engaging in an open adoption is an ‘emotionally centred’ experience. As a social worker who has witnessed numerous child relinquishments, I add that it is an exquisitely personal experience that brings the courageous and vulnerable in touch with their deepest fears, hopes, joys and values. While open adoptions most often begin with birth family and adoptive family meeting through the formalities of an adoption agency, a practitioner such as myself sees the formalities fade to insignificance as human beings who share an intensely meaningful connection to each other begin to live in relationship with each other in open adoption, ‘like family’ as many participants described it. From the foundation of research, I proceed with recommendations for practice.

Generally adoptive parents apply for adoption when they feel ready to embark on the challenges and joys of adoption, in the hopes of parenting a child. Birth parents, in contrast, are rarely ready for adoption, as they are given a due date for their pregnancy and are thrust into a race against time to plan for an unplanned pregnancy. Some birth parents explore their options in great detail early in pregnancy and can benefit from time and extensive counselling. Others may use different coping strategies such as denial and avoidance. What is evident from the contrasted paths of birth parents and adoptive parents coming to adoption is that adoptive parents have more time to decide when to approach adoption. Adoptive parents also experience a more regulated path as they need to be approved to adopt and complete adoption education. Generally speaking, birth parents do not need to be approved
to place a child for adoption. Although they must receive mandated general counselling, they are not required to complete adoption education. Although requiring a pregnant woman to complete adoption education may seem excessive, I suggest that adoption practice implement an adoption education program that is available in a comfortable and accessible form for birth parents. This can provide birth parents with in depth understanding from research and practice about the long term effects of adoption for all triad members, the lifelong nature of adoption, openness in adoption, attachment, separation and loss, identity issues and such.

I also suggest building a training and support model in partnership with birth mothers and adoptive parents that serves to facilitate positive relationships between birth parents and adoptive families (communication, agreements, birth parents experiences, adoptive parents experiences). This finding emerged from the study generally and is reinforced by a recommendation from a birth parent in this study who questioned why adoptive parents and birth parents are kept so separate. The birth mother stated that when she was planning adoption, she looked at the ‘adoptive parent’ side of agency websites as she wanted to know the same information that adoptive parents wanted to know. The birth mother thought that birth parents and adoptive parents could be resources to each other and help each other learn along this journey and not be seen as adversarial to each other.

What is evident from the research and writing on open adoption is that the adoptive parents and birth parents benefit from agency support as they embark on the meaningful and delicate journey of open adoption. Adoptive and birth parents should be made aware of the benefits and risks of open adoption, and be educated, as best possible, on all aspects of open adoption. As birth and adoptive parents embark on a lifelong relationship together, it is logical that they deserve some form of extended provisions of support that are affordable,
balanced, comfortable and accessible. Perhaps this could be an additional extended service of adoption agencies, or perhaps post placement long term support can grow into a new form of social work practice. Adoption counsellors can specialize in the open adoption relationship over the life span, being accessible to adoption triads upon request, specifically at key and transitional life moments such as a birth parent’s marriage, a birth parent’s subsequent pregnancy, an adolescent adoptee moving into a more independent relationship with the birth parent, adoptive parents building additional open adoption relationships from subsequent adoptions, and such.

Given the findings of this study a further suggestion for best practice is for agencies to give greater priority and attention to establishing an open adoption agreement for every adoption. British Columbia’s Adoption Act has not legislated openness agreement practice in a balanced manner between adoptive parents and birth parents. As Section 59 (2) of the Adoption Act states, an openness agreement can only be made after the birth parent has given their legal consent to the adoption. This puts the birth parent in an egregiously disadvantaged position for negotiating openness as it is only after a birth parent has relinquished and no longer has the legal ability to further plan for her child that she can begin negotiating openness. Additionally, the Adoption Acts language in Section 59 (1) (a) states that: “For the purpose of facilitating communication or maintaining relationships, an openness agreement may be made by an adoptive parent of the child and a relative of the child.” Birth parents are not directly identified, but rather are assumed in section 59(1) (a) as a relative of the child. While in practice openness agreements are made at the request of the birth parents, the Act views the adoptive parents as the primary participant, possibly revealing a bias of interest. Agencies need to validate the value of not only the stability of the adoptive family
but also the value of the contributions of the birth parents. Completing openness agreements for all adoptions affirms the value of continuity for all adoption triad members.

A consideration for policy and practice worth exploring is the possibility of legally binding openness agreements. As birth parents give their full legal relinquishment of the child, there is nothing more they can give. There is no legal right or authority left for them to ensure an ongoing relationship with the adoptive family. Current practice by agencies and social workers underscores the power shift that leaves birth parents without any legal ability to influence the contact and or relationship with the adoptive family.

It is this writer’s opinion that the present state of openness agreements is viewed as a concession to birth parents, and the value of openness for all triad members is not yet fully recognized. It is the duty and the role of adoption social workers and adoption agencies to provide adoption education and dispel this depreciatory point of view. While the open adoption agreement can be of benefit to the birth parent at the acutely painful time of relinquishment, the birth parent also assumes responsibility to participate and contribute to the openness agreement for the child’s benefit. Indeed, some adoption writers have questioned whether birth parents have a moral duty to remain in contact and be available at a minimum for genealogical and medical information for the child they have birthed (Smith, 2006).

In British Columbia a mechanism of law, that has been sometimes been employed to give openness agreements legal weight, is to incorporate the terms of the openness agreement into the adoption order by consent. In order for the terms to be incorporated, the adoptive parents and the birth parent(s) need to agree upon the terms of what is being consented to. While adoption consents are signed before the openness agreement is made, the lawyer
taking the birth parent’s consent will hold the consents on an undertaking until the terms of the openness agreement are confirmed. In this way, law is leading practice and advocating justice for all members of the adoption triad. Thus, the birth parent, while relinquishing full parental rights and responsibilities, has retained a legally supported connection with their birth child, and research has shown this to be supportive of a better grief resolution.

### 7.3 Suggestions for Further Research

Although the findings presented in this research study offers new insights and constructions of birth parent experiences, there is still much more to learn about that experience. Further adoption research is required to gain a larger and more representative sample of birth parents in order to gain a fuller understanding of birth parents’ grief resolution.

Birth parents are the most underrepresented group in adoption research, and within birth parent research, birth fathers are close to non-existent. There is an obvious need to study birth fathers’ experiences for a more complete picture of the realities of adoption in all birth parents’ lives and realities.

This study did not explore the changing nature of the open adoption relationship over time. This is a need for future research. As this study demonstrated, birth parents and adopting parents can initially be strangers to each other but many of the birth mothers come to describe their child’s adoptive parents as ‘extended family’. This study did not describe how the relationship evolved from strangers to family and it would be useful for the adoption community to understand this more fully.

The adoption community can also benefit from research that looks at the contributions
of the birth parent to the success of the open adoption relationship. My research did not draw out birth parent’s contributions to the open adoptions relationships success but researching this would be compatible with my study, from a strengths based perspective. Additionally, this could serve to elucidate the concept of agency and responsibility in the birth parent and thus assist her in being active in her grief resolution process.

Additionally, further study would be useful in researching birth parents’ understanding and hopes for the open adoption relationship, and how their expectations of the open adoption relationship impacts their grief resolution process. This study did not focus on this factor, but one birth parent reported her only grief was a direct result of the deteriorated and poor quality of the relationship with the adoptive parents. A future study could research the match and compatibility between birth parents’ hopes, and possibly adoptive parents’ hopes, and whether a match has occurred which impacted grief resolution.

As the ‘best interests of the child’ are of primary importance in adoption planning, further research that studies the adoptees experiences in open adoption are needed. It would be a significant addition to the body of knowledge to know the impact and outcomes for adoptees who grow up from infancy within the context of an open adoption.

7.4 Summary

While this study was small in size, the data generated is valuable as it spoke to current day open adoptions and the birth parents so eloquently spoke of their experiences of grief and loss in adoption, and how open adoption has impacted them. What is evident is that relinquishing a child to adoption remains a painful experience, often the most difficult experience a birth parent has ever had, and may ever have. The study has confirmed that
having an open adoption wherein the birth parent knows of her child’s well being and wherein the birth parent has a role in her child’s and adoptive family’s life, contributes positively to grief resolution.

What history has taught the adoption community is that the closed model of adoption had deleterious effects on all adoption triad members. While open adoption can not be polarized as the panacea to birth parent’s grief, the research and evidence is growing that indicates that openness has mitigating and healing qualities. It is not necessarily the quantity of the openness that mitigates the grief, but from this study it appears that empathic awareness and understanding brings validation and comfort to the birth parent and that this is vital in grief resolution.
REFERENCES


Appendix A Questionnaire:

1. When was your child born?___________________________________________
2. When did you place your child for adoption?___________________________
3. How old were you when you placed your child for adoption?______
4. What were you doing during your pregnancy? Check all that apply:
   Went to school____   Mostly stayed home____
   Worked________     Took care of my other children____
5. Were you parenting other children, when you placed your baby for adoption? _____
   • if yes, how many children and their ages.______________________
6. Who was in support of your adoption plan? Check all that apply:
   Mom____dad_____siblings____friends____birth father____
   birth fathers family_____ other relatives____
7. Who was NOT in support of your adoption plan? Check all that apply:
   Mom____dad_____siblings____friends____birth father____
   birth fathers family_____ other relatives___________
8. How many months pregnant were you when you first contacted the adoption agency to plan adoption?______
9. How many months pregnant were you when you first met the adoptive parents?______ or how long after the birth?________________________
10. When you first talked to the adoption agency, did you want an open adoption?
    Y / N / undecided
12. Did you change your mind about openness during the pregnancy and during the baby’s first year? Y / N
Appendix B  Interview Guide

1. How did you come to choose adoption for your child?

2. How did you feel the month before your baby’s birth?

3. How did you feel the month after you placed your baby for adoption?

4. What were the emotions you experienced then?

5. How do you feel now?

6. What helped you cope with the grief?

7. Has it changed over time, and if so, how?

8. Before you contacted the adoption agency, what did you think about openness?

9. How was open adoption explained to you?/ How did you learn about openness in adoption?

10. Describe the relationship you have with the adoptive mother, the adoptive father, your child?

11. How do you describe your role in the adoption relationship?

12. How has having an open adoption influenced the experience of grief and loss?

13. How do you think the experience of grief and loss would be different if you had a closed adoption? Or a more open adoption?

14. How do you make sense of this experience/ find meaning in this experience?