5-2018

Crawling Through Life : The Counseling Experiences of Women Who Have Placed a Child for Adoption

Elliotte Sue Harrington
Montclair State University

Follow this and additional works at: https://digitalcommons.montclair.edu/etd

Part of the Counseling Commons

CRAWLING THROUGH LIFE:

THE COUNSELING EXPERIENCES OF WOMEN

WHO HAVE PLACED A CHILD FOR ADOPTION

A DISSERTATION

Submitted to the Faculty of

Montclair State University in partial fulfillment

of the requirements

for the degree of Doctor of Philosophy

by

ELLIOTTE SUE HARRINGTON

Montclair State University

Upper Montclair, NJ

2018

Dissertation Chair: Dr. Amanda L. Baden

MONTCLAIR STATE UNIVERSITY

THE GRADUATE SCHOOL

DISSERTATION APPROVAL

We hereby approve the Dissertation

CRAWLING THROUGH LIFE:

THE COUNSELING EXPERIENCES OF WOMEN

WHO HAVE PLACED A CHILD FOR ADOPTION

of
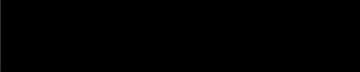
Elliotte Sue Harrington

Candidate for the Degree:

Doctor of Philosophy

Dissertation Committee:

Department of Counseling and
Educational Leadership

Dr. Amanda L. Baden
Dissertation Chair

Certified by:

Dr. M. Scott Herness
Vice Provost for Research and
Dean of The Graduate School

Dr. Katrina Bulkley

Dr. Angela Sheely-Moore

April 23, 2018

Date

Dr. W. Matthew Shurts

Abstract

CRAWLING THROUGH LIFE:

THE COUNSELING EXPERIENCES OF WOMEN

WHO HAVE PLACED A CHILD FOR ADOPTION

by Elliotte Sue Harrington

Placing a child for adoption can be a life changing experience. Some women who place

their children for adoption (birth mothers) report feelings of depression, anxiety,

posttrauma, and grief. At times they may feel rejected or isolated. They may view

themselves in the negative way that they may be perceived by family, friends, and society

in general. All of these feelings and experiences, among many other life experiences,

may lead a birth mother to seek and attend counseling. The purpose of this study was to

help counselors, researchers, and educators to begin to understand how birth mothers

describe their experiences in counseling after they placed a child for adoption. The

participants were seven women from various races, ethnicities, educational backgrounds,

and socio-economic classes who placed a child for adoption through a private agency or

private placement in the United States from 1995 through 2014. This qualitative study

was conducted using a phenomenological approach and was based on semi-structured

interviews. The Interpretative Phenomenological Analysis approach to data analysis was

utilized in order to obtain a thorough and in-depth understanding of the counseling

experiences of these birth mothers. A feminist framework was applied to the findings in

order to capture the complex interplay of sociocultural, institutional, and economic forces

in the participants' lives. The findings indicated that these birth mothers felt that their

counselors were dismissive of their placement experiences, and that many counselors

adhere to common myths about birth mothers and adoption that may be offensive or

oversimplify birth mothers' experiences. Finally, these birth mothers were disheartened

and frustrated by their counselors' ignorance and lack of training. Despite these

perceived challenges, these birth mothers were able to find ways to benefit from their

post-placement counseling. Suggestions for counselors, counselor educators, and

researchers are provided.

Acknowledgment

An immense amount of love and thanks goes out to my husband for his steadfast support throughout this process. It's been a long road, but time with you always seemed short. We have been together through the highest highs and some pretty challenging lows. Let's keep running on faith and everything will be fine. Love you always and forever. To Marina, you are my sunshine. Thank you for your patience, hugs, and laughs, and for being so understanding every time that I had to work and couldn't be with you. Thank you also to my friend, Mary Wagher. I can't believe how long ago it was that our friendship started at lunch in the World Trade Center. Thank you for being my cheerleader not only about school, but in life. Thank you to Lindsay for teaching me all about love. A special thank you to Dr. Lynne Sacher, who has been there for every joy and tear for over 20 years. You have changed my life, and for that I am grateful.

Thank you to my dissertation chair, mentor, and friend, Dr. Amanda Baden. I am so fortunate to have had you in my life throughout my graduate education. You've graciously given me more opportunities that I could have ever dreamed of. Thank you for challenging me to become a better me intellectually and emotionally; and for your guidance, support, and patience as I walked down this sometimes rocky path. Your dedication to the wellbeing of those whose lives have been touched by adoption inspires me. I came to Montclair because of you – it was one of the best decisions I ever made. I could not have gotten this far without you.

Thank you to the other incredibly intelligent and insightful members of my committee. Dr. Shurts, your first day at Montclair State University was my first day of

graduate school. We've come so far. Thank you for the corny jokes and for always being a support; I know I can always count on you. Dr. Sheely-Moore, thank you for being an amazing example of how to be a superior counselor educator. I hope that we can continue to geek out together about all things andragogical. Dr. Bulkley, thank you for your insights and suggestions regarding my work. I truly appreciate your dedication to helping me successfully complete this dissertation. Thanks as well to Dr. Glosoff, who taught me about intentionality in teaching and in life, and to Dr. Levitt, who is an exemplary counselor educator.

A special shout out to the fourth cohort (the best cohort ever). I am so impressed with each of you – thank you each for enriching my life. Bill, it has been a joy getting to know you, with your gentle spirit and kindness. Ebony, you are an amazing woman – thank you for always being honest with me, and for helping me to grow. Stacy, thank you for your support; I can't wait to see where life takes you (I foresee great things). Beautiful Sherlene, thank you for the laughs and for having faith in me (especially in Quant II). Sailume, you are such a special person. You continue to amaze me with your accomplishments, insight, and intellect. Thank you for speaking up for those who are silenced in this world. Dawn, thank you for being a true friend. You have been such a help and support to me. Thank you for always picking up the phone whenever and for whatever reason I am calling. I look forward to a long friendship. Judith, I miss you so much. Your sense of humor and prayers sustained me through the toughest times; thank you for the 2:00 am heart-to-heart phone calls and giggles. I will see you again (save me a seat).

I am especially grateful to the women who participated in this study. They shared their stories, their tears, and their triumphs. I am indebted to them, and hope that they each find peace.

Finally, all thanks and glory to Jesus Christ, in whom I live and move and have my being.

Dedication

For Ron, who I love with all of my heart, and for Marina who has been an amazing support and who has great ideas. For all of the women who have lost a child to adoption, I dedicate this work in the hopes that it will help bring the respect and understanding that you deserve, and that your voices will be heard.

Table of Contents

List of Tables

List of Figures

Crawling Through Life: The Counseling Experiences of Women Who Have Placed a

Child for Adoption

Chapter 1: Introduction

In this study, I explored the counseling experiences of several women who have

placed a child for adoption ("birth mothers"). Women who become pregnant when they

are perceived as not ready to parent – whether due to age, marital status, or economic

position have historically often been rejected, unsupported, stigmatized, and ridiculed by

those around them, as well as by larger Western society (Custer, 1993; Dusky, 1979;

Ellerby, 2007; Fessler, 2007; Franklin, 1998; Hall, 2007; Hawn, 2010; McElmurray,

2004; Moorman, 1996; Schaefer, 1991). For birth mothers in adoption, the additional

negative societal messages surrounding placement and the resulting lack of social

support, along with the trauma of placing a child for adoption may result in ongoing

mental health challenges (Custer, 1993). Birth mothers often face deep and long-lasting

mental health challenges post-placement - from profound grief to depression to signs of

post-traumatic stress disorder (Brodzinsky & Smith, 2014; Henney, Ayers-Lopez,

McRoy, & Grotevant, 2007; March, 2014; Wells, 1993; Wiley & Baden, 2005).

Although researchers supported these assertions, very little is known about the

counseling that birth mothers receive regarding their adoption-related experiences that

may have led to these challenges. In this particular study, I was interested in finding out

more about birth mothers' counseling experiences subsequent to placing a child for

adoption. Most importantly, I wanted to hear the stories of the participants: why they

sought counseling; how they felt about the ways their counselors addressed their

placement experiences; what their perceptions were of how counseling might have

affected them; what they thought their counselors' attitudes were towards adoption in

general and birth mothers in particular; and their opinions on the adoption competency

of their counselors.

    The purpose of this qualitative study was to examine with these participants

various aspects of their stories related to counseling. The participants in this study were

several adult birth mothers of various races, ethnicities, educational backgrounds, and

socio-economic classes who placed a child for adoption through a private agency or

private placement (i.e., a non-government sponsored adoption) in the United States from

1995 through 2014. I utilized a methodology in the phenomenological style, using

multiple semi-structured interviews. I anticipated that the data collected and the results

will assist mental health professionals in improving their work with birth mothers, and

further the academic conversation surrounding birth mothers' experiences in therapy.

    In this chapter, I present the problem statement, statement of purpose, and the

research questions that guided the study. Next, an overview of the methodology is

given, and a section on the rationale and significance of the study is provided. I set forth

information as to my role as a researcher with respect to this particular investigation, and

my assumptions regarding this research. Finally, I provide definitions of key relevant

terms, as well as an overall road map to the format of this dissertation.

Problem Statement

    There are approximately 1.8 million adopted children in the United States; an

estimated 38% of these adoptions involved the relinquishment of a child that occurred

outside of the child welfare system (i.e., through a private agency or private placement),

and was a non-step-parent adoption (Vandivere, Malm, & Radel, 2009). For each of

these adoptions, there is at least one parent – typically the birth mother – who has made

the difficult and often life-changing decision to place the child for adoption.

Placing a child for adoption can be a traumatic experience (Brodzinsky & Smith,

2014; Henney et al., 2007; Wiley & Baden, 2005), and it often results in lifelong

emotional challenges for birth parents. Studies indicate that birth mothers in adoption

may experience depression, decreased self-esteem, anxiety, deep and prolonged grief

and mourning, anger, guilt, shame, and symptoms of post-traumatic stress disorder after

placement (Bouchier, Lambert, & Triseliotis, 1991; Brodzinsky, 1990; Brodzinsky,

Schechter, & Henig, 1992; Carr, 2000; Child Welfare Information Gateway, 2013;

Christian, McRoy, Ge et al., 2008; Grotevant, & Bryant, 1997; De Simone, 1996;

Deykin, Campbell, & Patti, 1984; Farrar, 2005; Fessler, 2007; Logan, 1996; Roll,

Millen, & Backlund, 1986; Rynearson, 1982; Sorosky, Baran, & Pannor, 1978;

Triseliotis, Feast, & Kyle, 2005; Wiley & Baden, 2005; Winkler & van Keppel, 1984),

sometimes into much later in life. This research makes it evident that the wounds from

the act of relinquishment and subsequent adoption-related experiences of birth mothers

may often be deep and long lasting. Some experiences that birth mothers may find

difficult after placement include: negotiating relationships with others who did not

support the decision to place (possibly including birth fathers)(Child Welfare

Information Gateway, 2013); being reminded of the psychologically present but

physically absent adopted child, with reminders occurring on days such as holidays and

birthdays (Fravel, McRoy, & Grotevant, 2000); and navigating the complexities

involved in searching for or reuniting with their adopted child (Child Welfare

Information Gateway, 2013). As a result, many birth mothers may become "stuck" in

their grief, depression, or trauma, and find that they need additional support through

counseling (Jones, 2000). Some of these women may also seek counseling after

placement for reasons that they may consider not to be connected to the pregnancy,

delivery or placement of their child (Sass & Henderson, 2002). Although birth mothers

seek and attend counseling (Logan, 1996; Sass & Henderson, 2002), little is known

about their counseling experiences (Sass & Henderson, 2002). As a result of this lack of

knowledge, mental health professionals may not be able to effectively address birth

mothers' concerns; therapists may remain ignorant of or inattentive to the complexities

of the relinquishment experiences of this population. There is a concern, as well, that

uninformed counselors may be negatively judgmental of birth mothers, having been

influenced by the stigma that is often applied by the general public. These stigmatizing

attitudes and behaviors may be applied to birth mothers from the time they become

pregnant and continue long after relinquishment (Baden, 2016). The assumption of birth

mother traits of being poor, young, or sexually promiscuous due to the lack of exposure

to informed literature may result in the incompetent counseling of birth mothers. There

is a burgeoning array of professional literature written about adoptees and adoptive

parents; however, birth parents remain the most clinically underserved, and most

stigmatized members of the adoption constellation (Baden, 2016; Brodzinsky & Smith,

2014; Freundlich, 2002; Henney, French, Ayers-Lopez, McRoy, & Grotevant, 2011;

Logan, 1996; Smith, 2007; Wiley & Baden, 2005; Zamostny, O'Brien, Baden, & Wiley, 2003). Specifically, the existing literature is silent as to: (a) how birth mothers describe their reasons for seeking counseling; (b) how they feel about the ways that their counselors addressed their placement experiences; (c) how they describe their counselors' attitudes towards adoption in general and birth mothers in particular; (d) what their opinions are on how prepared their counselors were to address adoption related issues; and (e) what their perceptions are of how counseling affected them, if at all. Without information about the therapy experiences of birth mothers, health care professionals cannot be fully informed as to what "works" for this population that deserves support, understanding, and effective counseling.

Statement of Purpose

This was an exploratory study of how several birth mothers described their counseling experiences. The overarching purpose was to assist and inform those who provide support to birth mothers (counselors, social workers, psychologists, psychiatrists, and other mental health professionals), as well as academic scholars who study adoption related issues. A sample of birth mothers can help educate service providers because it assists them in understanding how birth mothers perceive their counseling experiences. A concomitant purpose of the study was to give voice to the narratives of birth mothers – a population that is often silenced (Samuels, 2013). The limited existing literature points to the lasting effects of relinquishment on birth mothers, but not to how those concerns are addressed in their counseling treatment experience (Sass & Henderson, 2002). An important question that emerged was: How do women

who have placed a child for adoption describe their counseling experiences? The purpose of this study was to obtain insight into the answer to this question, using the data collected from the individual interviews of several birth mothers. It is hoped that this increased insight will add to the best practices in counseling this population.

Research Question

The overarching research question that guided this study was:

1. What were the post-placement counseling experiences of several adult birth mothers from various races, ethnicities, educational backgrounds, and socio-economic classes who voluntarily placed a child for adoption through a private agency or private placement in the United States from 1995 to the 2014?

The subquestions that were employed to explore the central research question were:

      a. How did these birth mothers describe their reasons for seeking counseling?

      b. How did these birth mothers feel about the ways that their counselors addressed their placement experiences?

      c. How did these birth mothers describe their counselors' attitudes towards adoption in general, and birth mothers in particular?

      d.   What were these birth mothers' opinions on how prepared their counselors were to address adoption related issues?

e. What were these birth mothers' perceptions of how counseling

affected them, if at all?

Overview of Methodology

I conducted this qualitative study using a phenomenological-style approach. The

participants were adult women from the United States who placed a child for adoption

through either a private adoption agency or a private placement arrangement in the

United States between the years of 1995 and 2014. I used the internet for the call for

participants; in particular, I utilized sites (e.g., blogs, adoption professional websites,

support groups, listservs, and other adoption-focused websites) that were of interest to

and frequented by birth mothers from the United States. I conducted the semi-structured

interviews via Skype and in person; I interviewed seven participants. This format is

consistent with Smith, Flowers, and Larkin' (2009) Interpretative Phenomenological

Analysis (IPA) approach, which was the qualitative data analysis procedure that I used

for this study. In the IPA approach, there is an emphasis on the in-depth aspect and

idiographic focus of phenomenological interviewing (Smith & Osborne, 2003). Smith

et al. (2009) suggested interviewing between three and six participants for student

studies and first time IPA users, with ten being the most participants that might be used

while maintaining the spirit of the process and its goals.

I conducted the interviews in a manner similar to Seidman's (2013) multi-

interview format design. Potential participants filled out an online form that was used to

screen for criteria eligibility. I subsequently conducted two interviews with each

participant, as detailed later in this work. I analyzed and interpreted the data obtained

from the interviews using IPA to examine themes and patterns. Due to the intimacy and

trust that can occur between interviewer and participant in in-depth interviewing, I was

especially careful with matters such as power and respect when interacting with the

participants. I provide a detailed description of the methodology that was used for this

study in Chapter 3 (Methodology).

Rationale and Significance

By utilizing a qualitative research approach, this study proposed a method of

inquiry that addressed in an in-depth manner the unique aspects of the counseling

experiences of birth mothers, which is virtually unexplored in the existing literature.

Much of the existing birth mother literature is quantitative, and emphasizes the topic of

adoption openness in general (Wolfgram, 2008), or openness and its relationship to birth

mother post-placement adjustment (Brodzinsky & Smith, 2014). Although some of the

qualitative and mixed methods research centers on birth mothers' mental health issues, it

does not explore their experiences as they seek wellbeing. Also, much of the research

that has been conducted regarding birth mothers was written in the mid-1990s and

focused on women who relinquished in the approximately 50 year period prior to that

time (Brodzinsky & Smith, 2014). From 1945 to 1973, over 4 million children were

placed for adoption in the United States, with over 2 million of those adoptions taking

place in the 1960s (Adoption Statistics, n.d.). Many of the women whose children were

placed during that period feel that they were coerced or deceived into surrendering their

child by those around them, including adoption professionals (i.e., social workers,

religious workers, health care workers) (Custer, 1993; Dusky, 1979; Ellerby, 2007;

Fessler, 2007; Franklin, 1998; Hall, 2007; Hawn, 2010; McElmurray, 2004; Moorman,

1996; Schaefer, 1991). During this period, "unwed mothers" were stigmatized, as was

"giving away" a child for adoption. These social attitudes led to many women having to

leave their families and homes in order to finish out their pregnancies and to give birth at

institutions under harsh and emotionally cold conditions. Birth mothers from this era

were often encouraged to forget about their experiences and the child (whom they were

told they would not see again) and to go on with their lives as if nothing had happened.

Grief over the loss of the child, worry over the child's welfare, rejection by

society, and other social and emotional factors led many birth mothers from this era to

experience depression, shame, guilt, anxiety, grief, and post-traumatic stress symptoms

after placement (Bouchier et al., 1991; Brodzinsky, 1990: Brodzinsky et al., 1992;

Christian et al., 1997; De Simone, 1996; Deykin et al., 1984; Farrar, 2005; Fessler,

2007; Howe & Feast, 2001; Robinson, 2000; Roll et al., 1986; Rynearson, 1982;

Sorosky et al., 1978; Weinreb & Murphy, 1988; Wiley & Baden, 2005). Many years

later, as birth mothers from that era began to speak out about their experiences, scholars

took note of their stories and began to study that population, which created an increase

in the professional literature. This study focused on a more contemporary cohort of

women – those birth mothers who relinquished between 1995 and 2014. Little is known

about the experiences of women who placed during this time period. Birth mothers

from previous eras were typically adolescents who were not married and who had no

other children, which is in contrast to the profile of today's birth mothers (Smith, 2007).

The contemporary birth mother is more apt to be in her mid-twenties, have attended

some college, and to have had other children (Smith, 2007). Although their stories may

be very different from those of birth mothers of the past, without sufficient examination,

scholars and practitioners will not be informed enough to understand and meet the

counseling needs of this more modern population. Ultimately, this new knowledge will

help to inform and guide mental health practitioners, scholars, and others who study or

work with birth mothers and seek to improve services to and increase understanding of

this population.

Role of the Researcher

Michelle Knight (2000) spoke of the ethics of feminist research, including the

importance of situating one's identities. I am a White woman from an upper middle-

class background; I identify as a United States Southerner with a Protestant upbringing.

As with all qualitative researchers, I brought my personal experiences and location

(gender, culture, race, religion, and socio-economic background) to my analysis and

interpretation of the narratives of the birth mothers who participated in this study.

However, I strove for an objective understanding of the stories as told by the participants

by bracketing, or suspending my interpretations according to my own meanings

(Hycner, 1985). Meanwhile, I recognized that pure objectivity is impossible, as is an

absolute understanding of another's experience (Seidman, 2013). I ensured my ongoing

self-analysis through the use of a reflective journal, and frequent communication and

meetings with my mentors as described in the Methods section of Chapter 3.

I am the mother of a daughter who was adopted into our family in a same-race

domestic adoption. We are in an open adoption, with ongoing contact with her birth

father's family and a close relationship with her birth mother and her birth mother's family. I am keenly aware of the experiences of my daughter's birth mother both before and after my daughter's relinquishment, especially how themes such as power and place in society have and have not been a part of her story.

Central to my life story are my experiences as a single young woman who had an unplanned pregnancy, which led to the preparation of an adoption plan. Unfortunately, the baby was stillborn. However, while I was pregnant, I had multiple adverse experiences that reflected the impact of the culture and mores of that time and place. It is important to note that even in the direst of times, I was still in a position of privilege due to my race, socio-economic upbringing, and education. Seen through a feminist lens, these encounters were examples of the powerful influence of social and political institutions on the roles of all women. It is the oppression, discrimination, and judgment that I experienced, and the restorative role of therapy that drove me to understand the counseling experiences of women who have placed a child for adoption. I hope that this study leads to a better understanding of this population and how to serve them as counselors. I also hope that this study informs counselor educators so that they may teach their students about adoption, birth mothers, and the social justice issues that may arise in birth mothers' lives. Notably, I hope to have given the participating birth mothers a platform for each of their voices to be heard.

Definition of Key Terminology

Following are definitions of terms that are frequently use in the adoption literature, as well as throughout this study; they were obtained from the website of the National AdoptionCenter ("Glossary," 2016).

- Adoptee is used to refer to a child who has been adopted, or an adult who was adopted as a child.

- Adoption is the judicial process through which the legal transfer of the rights and the obligations to the child pass from the birth parents to the adoptive parents.

- Adoption agency refers to an organization that is licensed to place waiting children with adoptive families.

- Adoption constellation refers to the birth parents, adoptive parents, and adoptee, siblings, and their extended family.

- Adoption triad is the birth parents, adoptive parent(s), and the adoptee.

- Adoptive parent is the person who adopts the child.

- Birth mother denotes the biological mother of the adoptee; also sometimes referred to as the "first mother" or "natural mother."

- Closed adoption is an adoption where no identifying information is exchanged between the adoptive family and the birth parents.

- Domestic adoption takes place when the adoption occurs in the same country in which the adoptive parent(s) reside; the adoption of a child from the United States by parent(s) residing in the United States.

- International adoption occurs when a child who resides in one country is adopted by parent(s) who reside in a different country.

- Kinship care takes place when a child is placed in the care of members of their birth family, tribes or clans, godparents, or other members of whom may be considered family of the child. This type of care is often done informally.

- Open adoption allows for some form of association between the birth family, adoptees, and the adoptive parent(s). Openness is practiced on a continuum that can range from minimal and rare contact through pictures, letters, phone calls, and social media to full openness with frequent visits with one another. Sometimes contact can be through an intermediary (as in letter exchanges).

- Placement in adoption is the move of a waiting child into the home of the family who plans to adopt the child.

- Private adoption or independent adoption is arranged through a facilitator such as an attorney, rather than through a licensed adoption agency. Such placements are not legal in all jurisdictions. A private placement is different from a placement through a private agency.

- Private agency refers to an agency that is licensed by the state (a non-profit or a for-profit) that is not government sponsored.

- Public agency denotes a state or county agency (such as the Department of Social Services or the Division of Youth and Family Services) responsible for placing children from their care into adoptive families.

- Relinquishment is the termination of care and legal rights to a child by the birth parent. This procedure is legal and is a permanent step. The term "relinquishment" is often used to denote that the adoption took place as a result of a voluntary decision that was made by the birth parents without pressure or coercion. Many women – especially those who placed during the middle of the twentieth century - have come forward to state that the child that they placed was not voluntarily relinquished.

- Reunion occurs when a birth parent and an adoptee meet or have a relationship with each other after having no contact as a result of a closed adoption.

- Search occurs when a birthparent or adoptee seeks information and/or contact with a family member from whom they were separated, usually as a result of a closed adoption.

- Transracial adoption refers to an adoption wherein the adoptee and the adoptive parent(s) are of different races ("Glossary," 2016).

Organization of the Dissertation

The purpose of this study was to explore the counseling experiences of several women who have placed a child for adoption (also referred to herein as birth mothers). I examined (1) how these birth mothers described why they sought counseling; (2) how these birth mothers felt about the ways that their counselors addressed their placement experiences; (3) how these birth mothers described their counselors' attitudes towards adoption in general and birth mothers in particular; (4) how prepared these birth mothers

considered their counselors to be to address adoption related issues; and (5) what these birth mothers' perceptions were of how counseling affected them, if at all.

In this chapter, I have provided an introduction to the study, including the problem statement, a statement as to the purpose of the study, and the research questions that were explored. A brief description of the methodology of inquiry and the rationale and significance of the study was given, along with information about my stance as a researcher. Finally, definitions of relevant terms were provided.

In the next chapter, I review the professional literature regarding birth mothers, their place in the history of adoption in the United States, mental health concerns that are often affiliated with their lives and experiences, and the topic of counseling and birth mothers. I explore the relevant literature related to the feminist theoretical framework for this work as well. In the third chapter, I set forth a description of the research design, the participant qualifications and the setting of the study. Finally, I explain the procedures for data collection and data analysis.

Chapter 2: Literature Review

In this chapter, I provide a comprehensive review of the literature that has addressed birth mothers in adoption, paying particular attention to birth mothers and counseling. A review of the existing literature that places birth mothers in both historical and social contexts is included. I also set forth an exploration of the literature on feminism and adoption, as well as the literature on birth mothers' mental health. This chapter focuses specifically on birth mothers in domestic adoption. This narrow scope is by no means meant to denigrate the importance of birth fathers or other members of the adoption constellation, or the experiences of birth mothers outside of the United States.

In this chapter, I provide a list of the terms used for the literature review, and then a historical overview and social contextualization of birth mothers in the United States. Next I explain the feminist framework that was applied to this study, including the application of feminist counseling theory. In the penultimate section, I review the literature on birth mothers and their mental health concerns, followed by a review of the literature on birth mothers and counseling, including a discussion of adoption competent counseling.

Terms of Literature Review

As with any literature review, I was restricted by what I could discover in articles that were available through various search engines and information that was available through published books. Some of the key terms that I used for the library database searches for this study included: adoption; birth mother(s); therapy; counseling; and feminist counseling. Databases that I utilized included: Ebsco Academic Complete;

JSTOR; and Academic Search Complete. Limitations in the literature regarding birth

mothers are many. First, birth parents are the least studied members of the adoption

triad (Wiley & Baden, 2005), which restricts the volume of literature available for

review. Also, there is a dearth of literature that addresses the various racial, ethnic and

cultural factors in the birth mother experience. Therefore, there is a lack of information

as to the diversity that makes up the population of birth mothers. As a result, the voices

of birth mothers from diverse (e.g., non-White, lower SES) backgrounds are not well

represented (Chippindale-Bakker & Foster; 1996; Freundlich, 2001; Fisher, 2003).

Therefore, most of the historical overview that is presented in this section of this

dissertaton is about White birth mothers. Another limitation of the existing literature is

that a majority of the studies on birth parents have focused on pregnant teens (Zamostny

et al., 2003), a population that does not necessarily reflect the profile of the modern birth

mother (Smith, 2007).

　　　　Since this study focused on those who placed a child from 1995 on (during the

period of much change in adoption policy and practice including a rise in the popularity

of openness and an increase in search and reunion), I intentionally focused on literature

that draws from the early openness period (around 1985) forward. Much of the

birthmother literature draws on findings from the time previous to this period, with

placement having taken place approximately 30 years prior (March, 2014; Wiley &

Baden, 2005).

Historical Overview

Colonial Times to the 1920s

Adoption is both a legal and a social construct that cannot be separated from its historical and social contexts (Zamostny et al., 2003). From a legal viewpoint, adoption is a judicial process of the transfer of rights and obligations to the child from the birth parents to the adoptive parent(s)("Glossary," 2016). From a societal view, adoption is a way of forming a family – although often viewed as "second best" to family formation by biology (Creedy, 2001; Fisher, 2003).

During colonial times, adoption in the United States was practiced as an informal arrangement, influenced by the practice of trade indenture (Zamostny et al., 2003). These arrangements were open, however, the birth mother and her child were typically required to sit in ridicule in the town square until the age of indenture or apprenticeship (Brodzinsky, 1990). With the rise of immigration in urban centers in the 1800s, homes for children who were abandoned, or whose parents were indigent or otherwise not able to care for them were created, but there was no formal system to guide or support their operations (Holt, 1992). At that time, approximately 200,000 abandoned and orphaned children were removed from New York City by various charities and sent to the Western frontier on what came to be called "orphan trains," to be placed with rural families, often to work on their farms (Holt, 1992).

In 1851, the first adoption laws were passed in Massachusetts, which protected adopted children's care and rights to inherit from their adoptive parents (Zamostny et al., 2003). However, adoption continued to be primarily an informal arrangement between families or family friends of the child, or sometimes the placing of the child into institutional care, especially in urban centers. Due to infant mortality rates and the

necessity of infant nursing, most children who were placed were between the ages of two and fourteen years old (Cole & Donley, 1990). During the Victorian era through the 1920s, unwed pregnant women were considered depraved and feeble-minded (Brodzinsky, 1990), even in the medical and psychological literature.

World War I Through the 1940s

Starting around World War I, private agencies burgeoned and began to place children for adoption. At the same time that public agencies began to be more regulated, these private agencies were unregulated; as a result, a black market began to form. Birth mothers were often coerced or defrauded into placing for the benefit of the marketeers (Cole & Darcy, 1990). From that time until the 1930s, the rights of birth parents were peripheral at best. Few statutes were in place that required parental consent for placing a child out (Freundlich, 2007). This communicated to the birth parents - especially birth mothers, most of whom were already considered immoral by society (Carp, 1998) - that they were irrelevant and had only limited power. During this period the practice of adoption moved from being a cooperative act by the birth and adoptive parents for the child's sake to being an act for the adoptive parents, guided by legal bureaucracy (Berebitsky, 2001).

1940s Through the 1970s

From the 1920s to the 1940s, states began to seal adoption records from everyone but the recognized parties to the adoption. Unfortunately, this process did not typically include the birth parents, whose names were removed from the birth certificate, and replaced with that of the adoptive parents (Samuels, 2001). Although the expressed

intention of these restrictions was privacy for the parties to the adoption, they served to

support an attitude of secrecy regarding adoption that had become prevalent both in

broad society and within the social services professions. A resulting message was that

birth parents are irrelevant and should be invisible (Dowd, 1994). This legislative trend

continued into the 1960s, and redacted birth records continue to be the norm in many

states today. The reason given by many experts who initially recommended sealing

adoption records was that it protected the adoptive families from "being interfered with

or harassed" by the birth parents (Samuels, 2001, p. 373). This vilification of birth

parents may have been representative of the attitudes of the times, when it was

considered an unnatural act for a woman to "give up" her child for adoption, and the

factors that influenced the birth mother's decision to place the child were not understood

by many people.

Between 1945 and 1973, approximately 4 million babies were placed for

adoption in the United States, with over half of those having been placed in the 1960s

(Adoption Statistics, n.d.). In the early portions of this period, pregnancy out of

wedlock was considered a psychological deficiency on the part of the birth mother

(Solinger, 2000) or an outcome of her neurosis (Ellison, 2003). Between 1960 and

1970, 40% of hospitals required that a woman who petitioned to the board and was

approved for an abortion be sterilized simultaneously with the abortion in order to

prevent further pregnancies (Ellison, 2003). As a result, if a woman did not have the

financial and social resources that would support a decision to parent, she had few

choices left. Her reproductive rights were usurped. Therefore, approximately 90% of

pregnant single, middle-class, white women placed their child for adoption (Ellison, 2003).

An overwhelming number of women who placed a child for adoption during the 1930s through the 1970s felt that they were silenced and their wishes subordinated in several ways (Samuels, 2013). Often their families withdrew their support or insisted that the woman go away to stay with relatives or spend part of their pregnancy in a group "unwed mothers home" (Samuels, 2013, p. 42). Therefore, many of the women were left to experience their pregnancies and childbirth among strangers (Wadia-Ells, 1995). The practice of sending unmarried pregnant women to "unwed mothers homes" was usually based on the prevailing judgment and resultant shame to which these women were subjected. They were placed in a position of being invisible and silent.

One of the most notable instances of subordination, however, was connected to the act of adoption itself. The reports of women whose babies were adopted at this time are rife with stories of coercion, and infants "stolen" from them at the time of birth, whisked away, not to be seen again. They asserted that their children were often taken from them and adopted out without their consent or through misrepresentation or coercion (Custer, 1993; Dusky, 1979; Ellerby, 2007; Fessler, 2007; Franklin, 1998; Hall, 2007; Hawn, 2010; McElmurray, 2004; Moorman, 1996; Schaefer, 1991). Many women from this period do not use "surrendered," "relinquished," or similar terms to describe the adoption of their child, as these terms imply that they made an independent decision based on personal agency.

Based on the popularization of the works of Harlow (1961) and Bowlby (1951) on attachment theory, it was determined that it was best if immediately upon birth, the infant was placed with the adoptive parents (Ellison, 2003). Usually the birth mother was denied the opportunity to see or hold her infant, partly in fear that bonding between the birth mother and the child would start to take place (Sass & Henderson, 2000). Birth mothers were then expected to forget about the child and their experience and move on with their lives (Samuels, 2013; Wolfgram, 2008; Wrobel, Grotevant, & McRoy, 2004). They were typically denied a voice as to where their child was placed, with whom, and what type of family the child was placed with. Stories abound of women who were told that placing the child would help to "atone for the sins" implied in unwed pregnancy (Edwards, 1999, p.23).

The 1970s saw the beginning of a shift in domestic adoption. With the advent of legalization of abortion, the increased popularity of the birth control pill, the growth of women's independence, and an increase in divorce, single motherhood was beginning to be more accepted (Brodzinsky, 1990; Cole & Donley, 1990; Conn, 2013). The societal shifts of the times (e.g., morally, politically, socially) brought on important changes in adoption (Cole & Donley, 1990). Women were considered more empowered and assertive, especially with the rise of the movement for individual rights in general (Samuels, 2001). Birth mothers were better represented through public interest law firms, and requirements to establish voluntary relinquishment became more rigorous (Cole & Donley, 1990). With the new freedoms of the era came a newly accepted platform for birth mothers of the past decades to speak out about their experiences of

unfair treatment and subordination (Brodzinsky, 1990). Birth mothers began to form

support groups such as the national group Concerned United Birthparents (CUB), where

they could share experiences and insights. They also began to find support and

acceptance as they spoke out in public about the birth mother experience. The

importance and rights of birth fathers were finally beginning to be recognized as well

(Baran & Pannor, 1990). Meanwhile the movement for unsealed birth records began to

accelerate. Opponents often stated that a primary reason for maintaining closed records

was to keep the anonymity of birth parents. However, this perspective was again an

example of birth mothers' voices being usurped by others, as studies indicated that the

majority of birth mothers would like to have original birth records available to adoptees,

or contact with their adult child (Deyken et al., 1984; Sorosky, 1978). Many birth

parents who have supported open records feel that lifelong anonymity was a "harsh

consequence of their circumstances rather than a benevolently bestowed protection"

(Samuels 2001, p. 435). It was also during this era that search and reunion for birth

relatives began on the part of both adult adoptees and birth parents.

1980s to the Present

   A major shift in adoption practice began to come to the fore in the 1980s with the

increase in open adoption. Open adoption allows for some form of association between

the birth family, adoptees, and the adoptive parent(s) ("Glossary," 2016). "Openness" is

considered to exist along a continuum (Cushman, Kalmuss, & Namerow, 1997), and can

range from contact through pictures, letters, phone calls, and social media to visits with

one another. The increase in openness as a practice was a step forward for birth parents'

rights. Birth parents began to make decisions regarding the placement of their child and

the possibility of contact or an ongoing relationship with their child post-placement.

Along with this power came a decrease in the secrecy and stigma of being a birth mother

and adoption in general (Baran & Pannor, 1990). Since that time, there has been an

increase in the number of published personal narratives on birth mothers' experiences,

which may be indicative of an increase in birth mothers' desire to come out of the

shadows and their newfound power of having their voices heard (Chen, 2016).

There has been a marked increase in practicing some form of openness in

adoption in the last 30 years (Fischer, 2002; March, 1997; Sobol, Daly, & Kelloway,

2000). In a study of 35 private adoption agencies, Henney, Onken, McRoy, and

Grotevant (1998) found that the number of agencies offering fully disclosed open

adoptions more than doubled from 1987 (35.5%) to 1993 (75.9%). Berry, Barth, and

Needell (1996) found that birth parents and adoptive parents met prior to adoption in

62% of private agency adoptions that occurred in California between 1988 and 1989.

It is estimated that by 1994, almost two-thirds of adoptions came through private

non-governmental agencies (Sobol, Daly, & Kelloway, 2000), which were more inclined

to allow for openness in adoption planning. By the mid-1990s, most adoption agencies

offered some form of openness to birth parents (Grotevant & McRoy, 1998). The trend

of openness in adoption has continued and even expanded to the present day. The

practice of openness has given birth parents some power over aspects of placement;

however, contact agreements between adoptive parents and birth parents are not

enforceable by law in most states (Dowd, 1994). Adoptive parents are in the position of

power concerning if and when an adopted child has contact with the birth parents. Despite its increase in acceptance, it wasn't until the year 2000 that adoption was included as a part of the US census. This enormous delay on the part of the government sent a message that diminished the legitimacy of adoption as a way to form a family (Conn, 2013).

Stigma still abounds regarding adoption. In a study involving 175 high school students in Ontario, participants were asked to indicate whether they would make an adoption plan if they or their partner became pregnant. Daly (1994) found that only 6% of the respondents said that they definitely would, 17% said they probably would, 36% were unsure, and 40% said they would not. However, nearly half of the participants indicated that if a friend were to become pregnant, then that friend should place the infant for adoption. This result can be interpreted to mean that these adolescents felt that placing a child is acceptable for others, but not for yourself (Creedy, 2001). This result is consistent with the sentiments that I heard often when teaching a course on adoption to undergraduate students.

In the previous paragraphs, I set forth the history of adoption as it relates to birth mothers, and placed them within social context. Throughout the history of modern adoption, there has been a theme of the stigmatization and rejection of birth mothers, and in many cases, the usurping of their power. These offenses occurred on many levels – personal and familial, societal, institutional, and political (Custer, 1993; Dusky, 1979; Ellerby, 2007; Fessler, 2007; Franklin, 1998; Hall, 2007; Hawn, 2010; McElmurray, 2004; Moorman, 1996; Schaefer, 1991).

Race and the History of Birth Mothers in the United States

This review of the literature regarding birth mothers in historical and social context focused mainly on the experiences of White birth mothers in domestic adoption. Throughout the modern history of adoption, women who placed were typically White, from relatively economically advantaged backgrounds, from two-parent non-divorced families, and have had at least some college (Fisher, 2003; Kalmuss, Namerow, & Cushman, 1991; Smith, 2007). The experiences of single pregnant African American women have been very different from that described above. A review of the professional literature revealed an extremely limited amount of information specific to birth mothers of color, with the most on African American women. I could find no literature on Asian American women, Latin American women, or any other birth mothers of color. Therefore, this review focused on African American birth mothers.

Historically, single unmarried White women are more likely to place a child for adoption than single unmarried African American women (Brodzinsky, 1990). Informal adoption – the handing over of a child to kith or kin for temporary care, or the gifting of a child to another community member - has prevailed in the African American community throughout generations (Sandven & Resnick, 1990). This style of adoption often involves fluid boundaries, shared parenting, and multi-generational families (Sandven & Resnick, 1990). Some experts believe that this style of adoption grew out of necessity during slavery (Wiley & Baden, 2005); others believe it goes back to pre-slavery in Africa and is influenced by matriarchal and tribal community customs (Esposito & Biafora, 2007). It may seem that birth mothers in these informal

arrangements had more agency than White women who were grappling with a more

complex formal placement system. However, African American mothers have been

among the most marginalized of groups, often holding very little political or economic

power (Esposito & Biafora, 2007).

Beginning in the mid-1940s, unwed motherhood in African American culture

was seen as cultural pathology, as opposed to the individual pathology assigned to White

women (Wegar, 1997). While some attribute the prevalence of either informal adoption

or parenting among African American women as based on historical or cultural

influences, there is also the influence of commercial factors in adoption at play.

Between 1945 and 1965, over 90% of White unwed mothers in maternity homes placed

their babies for adoption; meanwhile, over 90% of African American single mothers

kept their children (Babb, 1999). There was a "market" for newborn White infants; non-

White babies were not as desirable (Solinger, 2000). Melosh (2002) indicated that some

agencies even turned away perspective African American birth parents, due to protocols

based on a lack of interest from Caucasian adoptive parents. From the 1920s through

the 1980s the practice of "matching" was used until its abolishment in 1994 (Conn,

2013). The practice of matching consisted of pairing the physical characteristics of the

adopted child with that of the adoptive parents. In this way, the shame of infertility and

illegitimacy could be avoided for the adoptive family (Wrobel et al., 2004). This trend

ran parallel to the fact that married White couples who were seeking children to adopt

were typically more affluent than couples of color who were hoping to adopt, and

therefore could afford to adopt. The charge by the National Association of Black Social

Workers in 1972 against the practice of placing African American children with White families also contributed to the lower rate of placement of African-American babies (Zamostny et al., 2003). All of these factors contributed to the foreclosure of the adoption choice for African American women.

The Feminist Framework

I used a feminist theoretical framework for this study, combined with the concepts of feminist therapy. Therefore, I foregrounded the voices of the participants, and the ways in which their stories were influenced by feminist concerns. As Laura Brown (2000) noted, "feminist therapy requires therapists to treat each life experience as valuable, unique, and authoritative, an expert source of knowledge about both that person and the culture as a whole" (p. 358).

Feminism and Birth Mothers

According to Nancy Dowd (1994), adoption resonates with the topic of feminism in many areas. Adoption is associated with reproductive choice and technologies; the conceptualization of family; the impact of gender, race, and class separately and together; gender roles; gay and lesbian rights; and the construct of motherhood and mothering as seen through the societal lens. Dowd (1994) contended that the application of a feminist lens may have "profound implications" (p. 914) for birth parents, in view of their marginalization and stigmatization.

As can be seen in the review of the history of adoption, the birth mother experience is steeped in the societal and moral expectations of the time (De Simone, 1996; Jones, 2000; Wadia-Ells, 1995; Wegar, 2000). One such expectation is the act of

mothering, which is central to a women's identity, as prescribed by Western culture. The status of mother may be seen as primary over the other identities a woman may have (March, 2014). Therefore, the choice to not mother, but to "give up" a child for adoption may be viewed by some as unnatural. Due to the different type of mothering done by birth mothers, they might encounter role confusion both internally and from external forces in the larger culture (Fravel et al., 2000). A feminist counselor can assist with such role and identity challenges.

Women who find themselves in an unplanned pregnancy can consider three options. One option is to parent; however, a woman may be restricted by the inability to provide financial care for the child. She may be considered or consider herself too young to be a parent. If she is single, she may feel pressure to meet the socially prescribed expectation of becoming married prior to having a child (Melosh, 2002). A second option is for the woman to have an abortion – an option that has only become available to women in the United States since the Supreme Court's decision on *Roe v. Wade* in 1973. Cultural factors such as religion can have a profound effect on whether a pregnant woman chooses this path. The third option is for the woman to place her child for adoption. Although studies indicate that many individuals are supportive of the concept of adoption, these same individuals have expressed that they would not choose to place a child themselves (Creedy, 2001; Daly, 1994). The placement option is often seen as a "noble act" as the birth mother prepares to place. However, the decision is often met with silence or ridicule by others post-relinquishment (Jones, 2000). Although birth mothers have been found to experience multiple mental health challenges related to

their pregnancy and relinquishment experiences, there is a concern that birth mothers are

over pathologized due to patriarchal bias against those who do not perform their

mothering role as expected (Logan, 1996).

Feminist Counseling Theory

The goal of feminist counseling theory is to assist clients in developing an

awareness that one's suffering is not based in personal deficit, but in the way that one

has been systematically excluded, invalidated, and silenced due to one's status as a

member of a nondominant group (Brown, 2004). This therapeutic goal fits well with the

experiences of birth mothers individually and as a whole. Due to stigmatization and

bias, birth mothers have been treated as irrelevant and have been rejected. Their

struggles and challenges can be attributed to systemic and institutionalized forces, and

therefore, societal context. The process of feminist therapy is one of empowerment

(Brown, 2004), which can be particularly helpful for clients whose agency and ability to

assert their own choices was squashed, as has happened to many birth mothers.

In 2012, television and internet journalist Dan Rather gathered the stories of over

100 birth mothers for an installment of HDNet's Dan Rather Reports. In a preview,

Rather (2012) summarized the experiences of the women who contacted him:

> We have interviewed numerous women in the U.S. who told us that they were
>
> sent to maternity homes, denied contact with their families and friends, forced to
>
> endure labor with purposely painful procedures and return home without their
>
> babies. Single, American mothers were also denied financial support and told
>
> that their children would be better off without them. In some cases, they too

were told that their babies had died. Many signed away their rights while

drugged and exhausted after childbirth. Others were threatened with substantial

medical bills if they didn't surrender or were manipulated through humiliation.

According to Fessler, these seemingly unethical practices were used against as

many as 1.5 million mothers in the United States. (para. 14)

These interviewees reported that this systemic coercion and manipulation was

orchestrated by priests, nuns, social workers, doctors, and nurses (Rather, 2012). With

the application of a feminist lens in counseling, birth mothers who have experienced

such offenses may come to realize that their resulting challenges are not due to their

personal shortcomings or weaknesses, but may be the result of the exertion of societal

and institutional power. These birth mothers may come to recognize the imbalance of

power at play in their situations, and gain a sense of personal power and advocacy

through feminist counseling.

Relevant Literature: Birth Mothers and Mental Health Concerns

A review of the literature that is available at the time of this study indicated that

a very limited number of studies have looked at the counseling experiences of birth

mothers beyond pre-adoption counseling, or the post-placement counseling that is

provided immediately after relinquishment. The goal of this study was to better

understand the experiences that birth mothers have in counseling at later points in their

lives, beyond the time of the initial placement of the child.

The literature shows that adoptees and birth parents often face additional

challenges in their lives. Studies indicate that birth mothers in adoption may experience

depression, decreased self-esteem, anxiety, deep and prolonged grief and mourning, anger, guilt, shame, and symptoms of post-traumatic stress disorder after placement (Bouchier, Lambert, & Triseliotis, 1991; Brodzinsky, 1990; Brodzinsky et al., 1992; Christian et al., 1997; De Simone, 1996; Deykin, Campbell, & Patti, 1984; Farrar, 2005; Fessler, 2007; Howe & Feast, 2001; Robinson, 2000; Roll, Millen, & Backlund, 1986; Rynearson, 1982; Sorosky, Baran, & Pannor, 1978; Weinreb & Murphy, 1988; Wiley & Baden, 2005; Winkler & van Keppel, 1984) as a result of their pregnancy and placement experiences. Despite the many challenges that birth mothers may face, it is important to not overpathologize their experiences (Wiley & Baden, 2005).

Adoption is thought to trigger similar core psychological themes for adoptees, adoptive parents, and birth parents (e.g., loss and grief, rejection, guilt and shame, identity confusion, and relationship and intimacy challenges) (Silverstien & Kaplan, 1988). There are many studies regarding the effects of adoption on the mental health and wellbeing of adopted youth (as opposed to adult adoptees); but there is still much to be learned about birth families and how adoption affects them. The lack of information may be due in part to the invisible status of birth mothers, whether by choice or as a result of social forces (Wiley & Baden, 2005). The words that birth mothers used to express their feelings regarding the placement of their child include "anger, sadness, anguish, regret, depression (from "occasional" to "severe"), worry, heartache, and anxiety" (Henney et al., 2007, p.883). This population deserves more attention and study (Neil, 2006), and the services of counselors who are trained specifically in matters related to adoption (Edwards, 1999).

The clinical and research literature asserts that placing a child for adoption is often a traumatic experience (Wiley & Baden, 2005). Depression was the most prominent mental health concern found in Logan's study of 28 White, British birth mothers (Logan, 1996). The birth mothers had all voluntarily placed a child for adoption, and had subsequently sought the assistance of After Adoption Services (AAS) in England (Logan, 1996). The majority sought help from AAS so that they could find their relinquished child, or find out about the child's welfare; few were seeking mental health support (Logan, 1996). The birth mothers were interviewed in their homes, and a semi-structured questionnaire was administered (Logan, 1996). Seventy-nine percent of the interviewees' children were placed for adoption before they were six weeks old; all were relinquished by the time they were one year old (Logan, 1996).

Seventeen of the interviewees' children were between 21 and 30 years old at the time of the interviews, three were between 31 and 40 years old; six were between 10 and 20 years old, and three were under ten (Logan, 1996). Eighty-two percent ($n = 23$) of birth mother participants reported their depression as significant; 19 of those participants self-described as having mental health problems (Logan, 1996). Despite the passage of time from placement to the time of the study, eleven (58%) of the birth mothers attributed their mental health problem to their relinquishing experience (Logan, 1996). Of the 19, 16 had sought some type of mental health treatment – a much higher rate than is found in the general population (Logan, 1996). Six participants (21%) reported having made suicide attempts, and two participants said that they had felt suicidal, and approximately one-third ($n = 9$) of the birth mothers in the study had been referred for

psychiatric treatment (Logan, 1996). The author of this study suggested that that the

depression that the birth mothers experienced was a result of their feelings of guilt, loss,

and unresolved grief (Logan, 1996). Disturbingly, many of the birth mothers indicated

in their interviews that they felt dismissed and misunderstood by their mental health

practitioner; however, Logan (1996) did not indicate the exact number of participants

that reported these feelings. Their reports point to the need for more adoption competent

therapists who will understand and take the needs of birth mothers seriously. The

finding that these birth mothers sought mental health treatment at a higher rate than the

general public (Logan, 1996) is significant to this study. It points to the need for

informed counseling services for this population that may be prone to seek treatment.

The Logan study (1996) indicated that a birth mother may continue to experience

depression that is related to relinquishment many years after placement. This study was

structured to allow the participants to explore their current feelings about their past

relinquishment experiences, even if they occurred many years ago.

In their analysis of six articles on birth mothers written between 1979 and 1996,

Haugaard, Schustack, and Dorman (1998) concluded that there is no doubt that the

effects of being a birth mother and the anguish of relinquishment are lifelong, and that

many need access to ongoing mental health support. The sadness that birth mothers

experience may be identified as intermittent, often occurring on such occasions as

birthdays and family gatherings (Henney et al., 2007). During these times, the birth

mother may feel the physical absence, but psychological presence of the adopted child

(Fravel et al., 2000). Fravel et al. (2000) explored the concept of boundary ambiguity –

when the physical and psychological presence of an individual are incongruent – with respect to birth mothers' sense of their relinquished child. The purpose of the study was to examine boundary ambiguity across different levels of adoption openness via in person or telephone interviews, utilizing three hundred open-ended questions (Fravel et al., 2000). The areas that were explored were the birth mothers' general opinions and feelings about their relinquishment experience, and levels of openness (Fravel et al., 2000). In the study of 163 birth mothers who were eight years post-placement, all birth mothers reported that the child was routinely "in her heart or on her mind" (Fravel et al., 2000, p. 425) at a moderate to moderately high level daily or frequently, across all levels of openness. It is important for counselors to recognize the high incidence of thought that birth mothers give their placed children, and to be especially aware of those times that might trigger the psychologically present child such as birthdays and holidays (Fravel et al., 2000).

Birth Mothers' Experiences, Needs, and Adjustment Outcomes

The majority of empirical studies concerning birth mother mental health focused on White adolescents, and White women who placed a child during the period of closed records (35 or more years ago), and focused on decision-making and the pre-relinquishment period (Baden & Wiley, 2005; Brodzinsky & Smith, 2014). A notable exception is Brodzinsky and Smith's (2014) quantitative study of the experiences, needs, and adjustment outcomes of women who placed an infant for adoption. A 50-question survey was sent to 235 birth mother participants, aged 16 to 65, via postal mail or e-mail (Brodzinsky & Smith, 2014). Approximately two-thirds (69%) of the participants were

Caucasian, with the rest identifying as either multiracial (10%), Hispanic (7%), African American (8%), Asian (4%), Native American (1%), or Pacific Islander (1%)(Brodzinsky & Smith, 2014). Approximately half were single at the time of the study; 26% were married; 13% were cohabitating with a partner; 7% were divorced; 3% were separated; and 1% were widowed (Brodzinsky & Smith, 2014). The median age at placement was 21, with a range of 12 to 45 years old (Brodzinsky & Smith, 2014). Eighty-three percent were involved in an adoption with some degree of openness (Brodzinsky & Smith, 2014). More than 70% indicated that they were "satisfied" or "very satisfied" with their arrangement with the adoptive family (Brodzinsky & Smith, 2014).

Placement was between 2 months and 43 years prior to the study, with 50% within 3.5 years, 65% within 5 years, and 80% within 10 years (Brodzinsky & Smith, 2014). Of the 235 women in the Brodzinsky and Smith (2014) study, 25% indicated that they considered their emotional health as having been good or excellent in the first year after placement; the amount of participants in this group increased to nearly two-thirds (63%) at the time of the study. However, approximately one-third considered themselves as having continuing emotional problems, including depression, self-esteem problems, and feelings of guilt (Brodzinsky & Smith, 2014). As for physical health, over two-thirds of participants believed they were in good or excellent physical health in the first year post-adoption; the amount of participants in this group increased to three-quarters (75%) at present (Brodzinsky & Smith, 2014).

Brodzinsky and Smith (2014) identified 18 indictors of emotional symptoms or life stressors; the participants reported experiencing significantly more of them during the first year after placement than at the time of the study. Among one-third or more of the participants the most common problems in the first year were depression (71%), anxiety (48%), grief (67%), guilt (64%), diminished self-esteem (55%), sleep problems (51%), and problems with parents/siblings (33%)(Brodzinsky & Smith, 2014). These findings are consistent with the works of Henney et al. (2007); Smith (2006); and Wiley and Baden (2005). Finally, 43% of participants attributed one or more of their current problems to their adoption-related experience compared to 80% in the first year (Brodzinsky & Smith, 2014). Although there was a reduction in mental health symptoms and life stressors over time, it is important to note the findings regarding the long-lasting effects of relinquishment on birth mothers, which is consistent with findings in other works (Brodzinsky, 1990; Christian et al., 1997; Wiley & Baden, 2005; Winkler & van Keppel, 1984).

Of the 235 women in the Brodzinsky and Smith (2014) study, one quarter of the birth mothers visited a social worker or mental health counselor in the first year post-placement. However, one-third of respondents also stated that emotional support from a social work or mental health professional was an unmet need during the first year (Brodzinsky & Smith). An unmet need was defined as a support that was needed but not received (Brodzinsky & Smith, 2014). Twenty-two percent of participants identified mental health counseling as an unmet need at the time of the study (Brodzinsky &

Smith, 2014). The need for these services was possibly reduced due to healing of the passage of time.

In this study, I explored the stories of a more contemporary cohort of birth mothers than has been studied in the past – those who placed a child between 1995 and 2014. I hope that this study will help to shed light on the life and counseling experiences of a rarely-studied group. The lack of scholarly interest in this population may indicate that there is an assumption that the rise of acceptance of pregnancy outside of marriage, the perceived de-stigmatization of adoption, and openness in adoption have erased the need for birth mothers to receive counseling. However, since there are so few studies involving the experiences of contemporary birth mothers, we do not know the effects of these cultural shifts, and if these assumptions hold true. I hope that this study will help scholars and practitioners to better understand the lived experiences of some contemporary birth mothers and their needs.

Loss, Grief, and Mourning

Grief is considered the most long-lasting and potent of birth mother responses to placement (Zamostny et al., 2003). Grief is defined as the range of feelings, behaviors, and thoughts that may occur in response to a loss; these responses may include anger, crying, withdrawal, guilt, sadness, anxiety, or numbness (Christian et al., 1997). Post-placement birth mother grief has been described in the professional literature as being made up of psychological, physical, and social-interpersonal reactions (Henney et al., 2007). Butterfield and Scaturo (1989) recognized a specific process through which birth parents go in their grieving: denial, shock, disbelief, and numbing; guilt; anger;

yearning, longing, and searching; depression, disorganization, and despair; and integration. According to Butterfield and Scaturo (1989), this process may unfold over the birth parent's lifetime and may be non-linear and cyclical. Although the feelings of denial, shock, disbelief, and numbing often occur earliest in the grieving process, a birth mother may not begin to feel these responses until much later in life (Butterfield & Scaturo, 1989). It is during a phase of yearning, longing, and searching that the birth mother might decide to conduct a search in order to find or reunite with their adopted child, followed by integration of the grief narrative into the birth mother's larger life story (Butterfield & Scaturo. 1989). A review of the literature reveals that there is no doubt that for the vast majority of birth mothers, one of the effects of placing a child for adoption is deep and prolonged grief (Brodzinksy, 1990).

The grief that birth mothers experience falls under the definition of disenfranchised grief (Aloi, 2009). This type of grief is that which is connected to a loss that is not openly acknowledged, publicly mourned, or socially supported (Doka, 2002). It often results in feelings of anger, guilt, depression, and numbness (Doka, 2002). March (2004) stated that birth mothers who experienced secrecy and silence during their pregnancy and placement experiences should be afforded special attention and understanding. She asserted that counselors can help these birth mothers deal with their grief and mourning process in order to then cope with the disenfranchising aspects of their experiences (March, 2004). The grief experiences of birth mothers are complex in that they encompass the characteristics of both disenfranchised and complicated grief. The term complicated grief refers to bereavement that involves grief-related symptoms

beyond the time period which is considered adaptive (Lobb et al., 2010). The symptoms

may include a deep longing and searching for the loved one who is no longer present;

preoccupation with thoughts of the lost loved one; and feelings of disbelief, mistrust,

anger, or detachment from others (Lobb et al., 2010).

De Simone (1996) conducted a study of 264 Australian birth mothers, using a

mailed five-part questionnaire that addressed participants' demographics, present

circumstances, past circumstances, thoughts and feelings regarding the relinquishment

of their child, and their thoughts and feelings regarding their loss. Most of the questions

were presented using a Likert-type scale; there were also some open-ended questions.

Portions of the study used Winkler and van Keppel's (1984) *Questionnaire for*

Relinquishing Mothers, which was created to measure the long-term adjustment of birth

mothers. De Simone (1996) also utilized the *Texas Revised Inventory of Grief* (TRIG)

in his study, a Likert-type questionnaire to measure grief following bereavement. It

measures past behavior and present feelings (Faschingbauer, 1981), which De Simone

revised to make it relevant to birth mother loss, as opposed to loss connected to death.

De Simone (1996) found that higher levels of prolonged grief were associated with the

feeling of having been forced or coerced into placing the child for adoption. The

participants' higher levels of grief were related to feelings of guilt and shame

surrounding the relinquishment and also the lack of being able to express their feelings

regarding the relinquishment (De Simone, 1996).

Henney et al. (2007) conducted a study of 127 birth mothers, using structured

interviews to explore their experiences of grief and loss over time across the continuum

of openness. The sample was divided into two groups: 1) Wave I, who had relinquished

4-12 years prior (169 women); and 2) Wave II, who had relinquished 12-20 years prior

(127 women) (Henney et al., 2007). A majority of Wave II participants continued to

experience some amount of grief, with 13% of these individuals reporting high levels of

grief; however, a quarter reported no continuing feelings of grief (Henney et al., 2007).

The researchers posited that this reduced incidence of grief may be attributable to the

birth mothers' abilities to adjust over time. Henney et al. (2007) concluded that the

"right" amount of openness may change over the lifespan of the birth mother, depending

on circumstances and the occurrence of certain events, such as the subsequent birth of a

child. Henney et al. (2007) also found that birthmothers who had relinquished a child

12 to 20 years previous and were in fully disclosed adoptions tended to have lower

levels of grief than those who had relinquished at a similar time period, but were in

closed adoptions.

The Effects of Openness

Christian et al. (1997) and Brodzinsky and Smith (2014) found that birth

mothers in more open adoptions generally reported higher levels of satisfaction with

their arrangement than those with less information and contact. Participants also

reported better physical and emotional health in the first year post-placement and in their

current life (with 50% having placed within 3.5 years, 65% within 5 years, and 80%

within 10 years) (Brodzinsky & Smith, 2014).

Cushman, Kalmuss, and Namerow's (1997) study, which involved 171 American

birth mothers 21 years old and younger at four years post-placement, found that even in

minimally open arrangements (where the birth mother and adoptive parent(s) have met

only once and had no other contact) there is a positive association with long-term

psychosocial outcomes. The measures used in this study examined six social-

psychological variables, rated on a Likert-type scale: 1) grief, 2) regret regarding the

adoption decision, 3) worry about the baby, 4) sadness, 5) relief, and 6) the extent to

which respondents feel at peace regarding the adoption decision (Cushman et al.,1997).

Cushman et al.'s (1997) findings indicated that openness practices (including allowing

the birth parent to choose the adoptive family, or for birth parent(s) and adoptive

parent(s) to meet) benefit birth mothers across the various social psychological

constructs that were studied. These findings are consistent with the findings of Ge et al.

(2008) who studied 323 matched pairs of birth mothers and adoptive parents, and the

association between the degree of adoption openness and birth and adoptive parents'

adjustment six to nine months post-placement. They found that there was a positive

correlation between degree of openness and satisfaction with the adoption placement

shortly after placement, as well as being related to positive birth parent adjustment

outcomes (Ge et al., 2008).

        Openness, however, is not a panacea for the effects of placement on birth

mothers (Grotevant & McRoy, 1998; Henney et al., 2007; Logan, 1996). Blanton and

Deschner (1990) debated whether open adoption helps birthmothers or if it simply

delays the necessary grieving process. In her qualitative study of 33 birth mothers who

were in reunion with their adult adopted children, March (2014) found that grief

symptoms can reappear at the same level as the time of relinquishment at the beginning

of the reunion process. Grief and other mental health concerns can fluctuate over time, depending on day-to-day situations and life course changes in the lives of all members of the adoption triad (Henney et al., 2007). Also, the degree of openness can fluctuate, as can the frequency of contact (Henney et al., 2007). What may seem like a "honeymoon" period early in the open relationship may become more mundane and less important to one of the parties over time (March 2014). These scenarios would require flexibility from the parties to the adoption. Additionally, openness in adoption demands the navigation of an additional and unique relationship for all involved, which may be a source of stress.

In spite of the some of the long-lasting psychological challenges that many birth mothers face, in some ways those who place a child for adoption may fare better than those who choose to parent. Namerow, Kalmuss, and Cushman (1997) studied women who were adolescents at the time of placement; and four years after relinquishment. Ninety-one percent of those who placed a child for adoption graduated from high school, compared to 71% of those who chose to parent (Namerow et al., 1997). Additionally, 70% of those who placed were employed outside of the home, while only 47% of those who chose to parent were working outside of the home (Namerow et al., 1997). However, when the participants reported on their level of satisfaction with respect to their decision on whether to parent of place, 90% of those who chose to parent indicated that they had no regret, compared with 66% of those who placed (Namerow et al., 1997).

Birth Mothers and Counseling

There has been an increase in professional acknowledgement that birth parents need counseling both pre- and post-relinquishment (Wiley & Baden, 2005). As seen in this literature review, several topics regarding birth mothers have been explored to some extent, including grief, depression, the effects of openness, and needs and adjustment outcomes. However, certain questions still remained to be studied in an in-depth, qualitative manner regarding the counseling experiences of birth mothers. Prior to this study, still to be discovered were what some birth mothers might describe as their reason for seeking counseling; how they feel about the ways that their counselors addressed their placement experiences; their perceptions of their counselors' attitude towards adoption and birth mothers; their opinions on how prepared their counselors were to address adoption; and their perceptions of how counseling might have affected them, if at all. These are the matters that I addressed in this study.

Sass and Henderson (2002) conducted a quantitative study of 152 adoptees' and 66 birth parents' experiences in counseling, examining the perceived level of helpfulness and preparation by therapists relating to adoption issues. The majority (78%) of the respondents were female; of the birth parent participants, 42% received therapy at least once after placement (Sass & Henderson, 2002). Although adoption may not have been considered the main topic of the therapy, it may be a related issue of concern (Sass & Henderson, 2002; Stiffler, 1991). Sass and Henderson (2002) urged that there be more studies conducted (such as this one) that explore the experiences of birth parents in counseling. One of the findings in Sass and Henderson's (2002) study was that adoption inquiry and addressing, as well as perceived therapist helpfulness and preparedness has

increased from 1965 through the 1990s. In the current study I included questions that

address these same areas of concern, and assists with providing an updated view of these

matters dating from the mid-1990s. The Sass and Henderson (2002) study gathered data

from participants' who saw a variety of mental health professionals, including

psychologists; social workers; marriage/family counselors; and psychiatrists. Similarly,

this study was open to participants who worked with any of the same types of mental

health professionals. This study provided a qualitative view of some of the same matters

that Sass and Henderson (2002) explored quantitatively.

Adoption Competent Counseling

Private adoption agencies may offer counseling to birth parents immediately

after placement; often that counseling is offered by in-agency social workers. In this

study, I explored birth mothers' encounters with a broad range of counseling providers,

including counselors, marriage and family therapists, psychologists, and social workers

in any setting.

Logan (1996) stated that it is essential that social workers and mental health

professionals be trained in the needs of birth mothers. Professional counseling literature

on the clinical treatment of triad members is rare because most of the writings in the

field are often geared only toward the social workers who usually preside over adoptions

(Bradley & Hawkins-Leon, 2003; Janus, 1997). Janus (1997) called for adoption

counseling to become a professional specialty area to include awareness of the pre-

placement, placement, and post-placement periods of the birth parent experience. Janus

(1997) also advised counselors to be aware of their own assumptions and prejudices

regarding adoption. She also recommended additional training in grief counseling, a

basic understanding of applicable adoption laws within the state in which the counselor

practices, and an awareness of adoption support groups in the area (Janus, 19997). All

of these suggestions can be helpful in the training of an adoption competent counselor.

Wiley and Baden (2005) devised a set of suggestions for counseling

psychologists who work with birth parents: developing an awareness of any personal

biases or prejudgments regarding birth parents and their relinquishment experiences;

staying cognizant of the social and cultural factors that play a role in the birth parents'

experiences; maintaining knowledge and awareness of economic and commercial factors

that impact the birth parents' lives; and staying informed about the various support

resources available to birth parents. The foregoing four suggestions require personal

insight and informed understanding from the counselor regarding birth parents'

experiences. I intended this study to help counselors grow in their knowledge and

awareness in the areas that Wiley and Baden (2005) suggested. The data that I obtained

from the current study provides counselors with new and rich information about birth

mothers' experiences that may challenge counselors' preconceptions about birth

mothers. The new knowledge that was obtained may also help counselors to place the

experiences of birth mothers within their social, economic, and cultural contexts. Other

suggestions from Wiley and Baden (2005) included safeguarding against minimizing

birth parents' losses and challenges; supporting birth parents in their discovery of

positive aspects of their experiences; and honoring the uniqueness of each birth parents'

story. The foregoing three suggestions may challenge how a counselor responds to a

birth mother's story. The study described herein allowed participants to explore their

perceptions of their counselors' reactions and responses to their birth parent stories. The

current study also gave an opportunity for each participating birth mother to tell her

individual story, and served as an example regarding the primacy of each person's

unique experience.

Sass and Henderson's (2002) study examining the perceived level of helpfulness

and preparation by therapists relating to adoption issues brings to the fore some ways

that therapists can help birth mothers in their counseling experiences. Two of those

ways are inquiring and addressing. Inquiring occurs when a therapist asks clients if they

are a member of the adoption triad whereas addressing occurs when adoption issues are

addressed in client's therapy (Sass & Henderson, 2002). In their study of 66 birth

parents' experiences, Sass and Henderson (2002) found that both inquiring and

addressing had a significant positive effect on the clients' perceptions of therapists'

helpfulness and preparedness. The researchers also indicated that there has been an

increase in the incidence of inquiry and addressing in therapeutic settings (Sass &

Henderson, 2002); they also recommended that adoption inquiry be a part of the routine

intake process. Edwards (1999) and Winkler, Brown, van Keppel, and Blanchard (1988)

also suggested that practitioners include adoption as part of the intake process. Due to

the lifelong effects of placing a child for adoption, counselors should be not only well

versed in issues that may arise before and at relinquishment, but in the long term as well

(Sass & Henderson, 2000).

Sass and Henderson (2000) performed another study that they designed to explore psychologists' level of preparation in dealing with adoption related issues and the need for further education with respect to treating those whose lives have been touched by adoption. A questionnaire was mailed to 497 psychologists randomly selected from the 15th edition of the 1997 National Register of Health Service Providers in Psychology (Sass & Henderson, 2000). The sample was composed of participants from all geographic areas of the United States. Gender and age were inadvertently left off of the questionnaire, and therefore this information was not obtained from the sample (Sass & Henderson, 2000); other information such as race was not indicated in the study article. Out of 210 participants, 51% rated themselves as "Somewhat prepared;" 23% rated themselves as "Not very prepared" (Sass & Henderson, 2000, p. 354). Ninety percent indicated that they felt they needed more education on adoption; 81% expressed an interest in taking a continuing education course on the topic (Sass & Henderson, 2000). Only 67 participants indicated that they had taken courses that addressed adoption during their formal education; they averaged taking 1.3 courses during their undergraduate coursework, and 1.5 courses during graduate coursework (Sass & Henderson, 2000). It is unclear as to whether the instructors themselves were well versed in adoption related issues, and how much time was spent on the topic in the courses that addressed adoption. The rest of the 143 participants reported receiving no education in adoption (Sass & Henderson, 2000). As a result of this lack of training, clients often found themselves educating their therapists about adoption related issues

(Sass & Henderson, 2000). This study suggested that more education is needed in order to assist those whose lives have been touched by adoption.

Logan (1996) stated that it is crucial that the impact of birth mothers' experiences be recognized and understood; that these experiences not be pathologized; that services to them be improved so as to meet their needs; and that professionals respond more positively to birth mothers and their stories. Wiley and Baden (2005) charged clinicians and researchers to apply sensitivity to the topic of the stigma that birth mothers have experienced; acknowledge their losses; and support their efforts to go ahead with their lives in a resilient and healthy manner.

Conclusion

In this section, I reviewed the literature that is relevant to this study. I have placed birth mothers in both historical and social contexts. I have also included an exploration of the literature on feminism and adoption, and birth mothers' mental health. In the next chapter, I set forth the methodological approach that was used to conduct this study.

Chapter Three: Methodology

Introduction

Women who have become pregnant when unmarried, poor, or very young have historically often been misunderstood, unsupported, rejected, stigmatized, and ridiculed by those around them, as well as by larger Western society (Custer, 1993; Dusky, 1979; Ellerby, 2007; Fessler, 2007; Franklin, 1998; Hall, 2007; Hawn, 2010; McElmurray, 2004; Moorman, 1996; Schaefer, 1991). For birth mothers in adoption, the accompanying negative messages and lack of social support, coupled with the trauma of placing a child for adoption may result in ongoing mental health challenges (Custer, 1993). Those whose lives are negatively impacted by their experiences related to adoption can benefit from counseling that addresses these issues. Although we know that some birth mothers participate in post-placement counseling (Sass & Hendersonn, 2002), little is known about what their counseling experiences are like for them. Without knowledge of their experiences, counseling professionals cannot gauge if birth mothers feel that they are being counseled effectively and that their needs are being met. In this qualitative study, I attempted to narrow the gap between birth mothers' counseling experiences and counselors' knowledge and understanding of those experiences, by interviewing a relatively small number of birth mothers and exploring in depth their lived experiences in counseling.

I used a qualitative approach because the rich, thick descriptions provided through in-depth interviews may give academics and practitioners a more extensive understanding of some birth mothers' experiences. The purpose of this study was to

better understand the meaning making of individuals who have experienced the

phenomenon of having been a birth mother who received counseling; the goal was not to

establish causality, or to obtain generalizable or quantifiable data, as is accomplished by

quantitative work. While quantitative studies may be limited to answering a restricted

and standardized set of questions with anticipated answers, qualitative studies allow for

unexpected data from participants. In the case of this study, such unanticipated

information was allowed to unfold as afforded by the semi-structured format of the

interviews. As I address a newly explored topic in this study, the literature may benefit

from expansive and unanticipated information.

The purpose of this study was to explore the question: What were the counseling

experiences of several women who have placed a child for adoption? In it, I explored

(a) how these birth mothers described their reasons for seeking counseling, (b) how

these birth mothers felt about the ways that their counselors addressed their placement

experiences, (c) how they described their counselors' attitudes towards adoption in

general and birth mothers in particular, (d) their opinions on how prepared their

counselors were to address adoption related issues, and (e) what their perceptions were

of how counseling affected them, if at all. The study adds to the existing limited

literature on the experiences of birth mothers. Importantly, it allowed for the voices of

this often silenced population to be heard. Ultimately, it is hoped that it will help to

guide and inform the practices of birth mothers' counselors by shedding light on these

particular participants' thoughts, feelings, and experiences.

The methods described in this chapter set forth the manner in which this study

was designed, how the data was collected, and how it was analyzed. First, I detail the

research paradigm and methodological underpinnings of this work, including the

influence of the feminist research perspective. Next, I identify the research design, and

then present the research questions that were employed. I describe the participants that I

sought for the study, the setting in which the data was collected, and how it was

collected. Finally, I explain the method of data analysis and the ways in which rigor and

trustworthiness were maintained throughout the process of the study.

Research Paradigm and Methodology

Phenomenology

As a counselor, I am interested in the lived world of my clients as they express

and understand their experiences. This interest in a client's perceived lived experience

led me to an interest in phenomenological research. Phenomenological research is "a

qualitative strategy in which the researcher identifies the essences of human experiences

about a phenomenon as described by participants in a study" (Creswell, 2014, p. 245).

Interpretative Phenomenological Analysis

For purposes of this study, I employed the Interpretative Phenomenological

Analysis (IPA) approach. IPA is a form of qualitative data analysis. It functions as a

procedural approach to sorting through, organizing, and examining the information that

is obtained through qualitative means. IPA is not intended to be a rigid method;

however, there are certain suggested steps that are typically employed in order to

comprehend the participants' meaning making of their lived experiences. The procedural steps are explored in detail later in this chapter.

IPA is informed by three main positions: phenomenology, hermeneutics, and idiography (Smith et al., 2009). The primary goal of IPA is to investigate how individuals make meaning of their experiences – specifically what distinguishes each experience and makes it unique - and to then understand those experiences in comparison and relationship to other individuals' meaning making of their experiences (Pietkiewicz & Smith, 2014). This particular approach was especially helpful in achieving some of the intended goals of this specific study. One of those goals was to understand to the extent possible the meaning making of each individual participant's unique story.

With IPA, each case is analyzed separately, and then compared and contrasted with the previously analyzed case(s). In the IPA approach, the researcher analyzes each interview independently, and then analyzes across cases once each interview has been reviewed (Smith et al., 2009). This method is in contrast to the frequent approach in which cases are analyzed and compared/contrasted sequentially. This approach is a distinguishing aspect of IPA (Smith et at., 2009). In this study, this approach was applied to the analysis of each participants' individual responses to the questions that were posed in the semi-structured interviews. The semi-structured form of data collection is considered the exemplary approach for IPA (Smith et al., 2009). Each participant's answers were analyzed in depth and separately for patterns, unifying themes, and notable deviations from these motifs. Subsequently, the data was analyzed

across participant interviews. This set of steps helped me to achieve an important goal

that I had established for this study – to engage in a method that honored the singular

voice and story of each participant, while identifying the shared aspects of the

participants' experiences.

IPA and Context

IPA has been influenced by the work of Husserl (2001), Heidegger (2008), and

Merleau-Ponty (2002), beginning with Husserl's emphasis on experience and its

perception, or its *essence* (Smith et al., 2009). Although Husserl's (2001) concept of

"essence" was applied in this study, Heidegger's suggestion that we interpret

experiences through context (Simpson, 2007) was also employed. Heidegger's concept

of context includes both the social context and the historical period in which the

individual's experiences occurred (Wojnar & Swanson, 2007). This aspect of the

interpretive approach is especially well suited to this study topic, given that the practices

of adoption and the experiences of birth mothers have been very much impacted by

social and historical factors, as presented in Chapter 2 of this dissertation.

One example of an aspect of adoption that has greatly affected the birth parent

experience is the practice of openness. All of the participants in this study have placed

their children for adoption between 1995 and 2016 (a historical factor). According to

Grotevant and McRoy (1998), most adoption agencies offered some form of openness

by the md-1990. However, the practice of openness has shifted since then from one end

of the openness continuum (e.g., the exchange of non-identifying letters through an

agency) to the other (e.g., ongoing in-person visits between the birth parents and the adoptee) – a social factor based in part on a shift in attitudes towards adoption.

This shift in practice, which has occurred during a specific historical and social era, is evident in the individual stories of the participants. I conjectured that one participant may have placed at an earlier date when openness was new and not fully supported or understood by her mental health professional. I also posited that another participant may have placed more recently, and her counseling experiences may indicate that her mental health professional expected her to have a fully open adoption arrangement, with frequent contacts and visits between the birth and adoptive families. These various experiences in openness may have played a role in their individual counseling experiences – why they sought counseling, what they discussed, and how competent the counselor was in addressing their particular level of openness. Thus, the historical and social contexts of the participants' experiences as birth mothers, as well as the influence of the context of their counseling experiences influenced the interpretation of the data.

The use of interpretive phenomenology is in contrast to Husserl's (2001) descriptive phenomenology wherein all pre-existing knowledge of the subject area is to be discarded, and a transcendental subjectivity is achieved (Tymieniecka, 2003). This approach to "objective neutrality" (Simpson, 2007) is termed "bracketing." Since I have personal reference points and academic knowledge of the experiences of both birth mothers and women in counseling, I did not bracket my pre-existing knowledge.

Rather, I remained aware of my interpretive influences and allowed for them in accordance with the IPA approach, as described below.

Researcher's Positionality and Bias

The identities of both researchers and participants have the potential to affect the research process (Bourke, 2014); these identities and their influences constitute positionality (Mercer, 2007). The identities that may establish positionality include such variables as gender, ethnicity and age (Mercer, 2007). Positionality is often thought of in terms of whether the researcher is an "insider" or an "outsider" in relation to the population under investigation with respect to these variables, or to a life experience (Bourke, 2014). Insider researchers are those who share the individual qualities or experiences of the participants; outsiders are those who do not (Mercer, 2007); one can be an outsider with respect to one variable and an insider with respect to another (Mercer, 2007).

I am both an insider and an outsider in relationship to the population that I studied. First, I am a female, as are all of the participants in this study. This commonality may have made it easier for the participants to speak with me about this singularly female phenomenon; however, the strength of the possibility of this factor is subject to the individual as well as the rapport that is established between us. I interviewed women who were from various ethnic, racial, and socio-economic backgrounds. I endeavored to stay aware of the possible influences of my insider/outsider position with respect to these variables with each interviewee.

Similar to the birth mothers who participated in this study, I have been pregnant with a child about whom I made the decision to place for adoption. I have also experienced the loss of that child, but to stillbirth instead of the loss of the child to adoption; both of these types of losses can involve grief and mourning, but are based on very different circumstances. I am an outsider to the experience of being a lifelong birth mother in adoption.

During my pregnancy, I experienced prejudice, ridicule, rejection, and discrimination. With this study, I intended to find out if similar attitudes and experiences were encountered by women who have been in similar situations in the last 20 years, and I sought to gain insight into their counseling needs. Birth mothers' experiences and societal attitudes about birth mothers are areas of interest for me; the participants' stories revealed the complexity of what they had experienced as members of a more recent cohort. My experiences of planning to place a child for adoption affected me greatly; therefore, I endeavored to be vigilant when listening to and analyzing the participants' stories so that I recognized the totality of their experiences, and did not cherry-pick only those parts that resonate or contrast with my own story. I also needed to make sure not to be influenced by my own adopted daughter's birth mother's life story when gathering and analyzing the data. In order to assist with my process, I maintained a reflexive journal as Smith et al. (2009) suggested, as described below.

I studied the counseling experiences of these birth mothers. I was an insider in that I had counseling subsequent to my pregnancy experience. However, due to the

difference in the outcome of the pregnancy, the topic of adoption was much more central to the participants' counseling experiences. A potential bias that I had regarding birth mother counseling was my assumption that few mental health professionals are sufficiently informed about adoption to assist birth mothers in treatment. It was imperative that I focus on the participants' experiences and their assessment of the helpfulness of the counseling and their opinion of the preparedness of the counselor to address any relinquishment-related issues.

I anticipated that I would encounter challenges with respect to my positionality and biases as I gathered and analyzed the data in addition to what I explored here. I believe that my ability to be reflective, to maintain an open and thorough reflexive journal and to communicate and work with my mentors greatly assisted me in my goal to decrease the influence of my own voice and assumptions, and to increase the primacy of the meanings that the participants attributed to their experiences.

IPA and Hermeneutics

IPA is based in part on hermeneutics. "According to hermeneutics…one needs to comprehend the mind-set of a person and their language which mediates one's experiences of the world, in order to translate his or her message" (Pietkiewicz & Smith, 2014, p. 8). IPA researchers are often considered to be making a double interpretation or double hermeneutic in their studies because not only are the participants making meaning of their experience, but the researchers are deciphering that meaning by making sense of it to themselves (Smith & Osborne, 2003). This additional layer of

interpretation and analysis of texts may offer more depth of understanding than is available to the interviewee alone (Smith et al., 2009).

The IPA approach is especially appropriate when applied to studies involving the counseling field. First utilized in research in general psychology and counseling psychology, its use has expanded to many other disciplines, including clinical psychology and health psychology. Reid, Flowers, and Larkin (2005) stated "there is scope for IPA research to become less disease- and deficit-focused, and for participants to be given a chance to express their views about strength, wellness, and quality of life" (p. 21). This growth is consistent with the application of a holistic wellness perspective that is foundational to the counseling field. This approach is especially relevant to studies in the area of adoption, where members of the adoption triad are often unfairly viewed from a deficit perspective, or are pathologized by those who treat them (Fisher, 2003; Samuels, 2001; Wegar, 2000; Wiley & Baden, 2005; Wolfgram, 2008; Zamostny et al., 2003)). I conducted this study in such a way that the birth mothers who were involved had the opportunity to express the full range of their experiences and meaning making, including those that come from a place of holistic wellness.

Reasons for Choosing IPA

I chose IPA for this study in part because it combines phenomenology, hermeneutics, and idiography (Smith et al., 2009) – three characteristics that are representative of my own philosophies and ways of understanding others and the world around me. It incorporates the use of conscious reflection (Menon, Sinha, & Sreekantan, 2014), the personal interpretation of experience while taking into

consideration the influential factor of the researcher's interpretation (Smith & Osborne, 2003), and the primacy of the individual's voice (Smith et al., 2009). These three positions have served me well in my professional counseling experience, as well, and therefore resonate with me professionally.

The goal of this study – to describe the lived experiences of some birth mothers in post-placement counseling – is strongly aligned with the phenomenological approach of IPA. I considered other interpretive approaches such as discourse analysis and grounded theory; however, they were not consistent with my goals. Discourse analysis focuses mainly on *how* a story is told, emphasizing linguistics and semiotics (Cresswell, 2013; Starks & Trinidad, 2007), which may not provide the reader with a feel for the essence of what an experience is like for a participant. In contrast, IPA is recognized as especially helpful to clinicians and others who would benefit from understanding how individuals live through and make meaning of a specific phenomenon (Starks & Trinidad, 2007). I also considered grounded theory, in which the desired outcome is to create an explanatory theory of a basic social process (Starks & Trinidad, 2007). Although grounded theory may be the approach for an important subsequent study with respect to birth mothers, I think that the in-depth data collected in the IPA approach provides a good introduction of this population to the counseling field prior to the creation of theory.

<div align="center">**Feminist Research**</div>

In tandem with applying a feminist counseling lens to this study, I chose to apply a feminist research approach to its methodology. Feminist research methodology has

grown out of feminist theory over the last few decades (Holloway & Wheeler, 2010).

There is a wide range of types of feminism and feminist theory; each type may influence

the methodological approach of its various adherents. Due to this variety of theoretical

underpinnings, there is some question as to whether a universally defined "feminist

research" approach exists (Fonow & Cook, 2005; Watkins, 2015). In light of this

debate, some researchers have identified what they consider unifying attributes of

feminist research, including the following.

Holloway and Wheeler (2010) asserted that the aim of feminist research is to

help improve the lives of women, guided by an increased understanding of their position

in society's structure. Fonow and Cook (2005) put forth a set of what they believed to

be defining characteristics of feminist research: 1) the necessity of awareness of the

prevailing feature of gender and gender asymmetry, in realms that include research; 2)

the importance of consciousness-raising; 3) challenging the norm of objectivity that

personal experiences are substandard data; 4) awareness of ethical concerns regarding

feminist research and the exploitation of women in research; and 5) emphasis on female

empowerment and the use of research to change the influence and status quo of

patriarchal institutions.

Gray, Agllias, Schubert, and Boddy (2015) identified the following three guiding

principles which they consider universal to feminist research: (a) it is centered on

understanding women's experiences; (b) its fundamental goal is to improve women's

lives; and (c) the researcher is attentive to reducing power imbalances in the researcher–

participant relationship. Similarly, Beddoes (2013) found in her review that the

characteristics that distinguish feminist research from other approaches are that it is aimed at benefitting those it studies, and that it moves towards the goal of gender equality in "social, cultural, political, institutional, etc. systems" (p.108). In reviewing these descriptions of feminist research, I found many principles that align with my personal conceptualization of how to apply this approach to this particular work. In an effort to keep a simplified focus while still encompassing my values in this endeavor, I look to the Gray et al.'s (2015) three guiding concepts: 1) capturing women's experiences, 2) improving women's lives, and 3) equalizing power.

I operationalized Gray et al.'s (2015) three concepts in many ways for this study. The first concept – to capture women's experiences – is foundational to the goal of this work, which was to capture several women's experiences as birth mothers who participated in post-placement counseling. The supporting design was constructed to support this goal by featuring each of the women's individual experiences as they understand them, as well as to show commonalities among their stories. Improving women's lives is the second construct of feminist research, according to Gray et al (2015). A hoped-for benefit of these women's voices being heard is that there will be an increased understanding of modern birth mothers' counseling experiences, especially by counselors and those who study birth mothers and adoption. I hope that this new understanding and the findings of this study will contribute to improving the lives of birth mothers. Finally, I addressed the political, cultural, and institutional power imbalances that played a role in the stories of these birth mothers – especially those imbalances that are influenced by gender. In order to be consistent with this third

guiding concept, I conducted the interviews in such a way as to reduce the power imbalance between myself as interviewer and the participants as interviewees. I attempted to reduce the imbalance of power through steps such as utilizing flexible, semi-structured interviews, which can give the interviewee more power in guiding the interview, and in controlling the information that she chooses to share. Another way that I reduced the power differential was to acknowledge to the participants that we were going to be cooperative "discoverers" together in this process (Jansen & Davis, 1998), based on their story as told at this particular time.

Feminism and IPA

The three IPA tenants of phenomenology, hermeneutics, and idiography (Smith et al., 2009) are congruent with many of the underpinnings of feminist counseling theory and feminist research. Feminism and IPA work well together on many points. Both IPA and feminism recognize each individual as the "expert" on her own life (Smith & Etough, 2007). This approach as applied to this study allowed the birth mothers to each express their own meaning-making of their own experiences. Additionally, both feminism and IPA reject the existence of an observable, independent reality (Crawford & Unger, 2004).

In its interpretive data analysis, IPA attempts to makes sense of participants' lived experiences in relation to cultural and social contexts (Shaw, 2001). According to Beddoes (2012), feminist research is concerned with these same contexts regarding experiences of gender and gender equality. This contextualization of the experiences of birth mothers is especially important due to the history of gendered influence in

political, social, and personal power in adoption. Also in line with feminist research is

that in IPA, the participant is considered an "active agent" in the interviews, thus

guiding the interview to a certain extent (Smith & Eatough, 2007, p. 43). In this way,

the feminist research concept of equalizing power in the researcher/participant

relationship is enacted (Gray et al., 2015).

Research Design

In this study I explored the counseling experiences of women who have placed a

child for adoption. In order to obtain this data, a qualitative methodology and a

phenomenological approach were utilized. Merriam and Tisdell (2016) stated that

qualitative researchers seek to comprehend others' sense-making of their world and their

experiences. Sherpis, Young, and Daniels (2010) defined qualitative research as a way

of exploring social phenomena that has been captured in a narrative form. Since I was

interested in exploring birth mothers' views of their counseling experiences – that is,

how they make sense of this social phenomenon, expressed in words - a qualitative

methodology was deemed most appropriate (i.e., as opposed to a quantitative

methodology). This exploratory approach is especially useful when a small group of

participants are to be studied extensively and comprehensively using in-depth one-on-

one interviews (Cresswell, 2013).

Research Questions

The overarching research question that was posed in this study was:

1. What were the counseling experiences of several women who have

    placed children for adoption?

The subquestions that were employed to explore the central research question were:

    a. How did these birth mothers describe their reasons for seeking counseling?

    b. How did these birth mothers feel about the ways that their counselors addressed their placement experiences?

    c. How did these birth mothers describe their counselors' attitudes towards adoption in general, and birth mothers in particular?

    d. What were these birth mothers' opinions on how prepared their counselors were to address adoption related issues?

    e. What were these birth mothers' perceptions of how counseling affected them, if at all?

Participants and Setting

This qualitative study was centered on the counseling experiences of women who have placed children for adoption. Participant selection was accomplished through purposive homogeneous criteria sampling. As indicated in Cresswell (2013), this approach is appropriate when all participants have experienced a certain phenomenon. All of the participants were women 18 years of age or older, who have voluntarily placed at least one child for adoption through a private placement or private agency in the United States between 1995 and 2014. The participants and the children may have been any age at the time of relinquishment, and the placement may have been either an open adoption or a closed adoption. The children may have been placed in either a

transracial or same-race adoption. In order to represent a diversity of experiences, I

endeavored to include a broad cross-section of participants in terms of their race,

ethnicity, educational background, and socio-economic class. Smith et al. (2009)

suggested 3-7 participants for a first study, with 10 participants being considered at the

high end of the suggested range for all in-depth phenomenological studies. There were

seven participants in this phenomenological study.

Participants were required to have taken part in individual counseling with a

licensed mental health professional at some point in their lives, any time after

relinquishment. For purposes of this study, the counseling that the participants received

may have been provided by social workers, counselors, psychiatrists, psychologists,

psychotherapists, or any other licensed professional mental health specialist. There were

no criteria for presenting problem for this study. Although participants may have

received mental health services at other times in their lives (including during the pre-

relinquishment period), the participants' counseling experiences any time post-

relinquishment were the focus of this study.

The rationale for choosing the parameters for the years of relinquishment

(1995-2014) is two-fold. As described previously, the prevailing social attitudes and

social and legal practices associated with adoption (and birth mothers) changed from

that of the 1960s and 1970s by the mid-1990s (Ellison, 2003; Samuels, 2013). These

changes coincided with the increased acceptance of the practice of adoption, single

motherhood, increased use of contraception, open records in adoption, and open

adoption. In a nationwide sample of 35 private adoption agencies, Henney, Onken,

McRoy, and Grotevant (1998) found that the number of agencies offering fully disclosed

open adoptions more than doubled from 1987 (35.5%) to 1993 (75.9%). By the mid-

1990s, most adoption agencies offered an openness option to prospective birth parents

(Grotevant & McRoy, 1998). This shift is indicative of the conceptualization and

acceptance of adoption in both the professional realms and in society in general.

Additionally, according to Wiley and Baden (2005), many of the existing studies

of birth mothers include a mix of those from various eras in American adoption history

(as described in Chapter 2 herein), and do not divide the participants according to epoch.

The era criterion that I used (1995-2014) lent homogeneity to the study without

decreasing diversity amongst participants. The timing of the interview was specified as

at least two years post-placement to increase the likelihood of diminished emotional

vulnerability in the participants soon after what was likely an emotional and daunting

experience (Jones, 2000; Robinson, 2000; Samuels, 2013; Wells, 1993). Many studies

have utilized a two-year post-relinquishment time frame for the starting point for

exploring the long-term effects of the adoption experience on birth mothers (Wiley &

Baden, 2005).

Call for Participants

Upon approval from the Institutional Review Board, I sent out a call for

participants via internet postings and emails, specifically targeting sites (e.g., blogs,

adoption professional websites, support groups, listservs, and other adoption-focused

websites) that may have been of interest to and frequented by birth mothers who placed

in the United States. The internet was utilized for distributing the call for participants

for several reasons. Birth mothers are often considered an invisible population (Wiley &

Baden, 2005). Due to the historical secrecy and shame surrounding the birth mother

experience, many birth mothers are not open about their status; also, having experienced

being a birth mother is a nonobvious trait. I anticipated that I would identify some

potential participants through word-of-mouth snowball sampling or local postings.

Broadcasting the call on the internet vastly increased the likelihood of obtaining the

requisite number of volunteer participants; it also broadened the potential for geographic

diversity.

The distributed email or posting included the call for participants as approved by

the Institutional Review Board; it included a description of the study in general and an

invitation to participate. Those who were interested were redirected to a separate

website, where they could choose to fill out a confidential form. The form included

spaces for potential participants to provide their basic demographic information, a phone

number, an email address, and a Skype username through which they may be reached.

Non-identifying information was gathered on survey spreadsheets; no personal

identifying information was gathered. Five years following the collection of data, all

recordings will be deleted from password protected computers and all hard-copy data

will be shredded. The recordings will be transcribed and de-identified, and then

destroyed.

Data Collection

Initial contact with each potential participant was made via email, with an

individual acknowledgement of their expressed interest in participation. Each individual

who was contacted and agreed to be interviewed and recorded was provided with an

informed consent form for review and electronic signature prior to the interview. Each

participant was promised confidentiality in both the written informed consent and

verbally at the beginning of the interview. The consent included a statement of

participants' rights, including the right to opt out or discontinue the interview at any

time with no repercussions. In light of the historical and systemic exploitation of birth

mothers as discussed in Chapter 2, it was particularly important that care be taken to

guard the rights of the participants and that they be assured protection from harm,

coercion, and exploitation throughout the process of the study. Upon receipt of the

signed consent, an interview with each prospective participant was scheduled.

All of the qualified potential participants that indicated an interest in taking part

in this study were included in this study (*n*=7).   An eighth applicant participated in a

first interview, but did not respond to requests for a second interview; data from her first

interview were not included in this study. All of the other qualified participants (*n*=7)

took part in both interviews.

Interviews

The data was collected via semi-structured interviews. The choice of semi-

structured interviews is consistent with the IPA approach in that it allows for flexibility

during the interviews, and the exploration by the interviewer of varied expressed

thoughts from the participants as they arise (Smith et al, 2009). Semi-structured

interviews were conducted via Skype or in person. Each interview lasted approximately

90 minutes, per Seidman's (2013) suggestion. Each participant was interviewed twice,

with a three- to seven-day period between interviews, consistent with Seidman's

multiple interview approach (Seidman, 2013).

Irving Seidman (2013) proposed a three interview model of qualitative data

gathering. Each interview in the series is intended to capture a particular aspect of the

relevant experience of the participant. The initial segment of the series (initial

interview) is intended to explore the participant's life regarding the topic under

examination up until the present time (Seidman, 2013). The second segment is focused

on placing the participant's experience within its social context, and the final segment is

centered on the meaning of the experience to the participant (Seidman, 2013). Although

this final portion of the process may seem the most important, the groundwork for

exploring this material is set up by the first two parts (Seidman, 2013).

I have set forth my interview protocol in Appendix A. The questions that I posed

were presented in a logical format and flow that elicited the information described above

which is sought in Seidman's (2013) approach. I conducted two interviews per

participant. The first interview consisted of questions regarding the participant's

experiences growing up and her pregnancy, birth, and placement experiences in the

context of her life. The second interview explored her subsequent counseling

experiences and the meaning she assigned to them and the effect that these experiences

have had on her. Although this approach does not follow Seidman's three interview

suggestion, my protocol followed the intended "logic" and "direction" of Seidman's

method (Seidman, 2013, p. 23). Seidman (2013) allowed for flexibility and alternative

implementation of both the structure and process of his approach, such as the reduction in the number of interviews.

Use of Skype and the Internet

The interviews with all but one participant were conducted as audio-only phone calls via the Skype application. Interviews with one participant were conducted in person at a mutually agreed upon location, using audio-only recording. Most interviews were conducted via a telephone application, since most of the participants were situated in locations that were not local to the researcher. The data was gathered using software that integrated into Skype and recorded in audio mode. Only the audio mode was used for recording. A separate audio recorder was also used as a back-up device. A video monitor was not used per participants' requests. Consent to record was obtained from each participant prior to recording. The recordings were downloaded and stored on a password-protected computer; hard copies of the data were kept in a locked file cabinet in the researcher's home office.

While conducting this study, I endeavored to remain aware of the limitations and drawbacks of online sampling. One limiting sampling factor is that the call for participants was distributed online. Therefore, all interviewees had access to the internet. Also, those who use the internet in general are more apt to be wealthier, more educated, and younger than those who do not (Hamilton & Bowers, 2006), which may have slanted the sample towards those with these attributes. Hay-Gibson (2009) provided information regarding practical concerns when using Voice over Internet Protocol (VoIP) such as Skype for qualitative study interviews: establishment of

interviewer/interviewee rapport; technical skills (including the ability to download software and upgrade to recent versions); problem solving with respect to connectivity should an interview be interrupted by technical complications. Additionally, VoIP may not be the best approach for those who are uncomfortable with technology, or those with visual or hearing impairments (Hay-Gibson, 2009). A benefit to doing an in-person interview was that physical cues and body language were observable in order to observe non-verbal communication. IPA encourages interviewers to make field notes or margin notes on their transcripts that describe physical cues that may help with the analysis of the interview data (Fade 2004).

There are also many benefits to telephone interviewing and online sampling. There is no travel time required (Hay-Gibson, 2009), and online calls for participants and telephone interviews render the concerns of geographic distance virtually irrelevant. In light of my feminist approach, I try to always be aware of opportunities for balancing power, and continued this practice with this study. The use of telephone may offer participants ways of having control over certain aspects of their experience not always offered in face-to-face interviews (Hanna, 2012). Participants had more autonomy with respect to the interview setting. They were not asked to travel or to meet in a space where they were not comfortable, or felt like the interviewer's "home turf," but used a place of their own choosing (including home). Although gaining in popularity, the professional literature on qualitative interviewing clearly indicates that there is a need for further exploration regarding the use of online study recruitment and VoIP interviewing (Hamilton & Bowers, 2006; Hanna, 2012; Janghorban et al., 2014).

Data Analysis

Data - the content of the interviews - was analyzed utilizing the Interpretative Phenomenological Analysis (IPA) approach. This particular hermeneutic approach focuses on how participants make sense of their experiences. The purpose is to privilege the voice of the participant, and create an account of that experience that is as close to the participant's view as is possible (Larkin, Watts, & Clifton, 2006), while acknowledging that the process is necessarily an interpretative one. The interpretive account of the researcher incorporates the sense-making and meaning-making of the participant regarding the participant's experiences; IPA can be viewed as both emic and etic (Reid et al., 2005).

IPA Strategies

The IPA approach is not intended to be confined to being a single working methodology, but rather is comprised of a set of procedures and precepts which can be applied flexibly (Smith et al., 2009). Its application involves a nonlinear process, which is cyclical and both iterative and inductive (Smith & Eatough, 2007). According to Smith et al. (2009), the following strategies are applied in IPA:

- The intensive, line-by-line analysis of the data regarding the phenomenological views of each interviewee;

- The identification of patterns and themes, and deviations from these unifiers, first for one case, and then across multiple cases;

- The creation of a 'dialogue' between the investigator, the data analysis, and the investigator's psychological knowledge, resulting in a more interpretive account;

- The development of a framework that delineates the relationship between themes;

- The systemization of the analysis of the material in order to facilitate tracing the process from initial transcript notations, through the chunking and the development of themes, into the final organization of themes;

- The use of supervision and collaboration to test the consistency and soundness of the interpretation;

- The employment of precise commentary applied to interview abstracts, developed into a narrative which traces the theme-by-theme analysis; and

- Reflection on the investigator's own viewpoints, interpretations, and processes.

Smith et al. (2009) emphasized that the foregoing strategies are not intended to be prescriptive. However, it is suggested that investigators who are new to IPA might want to employ the above sequence. Therefore, I did so in order to assure thoroughness of processing, and for purposes of the consistent application of theory. I employed the strategies described above in the manner that follows; many of the specific actions are suggested in Smith et al. (2009) and Reid, Flowers, and Larkin (2005).

The IPA Process

The first step of reading the transcripts involved repeated careful review, with at least the first reading involving simultaneously listening to the recording of the interview. I engaged in keeping my field notes with this earliest activity, in order to recognize and acknowledge my preconceptions as soon as possible. The purpose of maintaining a field note log was to record my reactions and thoughts regarding the

interviews and data process. I kept this log in order to assist with retaining awareness of my positionality and possible biases or assumptions.

Following the repeated reading of the first interview, I created a thorough and extensive set of notes and annotations on the interview. In this analysis, the focus was on the semantic content, and the interviewee's contextualization of the experiences that they described. I noted key words and phrases, descriptions and assumptions, as they provided a frame for the interviewee's expressions of their experiences. I included several types of comments, such as descriptive comments, linguistic comments, and conceptual comments as per Smith et al. (2009). I marked the comments in the margins of the interview transcripts by hand.

The next step was developing emergent themes which were revealed through the review of the analytic notations. This step required the blending of the participant's words and cognitions and the investigator's interpretation. The emergent themes were the result of the melding of description and interpretation (Smith et al., 2009). I noted and tracked these themes on a separate list as they became evident. In line with the flexible nature of the IPA approach, these themes may be identified first from the initial interview fully and then subsequently with each separate interview, or after reading all of the interviews. In accordance with the case approach most commonly used in IPA, I analyzed each case separately, one after another, and allowed the list of themes to grow organically instead of looking for predetermined themes. As Smith et al. (2009) stated, "Our predilection for order can mean that we can too quickly look to fit 'things' within

our pre-existing categorization system. Instead, Husserl suggests that we should

endeavor to focus on each and everything in its own right" (p. 12).

Following the identification of themes, I charted relationships between themes.

As predominant themes were recognized, I used abstraction to group themes into super-

ordinate themes. Super-ordinate themes are clusters of similar themes grouped together

under one name (Smith et al., 2009). Other ways of organizing themes include

categorizing oppositional relationships between themes as well as noting the frequency

with which a recognized theme occurs. Smith et al. (2009) suggested creating a

pictorial representation of the themes and super-ordinate themes; often in the form of a

chart or diagram. I followed this suggestion.

At the end of the foregoing process, the same steps were taken with the second

interview with the participant. The reason for taking each interview through this process

separately is that it focused attention on each participant's voice and thoughts

individually. Investigators are encouraged to set aside their ideas from the previous

interview in order to allow new insights and therefore, new themes to emerge. This

same approach was applied to each case in turn.

After each interview was analyzed for themes and super-ordinate themes, I

organized these categories in order to look for patterns across cases. IPA data analysis

requires the maintenance of a balance between the idiographic nature of phenomenology

and the shared commonalities among multiple stories (Reid et al., 2005). This approach

to the analysis involved finding connections between cases; recognizing prominent or

especially powerful themes; and taking into consideration the frequency of themes

across cases. What constituted a recurring theme was determined by what percentage of all cases contained a particular theme or super-ordinate theme. This across data analysis served as the basis for the ultimate findings of the study.

Throughout the process set forth above, I conferred with my dissertation chair, committee, and colleagues. Smith et al. (2009) suggested employing an independent audit process that can be customized by the researcher. This audit can be accomplished through intervallic review of the thematic analysis as it proceeds. Such audit reviews, accomplished with the help of mentors, can help to establish the validity of the data analysis (Smith et al, 2009). I engaged in this type of consultation.

The independent audits, along with the recurring review of the processes employed for the data analysis was guided by the narrative created by the act of the analysis. I employed a reflexive journal, which I discussed with my mentors, as one of the methods for tracking both the thread of the development of the thematic analysis, and the influence of my role as interpreter. The journal is also a record of my thoughts, reactions, insights, and processes, as I examined the experiences of the participants.

Rigor in Qualitative Research

Erlandson, Harris, Skipper, and Allen (1993) described four essential elements required to establish rigor and trustworthiness in qualitative research: credibility, transferability, dependability, and confirmability. Credibility in qualitative research is the match between the experience of the participant and the descriptive reportage of the investigator. I revisited the interview recordings several times each as one way to increase credibility in this study. Transferability is the ability to apply the findings from

one context to another. I increased the transferability of the findings of this study

through the use of purposive sampling and thick description. In qualitative research

dependability refers to consistency with respect to the data. One technique that I used to

enhance dependability was keeping a journal which included careful notations on the

processes utilized to conduct the study and cohesion of the study's aim, design, and

method. Confirmability is the assertion that the analysis of the data and the findings of

the study are representative of what was conveyed by the participants instead of the

assumptions and biases of the investigator. Similar to the establishment of the other

elements of rigor, recursive interviewing, journaling, member checking, conferring with

critical colleagues, and consultation with mentors were used to shore up confirmability.

The methods that are indicated for maintaining rigor herein were suggested by Noble

and Smith (2015).

Conclusion

These first three chapters were intended to introduce the topic of birth mothers

and their counseling experiences, explore the related literature, and describe the

methodology that I employed to investigate the lived experiences of the participants with

respect to this phenomenon. I hope that through this study, I constructively added to the

existing literature regarding birth mothers and their counseling experiences; assisted

those who work with birth mothers to better understand them and their stories and lives;

and lent a forum for birth mothers' voices to be heard.

Chapter Four: Findings

Introduction

The purpose of this study was to explore the counseling experiences of several women who have placed a child for adoption ("birth mothers"). In Chapter Three, I described the process through which I gathered and analyzed the data, which comprised two interviews with each of seven different women. The participants provided their responses to a series of open-ended questions, the answers to which were recorded and transcribed. The data was then analyzed utilizing the Interpretative Phenomenological Analysis (IPA) approach. It was through this analysis that I identified major themes and subthemes. In this chapter, I examined those themes and subthemes as they relate to the research question and subquestions that were introduced in Chapter One, and that guide this study.

The overarching research question that guided this study was:

> What were the post-placement counseling experiences of several adult birth mothers from various races, ethnicities, educational backgrounds, and socio-economic classes who voluntarily placed a child for adoption through a private agency or private placement from 1995 to the 2014?

The subquestions that were employed to explore the central research question were:

> a. How did these birth mothers describe their reasons for seeking counseling?

     b. How did these birth mothers feel about the ways that their

         counselors addressed their placement experiences?

     c. How did these birth mothers describe their counselors' attitudes

         towards adoption in general, and birth mothers in particular?

     d. What were these birth mothers' opinions on how prepared their

         counselors were to address adoption related issues?

     e. What were these birth mothers' perceptions of how counseling

         affected them, if at all?

Participants

Clients attend counseling for various reasons related to their life experiences; this statement was true of these birth mother participants. Their personal narratives varied widely with respect to their pre-placement, birth and relinquishment, and post-placement experiences. These experiences affected the content and process of their therapy. Therefore, in order to understand their post-placement counseling experiences, it is important that the reader become familiar with the relevant aspects of each individual's life story. An introduction to each of their stories is found below, while their full stories can be found in Appendix F, which is a compilation of the participant profile for each birth mother. Consistent with a phenomenological approach, the participants' own words were used in the profiles (set forth in quotes) in order to best represent the personal meaning that the participants attribute to what they have said. Table 1 summarizes the demographics of the seven participants in this study.

Table 1

Participant Demographics (n=7)

Pseudonym	Age	Year of Placement	Age at Placement	Type of Placement	Race	Current Marital Status
AmieLeigh	45	2010	38	Attorney	African American	Divorced
Brittany	26	2011	20	Attorney	White	In relationship
Crystal	43	1998	24	Attorney	Canadian Aboriginal	Divorced
Jennifer	37	1999	19	Private Agency	White	Married
Kate	32	2003	18	Private Agency	White	Married
Mary	32	2004	19	Private Agency	White	Single
Sarah	36	2000	19	Private Agency	White	Divorced

AmieLeigh

AmieLeigh is a 38-year-old lesbian African American; she grew up in an abusive household. She has been diagnosed with bipolar disorder and PTSD, resulting from her early abuse. AmieLeigh divorced her wife after nine years; she had her daughter through artificial insemination after her divorce. AmieLeigh raised her daughter until her daughter was two years old. At that time, AmieLeigh started to have flashbacks to her own abuse, triggered by caring for her child. AmieLeigh was subsequently hospitalized multiple times, sometimes for several months, during which her daughter

was cared for through friends or respite care. While in the hospital, AmieLeigh found

out that her daughter had been "advertised" as available for adoption without her

knowledge a few days before she told her social worker that she wanted to place. She

was very isolated in the hospital while making this decision, and had no support; she

feels that the adoption was unethical. She now has an open adoption with her daughter;

however, the adoptive family rarely follows through on contact as agreed upon, which

AmieLeigh finds upsetting. She currently is in counseling with a specialist in PTSD,

and also has an "adoption coach" who helps her with adoption-related issues.

Brittany

Brittany is a 26-year-old White woman who placed her child six years ago. Due

to her father's incarceration and alcoholism, the family lost their home when Brittany

was young. After that, she was informally adopted by her older half-sister. Her mother

had placed a child for adoption before marrying her father, but only told Brittany about

being a birth mother after Brittany placed her child for adoption. During her unplanned

pregnancy Brittany was rejected by friends and family, who were strictly religious. Her

mother told her that she would be kicked out of her house if she tried to keep the baby.

She feels that her mother's reaction was partially in response to finding out that the baby

was biracial. With no support, and pressure from the all of those around her, she felt

manipulated into an adoption plan. She felt that she had no choice but to place her

daughter for adoption. Brittany immediately regretted signing the papers and worked to

rescind the adoption for two years following the relinquishment. Although promised a

fully open adoption with frequent visits, the adoption is closed. Brittany lives near her

daughter and often finds ways to be close to her without contacting her (e.g., stopping by her daughter's house on birthdays to leave presents on the doorstep). She has had many damaging experiences in counseling, and is not currently in therapy.

Crystal

Crystal is a 43-year-old Canadian Aboriginal (First Nation) woman; she placed her son when she was 24. She was adopted by her Aunt and Uncle when she was an infant, and unlike her extended family, she was raised off of her tribe's reservation. Crystal's biological father was an alcoholic. He kidnapped and raped her biological mother; Crystal was born as a result of that rape. Crystal got pregnant when she was preparing to attend Bible college in the United States. She kept her pregnancy a secret from everyone that she knew until a week after giving birth. The adoption attorneys involved in her son's placement acted unethically, and Crystal tried for several years to have the adoption rescinded. Although she qualified for a class action suit that included over 25 counts of child trafficking, Crystal was left out of the suit. She believes that she was discriminated against due to her status as a First Nation person. She had a closed adoption with her son until he turned 18. Crystal began counseling at the suggestion of her tribal chief soon after placing. She has seen many counselors, and her counseling experiences have been mixed (negative and positive). Her most positive experiences have been with counselors that have been culturally competent.

Jennifer

Jennifer is a White Southerner, who was born in 1979, and placed her son when she was 18. She grew up in an abusive and neglectful home. Her mother married her

father due to an unplanned pregnancy, but her mother will not admit to this fact. After Jennifer became pregnant, she was told by her parents that she could not continue to live with them unless she placed the child for adoption. Her grandmother had offered to let Jennifer come live with her, but changed her mind when she found out that the baby was biracial. Jennifer needed a place to stay because she had been in a car accident and lost her job and had to stop going to college. She felt that the adoption agency and her family pressured her into the decision to place - which she said she would never have done otherwise. She felt very used by her family, counselors, and adoption agency personnel. Jennifer's mother chose a Canadian couple as the adoptive family. Although Jennifer was promised a fully open adoption, she has had only one visit with her daughter - when her daughter was eight. She has not heard from her daughter or the family since. Jennifer said that the emotional pain of the adoption is greater than what she experienced when she had a stillborn baby. Jennifer has been to several counselors, and she has found that her most recent counselor who specializes in PTSD has helped her most with her adoption trauma.

Kate

Kate is a 32-year-old White woman who placed her son for adoption when she was 17. Her family was very active in their evangelical Christian church; her father was the president of the local crisis pregnancy center and Kate and her sisters received chastity rings at the age of ten. Kate was six-and-a half months along when she realized that she was pregnant. Her family wanted her to hide in the home until after the baby was born; she went to school, however, and was bullied for being pregnant. Kate did

not want to place her child but went along with what the agency and her mother

pressured her into. She stated that her whole adoption experience was traumatic. Kate

has now been married for ten years; she works as a birth photographer. Her current

relationships with the adoptive family and her son are very tumultuous, with permission

for contact constantly being granted and withdrawn. She began counseling when she

experienced symptoms of PTSD as she was preparing for the birth of her oldest

daughter. She has found that the most effective counseling she has received was when

she was counseled by another birth mother.

Mary

Mary was born in 1984 and grew up in a rural area in the mid-Western United

States. She was 19 years old and almost four months into her pregnancy before she

realized that she was pregnant. Her family was very active in her church, and she was

the president of a local and state teen pro-life/anti-abortion group. Her parents were

prominent in professional and non-profit state and local organizations. Mary felt a lot of

shame due to her pregnancy, and only left the house to go for walks in the dark or

completely covered up so nobody would recognize her. She said she felt that she was

steered toward adoption by her counseling center and the adoption agency. Mary's

adoption is extremely open; she sees her son almost weekly, and sometimes babysits

him for several days at a time while his adoptive parents travel. Mary started attending

counseling due to the depression she experienced after placement. She has found her

counseling experiences thus far to be very disappointing, especially since she has to

continually educate her counselors about adoption. She has recently started counseling

with a therapist that specializing in trauma, which she has found helpful in healing some

of her adoption-related trauma.

Sarah

Sarah was born in 1980, and grew up in an upper middle-class home in the North

Western United States. Her mother abandoned her, and she was informally adopted by

an aunt. She was abused by her brother. When she found out that she was pregnant at

18, her father locked her out of his house, and she went to live with her sister. She felt

very isolated during her pregnancy and delivery. She was adamant about not placing,

but she had no support in her choice to parent. Sarah said that her son has had a terrible

life due to abuse and neglect. As a teenager, he came to live with Sarah, but he brought

drugs into the house and physically assaulted her, so he returned to his adoptive family.

He no longer speaks to Sarah, although she texts him about once a month to check in.

Sarah started seeing a counselor after experiencing severe panic attacks. She is on her

fourth counselor in three years. Sarah now sees a therapist who is educated in adoption

trauma and treats her with Eye Movement Desensitization and Reprocessing *(*EMDR*)*,

which Sarah feels is very effective.

Thematic Analysis

The participants provided rich descriptions of their life experiences, including

their experiences in counseling post-placement. Using the Interpretative

Phenomenological Analysis (IPA) approach, I identified six major themes from the data.

I also identified eight related subthemes. All of the themes and subthemes relate to the

subquestions that guide this study. See Figure 1 for a graphical depiction of these relationships.

All of the themes and subthemes that I identified work together to create a picture of the post-placement counseling experiences of these participants. The themes and subthemes are explored in general in this section, and in detail (with the participants' own words) throughout this chapter.

The participants' initial impetuses to attend counseling were panic attacks, anxiety, and trauma – all traceable to their pregnancy and relinquishment experiences – with five of the seven having been diagnosed with PTSD by counselors, psychiatrists, and social workers post-placement. Often, however, these birth mothers delayed seeking counseling for their symptoms, or avoided addressing their adoption-related experiences during their counseling. These delays may have been due to several factors, including an expectation of returning to their pre-placement "normal" feelings and functioning; societal messages to "move on"; and their denial of the extent of their pain and that it was related to placement.

All (*n*=7) of the participants stated that their post-placement counselors dismissed or did not attend to their negative feelings about their placement experiences and about adoption in general. Three of these birth mothers terminated their counseling early due to their counselor's lack of empathy as well as their counselor's insensitive comments. One of the more striking findings was about counselors' attitudes regarding birth mothers and adoption in general. In contrast to previous generations of birth mothers (as explored in Chapter Two), these birth mothers felt that their counselors and

society in general considered birth mothers admirable "heroes" and adoption as only a positive social solution. This attitude was extremely difficult for these birth mothers, as it contrasted greatly with their painful experiences, and ignored the negative and complex aspects of adoption. Adoption specialists often consider these attitudes as myths about adoption. They are similar to those that are often expressed by modern society in general about adoption; however, I found it surprising that birth mothers were put on a pedestal, considering how negatively these participants were often treated during pregnancy, delivery, and relinquishment.

An important theme emerged during all of the interviews – the unpreparedness of counselors to address adoption-related issues, especially with respect to birth mothers (identified as the major theme *Ignorance*). I identified the ignorance displayed by these counselors as being associated with lack of training during counselor education. This lack of knowledge and training may have affected the participants in different ways. Some ($n=3$) participants felt that they were harmed by this ignorance, and some ($n=3$) were frustrated that they were constantly having to educate their counselors regarding adoption. All seven of the participants felt that their adoption experiences were dismissed or unattended to in therapy. Three participants terminated counseling early due to insensitive remarks made by their counselors. Six of the seven participants felt that their counselors held onto common and harmful myths about adoption and birth mothers. These experiences in counseling constitute many of the themes and subthemes in this study. In Chapter Five, I explore how educating counselors may decrease these negative experiences for birth mothers who are in counseling.

I identified six themes and eight subthemes. The first theme that I will discuss is about the participants' experiences seeking counseling; this theme is named *Never normal again.* From this theme, I identified two subthemes – *Panic, anxiety, and trauma*, and *Timing in Counseling*. The next themes that arose were about how the participants' experiences were addressed by their counselors. These two themes are titled *Dismissed* and *Leaving*. No related subthemes were identified. The fourth theme that emerged was about counselors' attitudes regarding adoption and birth mothers. This major theme is *I'm this hero, and adoption is beautiful always*. I identified three subthemes under this theme, including *Myth: Birth mothers belong on a pedestal*; *Myth: Birth mothers should always feel happy/good about their decisions*; and *Myth: Adoption is all unicorns and rainbows*. Next, the participants' responses regarding their counselors' preparation to address adoption issues centered on the theme of *Ignorance* (the fifth major theme). Three subthemes were identified within this theme: *Lack of training*; *Harmed by ignorance*; and *Educating the counselor*. Finally, one major theme emerged from a question regarding the overall effect of counseling on each birth mother: *A continuum of the helpfulness of counseling experiences*. A detailed description of each theme and subtheme is provided in the following sections, with examples presented in the participants' own words.

Seeking Counseling

The birth mothers in the study were asked about their reasons for seeking counseling post-placement. All of the participants ($n = 7$) began their post-placement counseling in response to experiencing symptoms that started only after placement. All

but one participant (*n* = 6) attributed their most salient mental health concerns directly to the relinquishment of their child.

   Theme 1: Never normal again. The major theme *Never normal again* emerged when participants discussed their reasons for seeking counseling after the placement of a child. After relinquishment, many birth mothers found themselves facing a life that was unfamiliar to them (not their previous "normal"), and that was a result of a complex set of responses to the social, emotional, and physical ramifications of adoption placement. Many of the birth mothers did not discuss their status with others, and when they did they felt that they were often met with social judgement, as illustrated by this quote from Sarah:

   Well, anytime I would tell anybody, and this is even ... This happened today.

   My last physician, for Christ's sake, sat there and judged me. I had a physical

   therapist judge me. Oh, you didn't smoke during your pregnancy? Well, I

   figured that you would've kept smoking. Why would you figure that? Well you

   just gave him away.

Another social response to placing was seen in the birth mothers' families. Three of the participants are estranged from family members, due to their experiences related to placing their child for adoption.

   The onset of panic attacks was described by three of the participants as resulting from their placement experiences; these experiences will be discussed further in this chapter (under the subtheme of *Panic, anxiety, and trauma*). Sarah described panic attacks as one of the physical ramifications of placing:

But the thing with the panic attacks is, I mean now being almost 37 years old,

now I know why. Biologically, I was to be parenting. I was to be caring for and

psychologically I was supposed to be doing that, and I wasn't.

These birth mothers reported a range of emotional responses connected to their

placement experiences. Crystal found that she no longer trusted anyone after having

been deceived by the adoptive parent, lawyer, and social workers in her adoption. She

said the following about seeking counseling post-placement:

Initially, they sent me to someone, which was good. They say, this is somebody

that we use, or whatever. You're kind of like, okay, you don't know who to trust

anymore. So, there's a lot of things that have to be barriers that are kind of

broken down.

Mary found that she became depressed immediately after placement. She stated:

I had different symptoms. I had total depression. It was I couldn't get out of bed.

I'd go to work because that was an external motivator. I had to pay bills, but I

never went to classes, and I'd take the test, and I just ... at my college classes.

But I was so depressed.

The emotional results of the placement experience were most frequently referred to as

trauma, which will be explored later in this chapter (under *Panic, anxiety, and trauma*).

When she was asked to describe her pregnancy and relinquishment experience,

one birth mother (Jennifer) said, "It was all very traumatic. There's kind of the before

life and the after life." In the case of Jennifer, her motivation to start counseling

stemmed from her mother's expectations of Jennifer returning to her previous "normal" self; Jennifer said,

> I guess I wasn't coping well or something. I guess I wasn't bouncing back quite the way she had anticipated…To be able to give your child away, you have to be at your absolute lowest. I think my mom thought that I was going to be able to have a baby and just like bounce back to being me, and I died. It's like I became another person. You think you're supposed to go back to being normal, but you're never normal again.

> ***Subtheme 1a—Panic, anxiety, and trauma.*** This subtheme emerged when I explored with the participants what brought them to counseling post-placement, and what prevented them from feeling they had returned to "normal." Three of the birth mothers started experiencing panic attacks shortly after placing their child for adoption. Crystal stated, "I was having panic attacks, like severe, where I couldn't ... Like, not breathe, literally not be able to breathe. Like running out of the house." These attacks began the day after she gave birth, while she was still in the hospital. Similarly, Sarah shared,

> I was having severe panic attacks where I had to pull over on the side of the road because I couldn't stop crying. I didn't know what I was crying about… I had no idea, yeah. That's what took me to therapy originally.

Mary experienced panic attacks as she tried to return to her previous life as a student, following isolating herself in her home during her pregnancy due to fear of social judgment.

> I remember that, because I was having panic attacks going to college, because I
>
> hid in my house for four months, and this notion of being in a college of 12,000
>
> people suddenly…And it was temporary, but that's linked to the shame. That's
>
> what's underneath all this.

One participant (Kate) did not experience panic attacks, but reported that frequent bouts of anxiety about the wellness of her placed son impeded her emotional wellbeing, and brought her to counseling. Jennifer found that her anxiety about the health of her placed daughter was affecting her parenting of her other children.

Five of the seven participants were diagnosed by a counselor, psychiatrist, or social worker with Post-Traumatic Stress Disorder (PTSD) resulting from their birth mother experiences. As Crystal stated,

> The adoption itself is a traumatic event for people. You can accept it, you can
>
> understand it, you can be ... But there's still a separation thing that happens
>
> between a mother and child and their family that you can't ever replace.

Many ($n = 4$) of the birth mothers traced their trauma to their labor and delivery (including how they were neglected or mistreated at the time), which ended in the trauma of separation from their child. Others ($n = 2$) considered their trauma to have originated with or to have been compounded by prolonged court battles to rescind their relinquishment agreements. All ($n=7$) of the participants felt that the way in which they were treated by the adoption agencies, lawyers, and adoptive parents was traumatizing, especially in instances where open adoptions became closed. Jennifer stated the following about being a birth mother: "It's a lifetime trauma."

Brittany was debilitated by her experiences. She said,

I was seeing ... I was seeing, I met with my first counselor at the time. I can't

remember if I was on meds at the time to be honest. I'm sure I saw some

psychiatrist when I was institutionalized. I got diagnosed with PTSD and

depression...It was horrible. I was suicidal, and I was put into an institution a

few times. It was awful… I don't have nightmares as much anymore, but I had

horrible horrible nightmares for years. Bloody nightmares. It was bad.

Similarly, Jennifer's first encounter with a therapist post-placement revealed her

diagnosis. She stated,

Yeah it was just the one visit, and I guess I gave her enough of my story for her

to be like, "Um I think you have PTSD." And that scared ... That was alarming

to me, and it was just like, "Okay. Nice to meet you."

Jennifer waited seven more years before coming back to counseling.

Sarah first realized the possibility that her symptoms might be related to PTSD

before being subsequently diagnosed by a counselor. According to Sarah,

 Then I was on Facebook and one of my friends liked some page, and it was a

PTSD page. So I go on there and I'm looking at it, and I read an article, the

symptoms of ADD are the same as the symptoms of PTSD. And so I start

reading up on PTSD and I was like, "Oh my god. This is totally me"

Kate was diagnosed with PTSD several years post-placement, when her anxiety became

overwhelming while trying to parent the daughter that she and her husband were raising.

A symptom that she experienced was flashbacks to her son's birth and to caring for him.

Subtheme 1b—Timing in counseling. Another subtheme arose as the participants sought normalcy. Five of the seven birth mothers who were interviewed indicated that they either delayed attending counseling or delayed discussing adoption with their counselor for quite a while – sometimes years. This delay was despite the fact that most of them identified their experiences as a birth mother to be at the root of their early symptoms or their diagnosis. For some, the delay seemed to have been an emotional defense against their "new normal." With respect to her avoidance of attending counseling after an upsetting first attempt at therapy, Jennifer said,

> There's so much trauma as a birthmother because it is so, to the core, it's just…I don't even know how to explain how deep that trauma is, but I think I lived in denial for so long…It's just ... It's overwhelming, and at that point in time, what was I supposed to do? My daughter's gone. I can't get her back. So it was like you have to survive. You have to bury things, and I just kept thinking that if I buried things long enough, that eventually I would somehow be normal again.

Later in her interview, Jennifer talked about the role of denial in her therapy. She said,

> With the therapy I'm doing now, I don't know if I could've handled this 10 years ago. I think it is so in depth and so shocking, the things that are bubbling up for me. I probably would've needed to be on suicide watch. I think your mind protects you with denial, and there's so much denial in adoption. There's so much denial as a birth mother because it is so, to the core, it's just ... I don't even know how to explain how deep that trauma is, but I think I lived in denial for so long.

Things are bubbling up now in our sessions where ... Me putting it together…

just seeing the things that people did to me, I felt like I was a carcass, and the

vultures just all pecked at me. That is so hard to come to a place where you feel

like you've basically been gang raped. Everybody in my life at that time was a

vulture. My pastor was a vulture, my mother was a vulture, the adoption agen-

There were so many people who preyed upon me, and that is something

incredibly hard to come to. I couldn't imagine having come to that realization

within two or three years of the adoption.

Kate, who waited seven years post-placement to attend therapy, stated,

I think, one, it was so repressed, and I think it was just a coping mechanism. I

mentioned it in passing and probably on the third or fourth time I went to visit

her, and she wanted to talk about it. I remember just being in tears the whole

time and I never went back after that. I remember [my husband] asking, "Why

aren't you going back?" I was like, "Oh, I'm good."

Crystal was involved in a drawn-out court battle to rescind her son's adoption, as well as

an investigation into accusations of baby trafficking involving the adoptive parent's

attorney. She realized that the stress and constant testimonial re-telling of her story was

"triggering" her PTSD, so she sought counseling. She said, "It was probably almost two

years at that point when I hadn't had anybody to talk to, and everything." She also said

the following statement about the difficulty of starting counseling: "You're kind of like,

okay, you don't know who to trust anymore. So, there's a lot of things that have to be

barriers that are kind of broken down." AmieLeigh says of her delay, "It wasn't until

2015, so five years later, that we were kind of at a lull in treatment, and I said I want to

work on this issue of grief. I'm really grieving the loss of my daughter." Sarah found

meaning in her lengthy search for a therapist who specialized in adoption issues; she

started looking when she felt ready to face her trauma. She said,

> Gosh, four therapists in the last two years. That's a lot, but it feels like definitely
>
> three out of the four, they were all helpful in their own ways. It took each one in
>
> order for me to get to the right one… It's not until just the last year, two years,
>
> that I've been actively in therapy for my adoption grief."

She placed 17 years ago.

Feelings About How Counselors Addressed Their Placement Experiences

The participants were asked about how they felt about the ways that their

counselors addressed their placement experiences. Two major themes emerged:

Dismissed, meaning that the participants felt that their feelings about their experiences

were not validated or attended to; and *Leaving*, meaning that the participants left therapy

as a result of insulting or insensitive comments from the counselor.

Theme 2: Dismissed. Analysis of the participants' answers revealed a major

theme – all of these birth mothers ($n = 7$) felt that their counselors were dismissive of

their placement experiences. This dismissiveness played out in various ways, including

counselors attempting to diminish the importance of the birth parent experience, and

counselors wanting to focus on matters other than the adoption-related issues that the

birth mothers wanted to discuss. Mary explained, "I just knew I felt angry because I

didn't feel heard, and exhausted."

Jennifer said, "She tends to want to focus mostly on my relationship with my

mom, as opposed to the loss of the adoption…it'd be nice to have somebody that I feel

would understand me." Kate posited, "I think that for some reason, birth mothers aren't

treated like any other person who lost, especially in therapy." Brittany stated, "She

wanted to focus on the grief. She focused a lot on grief." In this instance, Brittany

wanted to discuss her feelings about the court battle that she was engaged in regarding

rescinding the adoption of her child. Brittany also had a difficult encounter with a

subsequent therapist, who was dismissive of her concerns regarding her daughter. She

said,

> I do remember one day her saying to me, because I was concerned about my
>
> daughter's health, I had seen pictures of her having bruises on her body, and I
>
> was concerned, and she said to me, "Your daughter could be raised by wolves.
>
> As long as her needs are met, she will survive. As long as she has food, water,
>
> and shelter, she will survive, she will be okay." I left that room, and I was like
>
> what the heck just happened, why in the hell would you think that's okay to say?
>
> I never really moved on from that one.

Birth mothers in general often receive the message that they should "move on"

emotionally from placing their child for adoption. Five of these participants mentioned

having heard this message from many important people in their lives, including parents

and counselors. When speaking about wanting to address her emotional struggles

regarding the placement of her daughter in therapy, AmieLeigh said, "They (the

adoptive parents) had my kid. That was it. That's all she wrote. My therapist was like,

'You need to move on. This is distracting you from your therapy, and you need to move

on.'" Crystal related a similar dismissive message she received from her therapist,

saying, "So, you'll get over it. It's okay. No. You don't get over it. I'm sorry. You

don't get over it. You heal or you don't. Right? And, if you're going to say stuff like that

to me, probably not healing."

     Theme 3: Leaving. Another major theme that I identified was the early

termination of therapy by the birth mothers (*n*=3). For Sarah, early termination was

partially in response to feeling judged by her therapists, who she believed expected her

to feel positively about her decision to place. She said,

> Maybe then that's why I wouldn't talk about it with them, because I felt ashamed
>
> for feeling selfish because I did want my child back. I felt like I did not make the
>
> right decision... I think that might be why my therapist relationships usually
>
> failed... Either I stopped going to them right away, because I was uncomfortable,
>
> or we just didn't talk about the adoption that much.

Some of the participants did not return to a counselor because of the insensitive

comments the counselor made. Kate met her husband's therapist in anticipation of

going to her for couples counseling. She stated,

> She [the counselor] said, "I just feel that you should really be grateful that he
>
> (Kate's son) has a better life than you could have given him," and I'm like,
>
> "Huh?"…She's like, "As an adoptive mother of two kids, I can promise you that
>
> you would not have been able to. When you really internalize that, I think that's
>
> where your healing will begin." I'm like, "Would you excuse me?" I got up and

left. I said, "I have to go use the bathroom," and I literally just left. It was the

end of the session…I just really felt that her opinion was incredibly biased, and

to say things like that to me about how I should be healing? Fuck you! No. You

obviously have no concept.

Brittany also left a counselor due to something that was said about her as a birth mother.

She stated,

We got to a point where she wants me to get to the point where I let this shit go

because I still can't let it go. She says as long as you are not able to wish these

people (the adoptive family) the same good fortune as you would want to wish

upon yourself, you will not have peace with this. I was so mad at her… You

can't tell me that I have to wish them well. I do not have to wish them well…I

was like, "How can you say that to me?" I can't even remember… I was furious.

I was crying, and I ran out, and I never talked to her again.

Counselors' Attitudes Towards Adoption and Birth Mothers

The participants were asked to describe their counselors' attitudes towards

adoption in general and birth mothers in particular. Most of their answers centered on

what are often considered by birth mothers and others to be "myths" in contemporary

adoption. All but one of the birth mothers ($n = 6$) felt that their counselors believed in

these societal messages, which are often at odds with the feelings or opinions that these

birth mothers had.

Theme 4: I'm this hero, and adoption is beautiful always. Six of the seven

participants indicated that the current societal messages about adoption and birth

mothers are overly positive, and that they ignore the complexities and losses inherent in

relinquishment. This outlook is in contrast to the negative attitudes that prevailed in the

20th century regarding adoption and birth mothers (as described in Chapter Two). This

romanticized popular mindset is also in contrast to how birth mothers may be treated in

reality by families and adoption workers, as shown in the participant profiles included

herein. *I'm this hero, and adoption is beautiful always* emerged as a major theme that is

supported by three subthemes. The label is a direct quote from one of the participants.

Mary shared,

> Because again, they see it only as not loss of a child, they see it only from
>
> unicorns and rainbows. That I must love the industry and everything about it,
>
> because I'm on a pedestal, I'm this hero and adoption's beautiful always. What is
>
> beautiful all the time?

Subtheme 4a—Myth: Birth mothers belong on a pedestal. A subtheme

emerged from the major theme of *I'm this hero, and adoption is beautiful always*, which

is that birth mothers belong on a pedestal. When sharing their pregnancy and placement

experiences, Several (*n*=4) of the birth mother participants said that adoption workers

frequently put them on a pedestal, which they felt was a way of ingratiating themselves

to the birth mother, or trying to influence the birth mother's decision to place. As

Brittany stated, "The methods have changed from shunning to praising, that's it." This

fawning attitude was expressed by others in the birth mothers' lives, including their

post-placement counselors. Mary said,

What I mean by that is that they believed the positive only myths. They

recognize loss in the adoptees, but not in the birth parents. They thought we

should be proud and have a hero status and, "You did a great thing! It was a

choice. You've got to work through that choice." And then a time limit on the

grieving and all of that myth stuff.

Mary also shared, "…and then she goes, 'Okay, wow! I just have to tell you, that takes

such strength! Good for you.' I remember thinking, 'Good for you? What am I – a

dog?' 'Good for you!'"

    Subtheme 4b—Myth: Birth mothers should always feel good/happy about their

decisions. Another subtheme that emerged was the expectation by counselors that birth

mothers should always feel good or happy about their decision to place a child. Mary

stated "…so I had to keep doing a positive birth mom image, and subsequent counselors

after that I felt like if I didn't do that after so many sessions, I would be pathologized."

Sarah shared about her post-placement counseling experiences,

It was the typical, "Oh you did such a wonderful thing." They were saying what

the public says, which would just make me close down because they were telling

me exactly how I did not feel…It was nerve racking. I felt like I was being

judged, even if I wasn't because I was really judging myself. It was exhausting

if I allowed myself to talk more openly about it, but like I said, it was basically

just looked upon as this wonderful thing that I did and it wasn't really.

She also stated,

She told me that I was altruistic in this decision. That pissed me off. First off, I don't believe in altruism. Then second off, acts of altruism don't hurt babies. That is something I would never say to…To know that that term is totally inappropriate to use towards first mothers.

Subtheme 4c—Myth: Adoption is all unicorns and rainbows. This subtheme is related to the major theme of *I'm this hero, and adoption is beautiful always* and is based on a direct quote from Mary (above). The participants in this study all experienced life-changing events with respect to their pregnancies, relinquishment, and post-placement lives. Society and even counseling professionals often paint adoption as a wonderful solution for everyone involved, an attitude which can be an affront to those like the birth mothers in this study, who live with the complex facts and emotions associated with their adoption-related story. Kate said,

From what I've heard from my friends in these situations, that that's how their counselors felt. "This isn't something that you should be…Adoption doesn't cause any trauma. It's a great thing. Look at what you've been able to accomplish since then…Oh, this is God's…Look at this. You've come full circle, this wonderful life that you have and your kept children. You have your own family. They have their own family. This is so wonderful."

Brittany said of her experience with one counselor, "So I think she tried to understand. She did listen to me a lot. But I think she still naturally went back to her [positive] personal experience with her daughter-in-law."

Counselor Preparation

The participants were asked about how prepared they considered their post-placement counselors to be to address adoption related issues. The findings indicate that the birth mothers did not consider their therapists to be trained or well-informed about adoption or birth mothers. Some (n=3) of the participants felt that this ignorance harmed their ability to heal from their adoption experiences, and some (n=3) found that they were responsible for educating their counselors about issues about adoption and birth mother experiences.

Theme 5: Ignorance. The overwhelming response from the participants ($n = 7$) revealed that they considered most of their counselors to have been ignorant of adoption related issues, and unprepared to address those issues. Ignorance emerged as a major theme, which is supported by three subthemes. As AmieLeigh stated about one of her counselors, "She doesn't even know what she doesn't know."

Subtheme 5a—Lack of training. I identified three subthemes within the major theme of Ignorance. The first one - *Lack of training in adoption* - was a concern for all of the birth mothers (n= 7). In Jennifer's case, her local crisis center sent her to someone with no formal training as a therapist. She said, "They had a girl that was a volunteer there that was also a birthmom, so they used her. I think they just kind of threw her in just to try to help me. She was just – she was a mess." Jennifer stated the following regarding the readiness of counselors to deal with adoption,

> I wish I had somebody that was more in tune with a birth mom perspective. It's
>
> really hard to find somebody that has that kind of background. I mean I think

it's been healthy for me, but if I could find somebody that knew more about how birth moms think and function, it would probably be better for me.

Sarah, Crystal, and Brittany stated that their therapists were not educated/trained in adoption counseling at all. Crystal stated about her counselors, "Unless they fully knew what adoption was it would be more like, oh, my cousin was adopted…Seriously, I don't think people have that training." Regarding one of her counselors, Sarah said, "She was very compassionate. She was a decent therapist. For adoption, she was awful."

AmieLeigh found her own helpful way of dealing with her primary counselor's lack of training; she said,

> Yeah, I would say no skillset…No formal training and no knowledge base from which to draw upon…a lot about my daughter kept coming up, of course, but she didn't really have a skillset to address it in a way that made a difference for me, in my opinion…I felt I needed some guidance on that, so I hired an adoption therapist, and I really kind of considered her my adoption coach more than a therapist because I had a therapist.

AmieLeigh also engaged in the help of a support group, where she "learned more about adoption."

Three of the women I spoke with brought up the difficulty they had with finding a counselor who was trained in adoption in their geographical area. Jennifer said of this challenge,

Yeah, I don't think I've ever been,,,I have never been around anybody that I feel

like was…So we're such a rare species. I don't know. It's like having this weird

disease that the regular doctors, "Well, I'll have to send you to a specialist…

Because I've heard of this disease, but I've never actually seen it."

Both Mary and Kate said that there needs to be more education that results in adoption

competent counseling. Kate stated, "I think that there needs to be more widespread

education for counselors, and knowing when an adoptee comes in or a birth mother that

they probably do have PTSD." When Mary filled out an initial intake form for a new

therapist, she wrote on the form several times, "I am a birth mother." It became

apparent during the first session that the counselor had no idea what that meant. She

said, "That's all I'll say with that is they need to become more competent with

adoption."

Subtheme 5b—Harmed by the ignorance. Three of the participants specifically

stated that they felt that their counselors' ignorance negatively affected them. This

second subtheme was expressed by Mary, who said,

The one that I went to six months out, and then the second one sometime after

that- it was disappointing. I have written here, "disappointing." I remember

feeling really disappointed because it took so much for me to seek out help, so

then when you don't receive it or you don't feel like you did, you just feel really

disappointed… It wasn't helpful at all. In fact, looking back I think I was

harmed by the ignorance associated with it, because it was a lot of believing in

myths and stereotypes or trying to not meet me where I was, and not doing the

legwork to maybe educate themselves a little or just listen like counselors

should. Then I didn't know enough about it to know I could go seek out others.

I thought, "Oh, counseling doesn't work."

Sarah has been to four therapists in the last three years, looking for one who is informed

about adoption. She stated,

I think because of the lack of adoption competent therapists in my area, allowed

me to stay stunted and repress my emotions and helped me to not have my voice.

Because I could not find anybody – I just feel like I missed out. I missed out on

being able to heal earlier than I am now.

Jennifer said that, "I know that were trying to help. But they didn't really have the

capacity to help, so that actually, I think in a lot of ways, made me worse."

   Subtheme 5c—Educating the counselor. Another subtheme under the major

theme of *Ignorance* emerged during the data analysis – educating the counselor. This

phrase is a direct quote from a participant. Three of the women expressed frustration

about having to educate their counselor about adoption and birth mother issues. Brittany

stated,

So it's the usual, me educating the counselor about adoption kind of thing...And

it's not just the first time, it's every single time, like there's always something else

I've got to add in there for them to realize, like, "No, that's not actually the way it

is."…I would say, for the most part, frustrating that I couldn't find someone who

understood me and who could validate my feelings about adoption without me

having to educate them... She started not really understanding how I couldn't

really just let it go and have peace with it. I tried to educate her a little bit about

how adoption is like a, it is like a death, but almost worse. She wasn't really that

understanding about it.

AmieLeigh said,

My therapist suggested that I find some books on grief. I started my internet

search looking for books on grief, and there was nothing about my situation.

Grieving your dog, grieving your husband, your mother, but there was nothing

about my situation… It wasn't until then that I started doing some research, and I

was like, "Oh my God, there's support groups and retreats and books." There's

this whole world out here that I knew nothing about, that nobody had linked me

to, that there was all this information. It's not enough information, but it was

something.

Although Mary found herself responsible for educating her counselors, she found

one therapist who was willing to take some responsibility for educating herself. Mary

stated,

I remembered feeling like I was doing all of it in terms of educating, and I think

that's why it was disappointing, because I took that as them not caring enough

about not just me, but just birth moms in general... By session two, I could tell

immediately. It showed she cared by going and looking up. I even gave her

... She goes, "You know, you seem so knowledgeable in this, I'd love different

websites or whatever...” Yeah, one easy [on a scale of 1-10]. Now here's the

funny part, my counselor I see now who's awesome, admitted her ignorance and

her belief in myths right off the get-go, so day one, she was at one, but session

two she did her legwork.

How Counseling Affected These Birth Mothers

The participants were asked what their perceptions were of how counseling

affected them overall, if at all. The birth mothers' answers to this question gave me

broad insight into their post-placement counseling experiences.

Theme 6: A continuum of the helpfulness of counseling experiences. Their

responses reflect that there was a continuum of the helpfulness of counseling

experiences among participants – a major theme. Despite their concerns over their

therapists' limitations regarding adoption-related knowledge and understanding, all of

the participants ($n = 7$) said that their post-placement counseling experiences were at

least somewhat positive (mixed) or were helpful.

Some of the negative effects of their counseling experiences were related to

things that were said by the counselors to the participants. Brittany stated,

It's had both [positive and negative effects on her]. Like I said before, with the

self-care lady. She did help me see that self-care does work. I just have to be

willing to do it. And then the bad parts, the comments that they said that I'll

never forget.

Crystal said,

The counseling was helpful. I mean, sometimes there was people that weren't,

like a minister, Christian ministers, and stuff like that, they were actually the

worst for me… saying, you having sex before you're married is a sin. So this

child is a bastard and doesn't belong in heaven.

Mary found her counselors' shortcomings to be motivating; they instigated positive

change for her. She said, "They were ineffectively effective, let's see if we can phrase,

ineffectively effective in helping me. They were a catalyst for change in myself, their

ignorance, actually helped kind of like the straw broke the camel's back." When asked

about how counseling affected her life, Jennifer said, "I think both times that I've done a

long-term counseling, it's helped me, and I think it's probably been at the right time that

I needed it in my life."

Sarah felt that the specific PTSD treatment she is receiving (Eye Movement

Desensitization and Reprocessing, or EMDR) from an adoption competent therapist had

been key to helping her. She said,

> So now I'm seeing a woman who is again, adoption competent and we're doing
>
> EMDR. And I'm not having flashbacks before I go to sleep. So that's really,
>
> that's a life changer. I'm not homicidal. Or I don't have homicidal thoughts
>
> anymore. And I'm being nicer to myself. I think, I don't know what the answer
>
> is for everybody else, but this is definitely the answer for me.

Kate shared,

> I can understand the appeal of being drunk all the time to just try and escape this
>
> pain. I think that if I hadn't been in therapy and been in counseling, it wouldn't
>
> have been pretty. My husband and I would be divorced, and he would have the
>
> kids, hands down.

Crystal feels that it was the traditional counseling that she received, along with the support that she received from her extended family – her tribal band – and her tribal leader's advice that helped her. She stated,

> But, I mean, if I didn't take all the counseling, and all the things that I could have, that I had the opportunity to, I wouldn't be successful as a person. I wouldn't be as loving and free as I am now.

Finally, AmieLeigh, who has been treated for serious and persistent mental illness for most of her life, spoke of her overall and life-long counseling experiences, saying, "I wouldn't be alive without it, yeah. I have spent most of my life suicidal, and with the grace of God, I've had really good treatment and intervention, and it kept me alive."

Despite their sometimes positive feelings about the effects of counseling on their lives, I got the impression from speaking with the participants that they were and still are haunted by their pregnancy, relinquishment, and post-placement experiences. Those birth mothers that expressed the most anger and upset were the ones who were promised very open adoptions that subsequently became closed. Most of the birth mothers in this study were upset about the quality of, focus of, or lack of pre-placement counseling, and the way that they were treated by the adoption professionals involved in that counseling. As is evident in the participant profiles, the pregnancy, pre-placement, and placement experiences of these women were strikingly painful, and still affect them emotionally to this day. However, these experiences are beyond the scope of the current study. Kate may have best summed up the complexity of the relationship between the birth mother "before" (placement) experiences and post-placement counseling experiences; she said,

"But my takeaway is that counseling is what's allowed me to crawl through life instead of slitting my wrists."

Summary

In this chapter, I set forth the findings from my data analysis of the interviews of seven birth mothers regarding their counseling experiences subsequent to the placement of a child for adoption. I identified six major themes and eight related subthemes from the data. By examining these findings, a picture of the counseling experiences of these birth mothers has emerged.

There was a societal and personal expectation that these birth mothers would "return to normal" emotionally shortly after placement. However, such a rebound was not the case for them. All of the birth mothers attended counseling after placement due to experiences shortly after their children were born or placed. The reasons they sought counseling were related to anxiety, panic attacks, and PTSD. Although their symptoms may have arisen shortly after birth or placement, many of the participants did not seek counseling or discuss with their counselors their birth parent experiences for a long time – sometimes years. The participants indicated that this delay was due in part to denial or lack of readiness to discuss these matters.

Some participants reported that they felt dismissed by their therapists – that their feelings and experiences were either not understood or not validated. Insensitive remarks by their counselors sometimes resulted in participants leaving treatment. Often their therapists expressed an unrealistically positive opinion of adoption and birth mothers, diminishing the powerful complexity and darker sides of adoption. These

idealistic views often involved seeing birth mothers as heroes, and adoption only as a

beautiful experience for everyone. These attitudes are based in common myths about

adoption, which birth mothers may find incongruent with their experiences, feelings, and

opinions. These societal messages, which many participants believed were held by their

counselors include: birth mothers belong on a pedestal; birth mothers should be happy

with their decision; and adoption is a purely positive institution.

The participants in this study felt that their counselors were unequipped to assist

them with adoption related issues. They felt that their therapists were ignorant about

many of the important issues involved in being a birth mother. Some felt that this

ignorance harmed them; some found themselves having to spend time and energy

educating their therapists on adoption matters that they thought their therapists should

already know. Even though they had concerns about the abilities and attitudes of their

counselors, the participants indicated that they felt that counseling had at least a

somewhat positive impact on their lives. For many, this effect was cumulative, and a

result of working with many therapists over time. Despite the helpfulness of their

therapeutic experiences, many of the participants in this study continue to grapple with

the scars of their experiences as birth mothers.

In Chapter Five, I provided a discussion of the findings that I set forth in this

chapter. I reviewed the participants' experiences through a feminist framework. I

explored the position of these findings relevant to the prevailing understanding of the

birth mother experience as expressed in the current literature. I also set forth

implications and recommendations as they relate to counselor education and clinical

practice. Finally, I provided suggestions for further research.
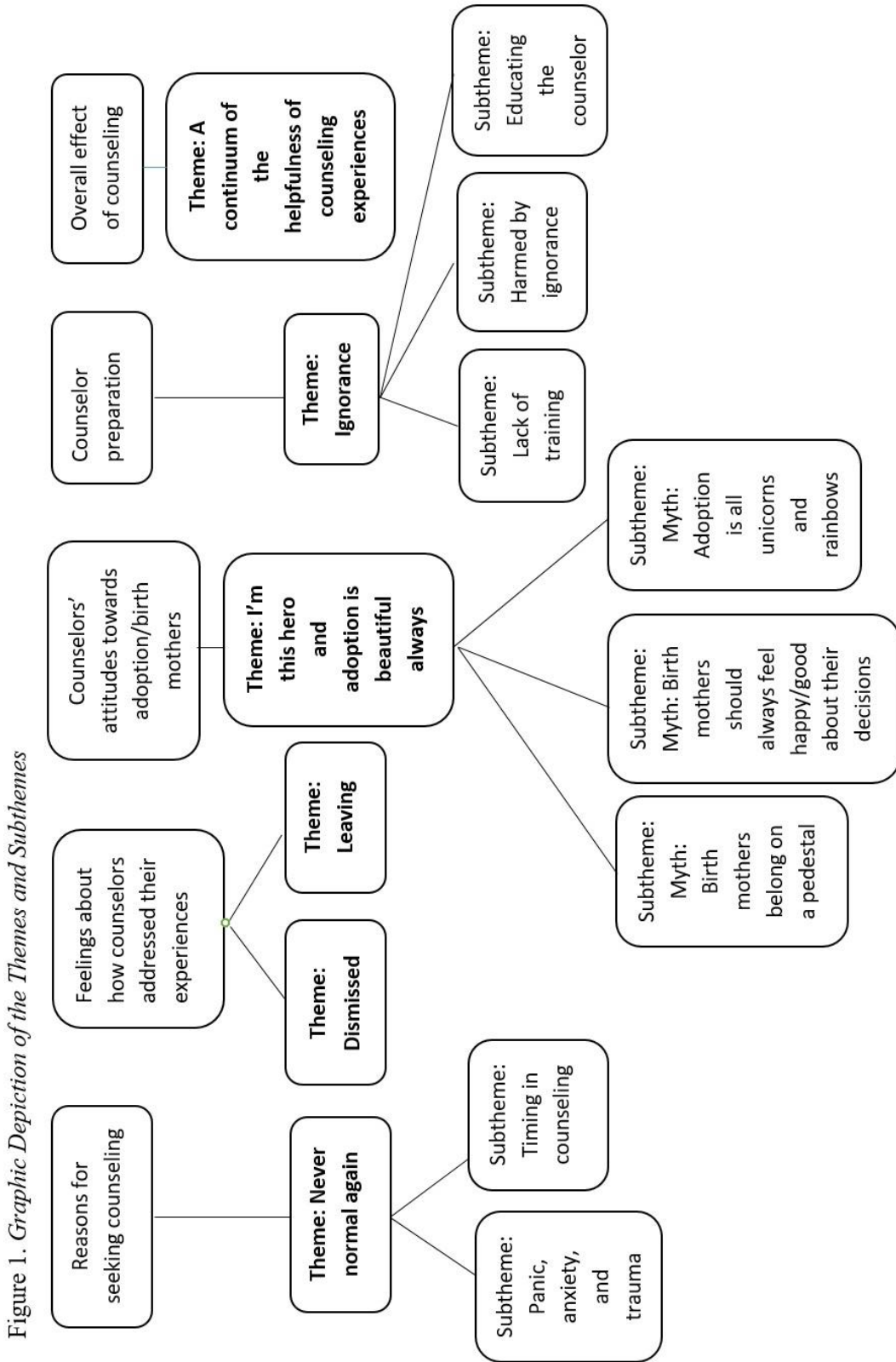
Figure 1. *Graphic Depiction of the Themes and Subthemes*

Chapter Five: Discussion

Introduction

The purpose of this study was to explore the counseling experiences of several women who have placed a child for adoption ("birth mothers"). In this chapter, I discuss the findings provided in Chapter 4. I also interpret the findings and their relationship to the extant literature. I then furnish suggestions for applying the findings to counselor education. Finally, I provide recommendations for further research.

This study fills a gap in the existing literature in that it examines the counseling experiences of contemporary U.S. birth mothers after placing a child for adoption. A review of the literature revealed that very few studies have researched birth mothers in general, and that no qualitative studies have focused on U.S. birth mothers' post-placement counseling. My interest in this topic came from a combination of my own experiences with an unplanned pregnancy, my interests in counseling and adoption, and the scarcity of relevant literature - especially on this more recent cohort of birth mothers. My greatest motivation was to provide a platform from which these birth mothers could tell their stories, and therefore influence the current state of birth mother counseling

I had some preconceived ideas as to what my findings for this study might be, which I endeavored to bracket during my analysis. I anticipated that these birth mothers' pre-placement stories would vary greatly from those of previous cohorts with respect to levels of stigmatization and pressure to place from professionals, and I expected their stories to reflect lower levels of depression and grief (which I attributed to increased openness in adoption). From reading the existing literature, I conjectured that the main

clinical concerns (e.g., what brought these birth mothers to counseling) would be primarily grief; I had not thought that trauma and PTSD (post-traumatic stress disorder) related to relinquishment would be as prominent as it was. I also expected these birth mothers to view their counselors as poorly prepared to address adoption issues, especially as they pertained to birth mothers. In this chapter, I touch on how those presuppositions were confirmed or disaffirmed in this study.

Discussion

As depicted in Figure 1 in the previous chapter, I identified six major themes and eight associated subthemes through IPA analysis. All were related to the overarching question, What were the post-placement counseling experiences of several adult birth mothers from various races, ethnicities, educational backgrounds, and socioeconomic classes who voluntarily placed a child for adoption in the United States through a private agency or private placement from 1995 to 2014?   In Chapter 4, the thematic findings were organized around the study subquestions that were posed to the participants. The following discussion is formatted in the same manner.

Seeking Counseling

The first subquestion that I sought to answer was: How did these birth mothers describe their reasons for seeking counseling? Through this question, I wanted to understand what motivated these women to seek help.

Never normal again. Each of these birth mothers brought their unique pre-placement and placement experiences to their post-placement counseling, as depicted in the participant profiles (Appendix F). As identified in the first major theme related to

their reasons for seeking counseling (*Never normal again*), these birth mothers struggled

with the societal and personal expectations of returning to their emotional pre-placement

"normal." They experienced pressure from others to just "move on" from their

experiences. According to the literature, this message was not an unusual one for birth

mothers to receive (Samuels, 2013; Wolfgram, 2008; Wrobel, Grotevant, & McRoy,

2004). Unfortunately, most ($n = 5$) of the participants also experienced pressure from

their post-placement counselors to "move on" or "get over it" (Kirschner, 1990; Sass &

Henderson, 2000). From a feminist perspective, it could be posited that those women

who experienced panic attacks and signs of PTSD may have been seen by their

counselors as merely "hysterical" (Scull, 2011), and as women who were over-reacting to

their placement experiences. As one participant pointed out, this attitude would probably

not be displayed by a counselor towards a woman who had lost a child in any other way.

    Panic, anxiety, and trauma. The experience of a return to their typical emotional

functioning eluded these birth mothers due to their experiences of *panic, anxiety, and*

trauma (the first subtheme). Their panic attacks, anxiety, and symptoms of PTSD (later

diagnosed in five of the seven participants by their psychiatrists, psychologists, and

counselors) began soon after placement or even within 24 hours of giving birth. Signs of

PTSD have been identified by some authors in the birth mother literature (Coleman &

Garrett, 2016; Jones, 2000; Wells, 1993), but this diagnosis has typically been in relation

to birth mothers from earlier eras (including the pre-Roe v. Wade era), who are

recognized as having been treated egregiously. It had not been previously identified in

any studies with any specificity within this particular cohort of birth mothers. I had

anticipated instead that the most prevalent presenting issue for these women would be unresolved grief, as described in the Literature Review (Chapter 2) of this study.

Most participants ($n =5$) have traced their trauma to physically surrendering their children - often without having had support present in the room at the time. However, many of the participants reported the presence of those who were not "on their side": adoptive parents; adoptive parents' attorneys; and adoptive parents' agency workers. Some ($n = 3$) reported still being under anesthesia when surrendering, and feeling taken advantage of during the surrender due to their inability to think or act with agency or clarity. Some participants attributed their trauma at least partially to how they were treated while pregnant (e.g., being locked out of their home or bullied by classmates).

In those situations where an open adoption was promised, but the adoption became closed, the birth mothers felt traumatized by having put their trust in a system that did not protect them and their interests. Birth mothers who participated in a study by Brodzinsky and Smith (2014) indicated that those whose open adoption arrangements had become closed suffered the greatest levels of physical and emotional health problems compared to those in adoption with other levels of openness. This conclusion is similar to the findings of Christian et al. (1997) who discovered that the lowest levels of grief resolution among their birth mother participants were assigned to those who had initially been in open adoptions that then closed. Taken as an aggregate, this group of birth mothers would probably agree with one of the participants that said that "the whole birth mother experience is traumatic."

Much of the foregoing trauma can be identified as *institutional trauma* (Smith & Freyd, 2014) – a violation of a person's trust and dependency, perpetrated against any member of an institution (Smith & Freyd, 2014). In the case of these participants, the institutions that they have been violated by can include concrete institutions such as adoption agencies, as well as institutional concepts such as the adoption "industry." Institutional trauma is often perpetrated by institutions that foster a sense of dependency and/or trust (Smith & Freyd, 2014). What these participants experienced can be viewed as a particular type of institutional trauma - *betrayal trauma*. Freyd (1996) asserted that according to betrayal trauma theory, abuse perpetrated within trusting relationships (and in these cases, dependent relationships) causes more harm than abuse by strangers because of the breach of trust within a vital relationship. Betrayal trauma has been associated with increased rates of PTSD, anxiety, and depression when compared to trauma that occurred between strangers (Freyd & Birrell, 2013). In the case of these birth mothers, they had entrusted various individuals and institutions to take care of them and their child, and to act on their behalves; all seven of the participants felt betrayed at some point during their placement experience.

General anxiety and panic attacks were experienced by five of these birth mothers, and two of these birth mothers attributed these anxiety issues to not knowing about the wellness and safety of their placed child. One participant (Kate) began to experience extreme anxiety focused on the welfare of her placed son when she began caring for her kept infant daughter. These findings are consistent with those of Fravel et al. (2000), as explored in Chapter 2 herein, that the placed child is psychologically

present at a moderate or moderately high frequency for birth mothers after placement and

that this presence can increase during milestone occasions such as the birth of a

subsequent child.

The diagnosis of PTSD played a role in the post-placement counseling

experiences of a majority ($n = 5$) of these women. One participant - AmieLeigh - had

been diagnosed with PTSD a few years before placing, due to her early family life

experiences. It is unclear if her symptoms increased due to her placement experiences;

therefore, AmieLeigh was not included in the identified number of post-placement cases

of PTSD in this study. AmieLeigh said that an increase in her PTSD was triggered by

caring for her daughter, and that her symptoms led to her inability to properly raise that

child, and then to the placement of that child.

It is unclear how much of a role a growing professional interest in PTSD and its

treatment in counseling played in this frequent diagnosis. Some participants had earlier

experiences in their lives (e.g., abuse as a child) that may have made them more

susceptible to PTSD (Chen et al., n.d.; NIMH, n.d.) Specifics of how the diagnostic

criteria for PTSD were met for these participants was beyond the scope of the interview

protocol for this study; however, further insight into which birth mother experiences

satisfy the PTSD criteria deserves additional study.

Consistent with the existing literature that I explored in Chapter 2, I conjectured

that these birth mothers would identify grief as a major catalyst for seeking counseling.

Although a grief response to their experiences was evident throughout their interviews, it

was not identified by these birth mothers as their reason for initiating counseling. The

reason for this could have been in part due to the nature of disenfranchised grief (Aloi, 2009; Doka, 2002) that was discussed in Chapter 2 herein. For some participants, their grief was combined with anger regarding their previous placement and placement experiences, which was sometimes apparent when they cried during their interviews.

Timing in counseling. Another subtheme regarding seeking counseling was the participants' delay in either getting therapy or addressing their adoption-related concerns in therapy (called *Timing in counseling*). These delays were identified in five of the seven participants. The delays may have been tied to the dismissive attitudes of our society regarding the negative impact of placement on birth mothers; the participants may have internalized these attitudes and felt unworthy of help.

One birth mother pointed to shame as the main factor in her delay. The birth mothers in this study found it difficult to trust again after their mistreatment by adoption agency workers, pre-placement counselors (including ministers and social workers), lawyers, and adoptive families; often this lack of trust resulted in a delay in seeking therapy. Two birth mothers spoke of the role of denial in their delay in seeking therapy or talking about adoption in therapy. They both viewed denial as a protective device against being overwhelmed by their feelings. Logan (1996) found that denial played a similar role according to the reports of British birth mothers, described in Chapter 2 herein. Wells (1993) found that 196 out of 262 birth mothers in her study reported that thoughts about their placed child increased over time. This pattern could also be a reason for delayed help-seeking.

Feelings About How Counselors Addressed Their Placement Experiences

The second subquestion that I sought to answer was: How did these birth mothers feel about the ways that their counselors addressed their placement experiences? I was especially interested in whether these birth mothers thought that their counselors were respectful of the impact of their placement experiences.

Dismissed. The next major themes were related to the participants' feelings about how their counselors addressed their adoption-related experiences. All seven of the participants reported that at least one of their counselors was dismissive of their feelings regarding their adoption stories. *Dismissed* became a major theme. This theme is consistent with the attitude of some counselors that birth mothers should "move on" with their lives, as discussed in *Never normal again,* above. A similar dismissive attitude by health care professionals was one Logan's (1996) major findings in a study of 28 birth mothers (1996). It can be assumed that this dismissive response, along with some of the insensitive remarks that the counselors made may have contributed to their not achieving the core task of rapport building (Ackerman & Hilsenroth, 2001; Baldwin, Wampold, & Imel, 2007) with their birth mother clients. As seen in the participants' stories, counselors' dismissive attitudes influenced the next major theme – *Leaving.*

Leaving. Occasionally when therapists did address the birth mothers' experiences, they made insensitive or offensive comments that resulted in early termination of treatment and/or in the participant leaving the therapy session. This trend resulted in the identification of the major theme *Leaving*. Some of the counselors' infractions are noted in the participants' profiles in Appendix F. All of the participants discussed feeling dismissed by their counselor, and many alluded to insensitive

comments, but did not indicate if those factors resulted in their leaving that counselor. However, all of the participants had at least four counselors over time; therefore, it is possible that these remarks had some influence over their decisions to end counseling. I could not find any studies that addressed this particular trend (*Leaving*) in the literature, although it would be worthwhile to investigate the participation and termination rates among birth mothers in post-placement counseling.

Counselors' Attitudes Towards Adoption and Birth Mothers

The third subquestion that I investigated was: How did these birth mothers describe their counselors' attitudes towards adoption in general, and birth mothers in particular.   The participants provided me with insights into contemporary attitudes about adoption and birth mothers.

I'm this hero and adoption is beautiful always. The third sub-question explored participants' perceptions of how their counselors viewed adoption and birth mothers. I identified one major theme - *I'm this hero and adoption is beautiful always*. Six of the seven birth mother participants felt that their therapists put them on a pedestal and had been influenced by the popular attitude that adoption is an uncomplicated and positive solution to a societal problem. These attitudes are considered "myths" among many birth mothers (Jones, 2000). Not only were they inconsistent with these birth mothers' thoughts and feelings, but they were often offensive to them. When working with birth mothers, counselors may want to be particularly aware of their client's and their own disposition towards the common myths in adoption.

The following related subthemes were associated with the prevalent contemporary myths found in society and held by some mental health care professionals (as indicated in Chapter 4 of this study). These expressions of counselors' attitudes were in sharp contrast to the reports of birth mothers from previous generations, wherein the birth mothers were often berated and mistreated. These positive expressed beliefs were also in contrast to how these birth mother participants were actually treated while pregnant and during delivery and relinquishment. Disturbingly, these fawning attitudes were also often reported as coming not only from larger society, but especially from the agency placement professionals. The participants felt strongly that the agency workers were being coercive, and that the behaviors and attitudes of the workers were part of the agencies' attempts to ingratiate themselves to the birth mothers so that the birth mothers were more apt to place. As this study concentrated on post-counseling placement, it is beyond its scope to analyze these pre-placement attitudes that are best described as adoption microaggressions (Baden, 2016).

   Myth: Birth mothers belong on a pedestal. Four of the participants in this study specified that their post-placement counselors held the attitude that birth mothers belong on a pedestal. This finding is new in that I have not seen addressed within the existing literature; I was surprised by this finding. Although this attitude does not perpetuate the stigmatizing messages that were prevalent in earlier eras regarding birth mothers, the women in this study found it offensive. They had to work harder in therapy to dispel this romanticized view of who they were so that their therapists could deal with their negative

feelings about adoption and being a birth mother. They did not feel like heroes for having "given away" their child.

>   ***Myth: Birth mothers should always feel good/happy about their decision.***
Another subtheme that is similar to the hero subtheme is that the participants' counselors conveyed that birth mothers should always feel good or happy about their decision to place a child. Fravel et. al (2000) referred to this attitude as the "happily ever after myth." This expectation may have prompted confusion for these client participants in that they probably attended counseling in part to deal with negative feelings. It denies the loss, grief, and mourning inherent in placement. Some (*n*=2) participants stated that they felt that when counselors maintained this attitude it was a way for the counselors to avoid their own discomfort with their difficult topic. The counselors' own biases (positive or negative) should be checked when a client feels differently from the counselor (American Counseling Association, 2014).

>   ***Myth: Adoption is all unicorns and rainbows.*** This subtheme (*Adoption it all unicorns and rainbows*) is similar to the two preceding myths in that it oversimplifies birth mothers' experiences and does not allow for the negative and darker side of adoption. Counselors who maintain this sentiment are conveying a message that is in direct conflict with the findings that many birth mothers are affected by long-term mental health challenges post-placement (Bouchier, Lambert, & Triseliotis, 1991; Brodzinsky, 1990; Brodzinsky et al., 1992; Christian et al., 1997; De Simone, 1996; Deykin, Campbell, & Patti, 1984; Farrar, 2005; Fessler, 2007; Howe & Feast, 2001; Robinson,

2000; Roll, Millen, & Backlund, 1986; Rynearson, 1982; Sorosky, Baran, & Pannor,

1978; Weinreb & Murphy, 1988; Wiley & Baden, 2005; Winkler & van Keppel, 1984).

Counselor Preparation

The next subquestion I examined was: What were these birth mothers' opinions

on how prepared their counselors were to address adoption related issues? Although I

expected these birth mothers to feel that their counselors were at least somewhat

unprepared, I did not anticipate that they would find such a low level of awareness.

Ignorance. All of the participants said that their counselors were not prepared to

address adoption related issues. Counselor ignorance (a major theme) and the attendant

burden of clients having to educate the counselor (a subtheme explored below), may have

led to the leaving and early termination of counseling for these participants. This

ignorance was sometimes related to the counselors' beliefs in the myths that were

described above. The participants had the expectation that their counselors would know

more and be adequately trained in adoption-related matters. The exceptions to the theme

of ignorance seemed to be those counselors who specialized in PTSD and the ones who

were birth mothers. I could not find any studies about birth mothers' preferred traits or

their expectations regarding training of post-placement counselors. I found three

subthemes that are related to this major theme (*Ignorance*).

Lack of training. All seven of the participants stated that their therapists lacked

training in adoption (the first subtheme under this theme). Two noted that they had heard

of some adoption competent counselors in online forums, but that their geographic

locations precluded them from finding such counselors locally. Some of the birth

mothers spoke about returning to their placing agency for post-placement counseling. One participant returned to the agency with which she had placed, but was surprised at the lack of preparedness of the counselor, as well as the cost of the counseling. The participants were loath to return to the same individuals who had contributed to their trauma in the first place. Five of them stated that birth mother counseling (both pre- and post-placement) should always be offered, but provided by those with no bias or role in the placement of their child.

This lack of training is consistent with Sass and Henderson's (2000) findings in their study of over 210 psychologists, 90% of whom reported that they felt they needed more education on adoption; 81% expressed an interest in taking a continuing education course on the topic; and 143 participants reported having had no formal training wherein adoption was mentioned. It is unclear whether those who did have formal training received such training from instructors who were adoption competent. Suggestions for training and counselor education will be discussed later in this chapter, under *Adoption competent training and counselor education.*

Harmed by ignorance. Three of the participants asserted that they felt harmed by the ignorance of their counselors. Along with the lack of training and ignorance that the birth mothers indicated existed in counseling, I was disconcerted by this finding. This harm may have resulted in the participants delaying seeking counseling again, or not trying counseling another time. It also may have put this group of participants who have been diagnosed with mental health concerns at risk for increased psychological problems.

As set forth in the ACA Code of Ethics (American Counseling Association, 2014),

counselors should avoid harming their clients.

　　　　Educating the counselor. Three of the participants said that the burden to

educate their counselors about adoption related issues fell to them, due to the lack of

competency in their therapists. The need for the birth mothers to educate their counselors

became another subtheme under *Ignorance*. At least two of the participants found this

task of having to educate their counselors stressful and disappointing. These results point

to the strain that the lack of adequate training (the first subtheme in this section) can

create in therapy. Sass and Henderson (2000) posited that clients having to educate their

counselors about adoption might be the outcome of counselors' ignorance. Two

participants indicated that one of the issues that their counselors had to be educated about

were the myths in adoption, described above in *I'm this hero and adoption is beautiful*

always. The ACA Code of Ethics (American Counseling Association, 2014) indicates

that counselors should limit their work to areas that are within the boundaries of their

competence.

How Counseling Affected These Birth Mothers

　　　　The final question that was examined in this study was: What were these birth

mothers' perceptions of how counseling affected them, if at all? This final major theme

was of particular interest in this study, in that it explored the extent to which the

participants found their counseling helpful.

　　　　A continuum of the helpfulness of counseling experiences. Despite the

therapists' limitations that have been described above, all of the participants indicated

that at least some of their counseling experiences were in part somewhat helpful. Since all of the participants had multiple counselors, this partial satisfaction could have been a result of having had a satisfactory therapist (e.g., adequately trained or a birth mother) at some point during their search.

I was heartened that these women found some satisfaction in their post-placement counseling experiences. Just as each of these participants had a unique story, each participant had a different understanding of why therapy worked for her in some way. For one participant, success was found by applying a helpful treatment modality; for another the key was working with someone who was culturally competent. These seven women found ways to work with the challenges of contemporary post-placement counseling in such a way as to benefit from it. However, all of them also indicated that counselors should do more to effectively help them.

Adoption Microaggressions

Some of the messages that the participants received from their post-placement counselors can be considered adoption microaggressions (Baden, 2016). Adoption microaggressions are "common slights, insults, and indignities that can occur almost daily that may be intentional or unintentional but that communicate adoption-related and biology-related judgments, slights, or indignities about adoption, foster care, or relinquishing care for a child" (Baden, 2016, p.6). Most of the microaggressive messages that the participants in this study experienced from their counselors fell under the fourth theme of this study: *I'm this hero, and adoption is beautiful always.* Many were consistent with the myths in adoption, as described herein.

Baden (2016) also identified adoption microinvalidations, which denigrate, belittle, or invalidate a person's experiences, feelings, or thoughts regarding adoption. One of the microinvalidations that Baden (2016) found as being committed against birth parents is called *Phantom first/birth parents*, which reflects the attitude that a birth parent's role ends upon relinquishment. The participants in this study experienced this microinvalidation from their counselors when they were told to "move on" with their lives, which implies that the birth mother should no longer have emotional ties to or feelings about her placed child.

Microinsults are messages or attitudes that contain "subtle, rude, demeaning or insensitive" (Baden, 2016, p. 7) beliefs regarding adoption. An example of this was when one of the participants (Kate) was told by her counselor that if Kate had kept her son, he would never have had as good a life as an adoptive family could have provided for him. This type of microinsult falls under the theme of *Shameful/inadequate first/birth parents* (Baden, 2016).

Another theme identified by Baden (2016) is *Adoption is win-win situation*. This form of microaggression is a microfiction , wherein the complex and sometimes negative realities of adoption are voided, and simplified, positive-only messages are relayed. An example of this was when Kate was told how "wonderfully" her placement experience had worked out, in that the adoptive family had their "own" family and Kate had her own kept family now, and that she had "come full circle."

An additional microaggression that Baden identified is that of *Sacrificial birth/first parent* (Baden, Ferguson, Harrington, & Smith, 2018). An example of this

theme is when the participants were put on a pedestal for placing a child for adoption, or

told that their actions were "heroic." None of the participants reported feeling that they

were altruistic or heroic for placing. When their counselors expressed the attitudes that

fell under this theme, the participants felt that it denigrated through over-simplification

the difficult decision that they had made to place. The experiences and effects of

adoption microaggressions in birth parents' lives (whether expressed by their counselors

or others) deserves further investigation.

Feminist Perspective

The dismissive attitudes that these birth mothers experienced from their post-

placement counselors can be viewed as a continuation of silencing a group of women

who have historically been without a voice. By focusing on these birth mothers' pre-

placement experiences and expecting them to "move on," their counselors are reducing

them to the status of "mere bodies" (Cuthbert, Murphy, & Quartly, 2009) who gave birth,

but whose post-placement feelings do not warrant therapeutic attention.

According to Wegar (1997), adoption mirrors and reinforces race, class, and

gender inequalities in the larger society. It is important to note that many of the factors

that brought these women to post-placement counseling (anxiety, panic, symptoms of

PTSD) were due in part to previous experiences with external forces, that were very

frequently a result of power imbalances and the imposition of social expectations.

Examples of these influences included: fighting against a powerful legal system in order

to rescind their child's adoption; coercion by parents - especially mothers - upon whom

they were dependent; and being pressured to place by agency workers. The participants

indicated that pressure from and betrayal by adoption professionals had some of the most

profound repercussions for them. As Dressel stated in Wegar (1997), "welfare work is a

female-dominated occupation under-girded by patriarchal ideologies" (p. 80). As one

participant (Jennifer) stated about her experiences within the adoption system, "It's

misogyny. And I hate it because it's women doing it to women." This sexist betrayal

appears to be the case not only with agency personnel, but in many cases with post-

adoption counselors as well.

        One birth mother in this study (Jennifer) stated, "to be able to give your child

away, you have to be at your absolute lowest." Many had reached their "lowest" when

they lost the financial means to parent due to lack of support from their families, the loss

of a car for transportation to work, or other circumstance. Facing these changes in

financial status as well as the attendant changes in social status may have resulted in a

change in a birth mother's perceived class. According to Inman and O'Shaughnessy

(2013), "classism represents oppression and disenfranchisement of one group by a more

powerful and privileged group that imposes rules, values, and ideals within the hierarchy

of class values" (p.4).   All of the women in this study were affected by sexism and

classism; some were more privileged by their race as White women, but others

experienced the intersectionality of sexism, racism and classism, including the two

women who had biracial babies.

        Jennifer is White; her parents threatened to kick her out of their home if she did

not place her child for adoption. Her grandmother offered to let Jennifer live with her,

until she found out that Jennifer was carrying a biracial child. After being pressured by

her mother to place, Jennifer decided she wanted to place her child with a biracial couple

so that her daughter would look similar to her parents, and have a sense of her cultural

heritage. Jennifer's mother overruled Jennifer's wishes, and selected a White Canadian

couple. Jennifer's parents' position of power (including financial resources) and her

grandmother's racism overpowered Jennifer's ability to choose to not place her child for

adoption. Similarly, Brittany's mother told her that she could no longer live in the

household if she did not place her child for adoption. Brittany, who is also White,

believes that her mother pressured her to place because Brittany's baby was biracial. She

also felt pressure to place from the agency and adoptive parents, because they were

paying part of her living expenses. She felt obligated to individuals and institutions who

had more financial and social power than she had.

AmieLeigh, who is African American and a lesbian, spoke very little about the

role that race or sexual orientation played in the adoption of her child. While she

grappled with her mental health challenges, AmieLeigh had chosen an informal

temporary care arrangement with a biracial lesbian couple rather than placing her child

for adoption. This means of caring for her daughter may have been preferred by her

since it is in keeping with the informal arrangements that are traditional in African

American culture (Esposito & Biafora, 2007). When she finally agreed to place her

daughter, after an isolating week in a mental health institution, she found out that her

daughter had already been "advertised" as available for adoption before she had made her

decision. Her social worker may have pressured AmieLeigh to formally place her

daughter for adoption because it is considered a more acceptable arrangement in the

larger (predominately White) culture of adoption. AmieLeigh's power had been usurped

by multiple institutions, including those that were charged with her emotional care.

Crystal felt that the intergenerational oppression of her First Nation tribe, along

with racism and institutional power imbalances resulted in the unwanted placement of her

son. Her status as a Canadian Aboriginal woman with few financial resources put her at

a great disadvantage against the wealthy and politically-connected adoptive mother and

her powerful law firm. She feels that her First Nation status prevented her from being

included in a class action lawsuit that would have led to reversing the adoption of her

son. Crystal was even physically oppressed when she was drugged by the attorneys when

she signed the relinquishment papers. Crystal felt that some of the best counseling that

she received was when she saw a therapist who understood the intergenerational trauma

with which she identified, and who respected her cultural traditions, such as honoring

messages received through dreams.

The women in this study were affected by oppression that resulted from a

complex interplay of sociocultural, institutional, and economic forces. In light of the

foregoing, counselors who use a feminist approach in their work may be of particular

help to birth mothers. It may benefit birth mothers to recognize that their mental health

concerns and their previous negative birth mother experiences were not a result of

personal deficits, but a result of being systematically excluded, invalidated, and silenced

due to their status as members of nondominant groups (Brown, 2004). In keeping with

feminist counseling theory, and to benefit their clients generally, counselors should be

aware of their position of power in relationship to the birth mothers they are counseling.

As seen in their stories, these birth mothers experienced oppression and bias in many forms, and from many different sources. Many were loath to receive counseling from the same people (such as their agency social workers) who had been complicit in causing them so much pain. Most of the participants felt especially affected by counselors who remained ignorant of the influence of myths in adoption. These myths were often promoted by those in power, and silenced those who had lived the birth mother experience. In order to effectively help this population, it is important that counselors are aware of classist, sexist, and racist attitudes, behaviors, and internalized prejudices and their effects when working with birth mothers.

Cultural Competencies and Social Justice

The ACA Multicultural and Social Justice Counseling Competencies (American Counseling Association, 2015) signify that counselors should increase their self-awareness and develop their competencies in order to examine their attitudes and beliefs, increase their understanding, and develop their skill and action-taking regarding their clients. According to the these competencies (American Counseling Association, 2015), counselors (both privileged and marginalized) should strive to increase their self-knowledge and awareness of their attitudes and beliefs regarding the constructs of their "social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs, and biases" (American Counseling Association, 2015, p.5) as well as how their clients' experiences of these constructs (and worldviews) affect the counseling relationship. Culturally competent counselors are

aware of their clients' experiences of oppression and discrimination, and respond appropriately in order to empower their clients (Lee, 2008).

A review of the counseling experiences of the participants in this study revealed that some of their counselors did not appear to be practicing culturally competent counseling. The counselors' insensitive remarks, their commitment of microaggressions, and their lack of knowledge and skills for the effective treatment of their clients point to their need for increased self-awareness and increased training regarding adoption and birth mothers. As a result of this increased awareness and knowledge, these counselors may become advocates with and for their clients on the intrapersonal, interpersonal, institutional, community, and public policy levels.

There are many ways that counselors may engage in advocacy for birth mothers; following are some suggestions for action-taking on the various levels of advocacy. On the intrapersonal level, counselors are advised to become aware of how historic and current events, as well as power and oppression maybe a part of their reasons for seeking counseling. Intrapersonally, they may help their clients to identify supportive and non-supportive people in their lives, and the role that privilege and marginalization play in those relationships (i.e., birth mothers who have turbulent pre-placement histories with family members and the current and future status of those relationships). All (n=7) of the participants reported feeling traumatized by an institution (i.e., adoption agencies, the legal system, churches, and the adoption industry). One way in which counselors can be advocates on the institutional level is to educate those who are a part of these institutions (e.g. ministers) regarding adoption and the marginalization of birth mothers. Of great

concern to the participants was the pro-adoption biases that they perceived from both

their pre- and post-placement counselors. The participants frequently expressed a strong

desire to have counselors made available to them who were not connected to the placing

agencies. Counselors can advocate for birth mothers by offering these services, and by

demanding institutional change regarding agencies' methods (thereby removing a

systemic barrier to unbiased counseling).   By working to dispel cultural myths regarding

birth mothers and adoption, counselors can advocate for community change.

Additionally, this may help to re-shape community norms and values that affect birth

mothers both pre-and post-placement. Finally, public policy interventions on behalf of

and with birth mothers may include lobbying on local, state, and federal levels for

independent pre- and post-placement counseling. Also, calling for enforceable openness

agreements, and allowing for un-redacted and open birth certificates would be ways in

which counselors can be actively involved in helping to empower their birth mother

clients and change the status quo on issues that may be important to them.

Adoption Competent Training and Counselor Education

Almost all of the negative experiences (and related themes and subthemes) of the

birth mothers in this study (e.g., dismissed, leaving, myths, ignorance) could be at least

partially alleviated by better training for counselors, social workers, psychologists, and

other therapists. Sass and Henderson's (2002) study of 66 birth mothers and 152

adoptees indicated that approximately 95% of the surveyed dyad members wanted to

discuss adoption in their therapy. Unfortunately, many studies indicate that birth parents,

adoptive parents and adoptees are unable to find appropriately trained clinicians who

were not uninformed, ineffective, or harmful to their clients (Atkinson & Riley, 2017; Atkinson, Genot, Freundlich, & Riley, 2013; Barth et al., 2001; Brodzinsky, 2011, 2013, 2014; Casey Family Services, 2003; Festinger, 2006; Freundlich, 2006; Smith, 2014). This deficiency points to the need for adoption competent therapists.

A review of the literature indicates that adoption competency has been a concern of several authors (Brodzinsky 2013; Janus, 1997; Sass & Henderson, 2000, 2002; Wiley & Baden, 2005); it has also been the focus for a few adoption-related organizations [Center for Adoptive Support and Services (C.A.S.E.); Casey Family Services and the Donald Adoption Institute], and post-graduate programs (Portland State University; Rutgers University School of Social Work; and Hunter College School of Social Work). A review of these articles and programs indicated that only one (Wiley & Baden, 2005) is dedicated to counseling competency and birth parents. (The Wiley & Baden (2005) article is reviewed in Chapter 2 herein.) Atkinson et al. (2013) performed a study of adoptees, adoptive parents, and birth parents' perceptions of what constitutes an "adoption competent health professional." Although the study was an opportunity to hear from birth parents, only 7% of 485 participants were birth parents; none of the birth parents' results were included in the findings of that study. The Atkinson et al. (2013) study was based on a program called T.A.C. (Training in Adoption Competency) developed by C.A.S.E. A cursory review of the modules that are included in that certificate training reveals that only one module is specific to birth parents; but it is shared with the topic of adoptive parents. Without special training, it is probable that

mental health professionals may bring to counseling the myths and misperceptions that are portrayed in the media and held by the general public regarding birth parents.

Despite the interest in the topic of adoption competency, all of the birth mothers in this study felt that they had been to at least one non-adoption competent counselor; many had yet to find an adoption competent therapist. The disproportionate representation of birth parents in the counseling literature and training is understandable in some ways – adoption is about the welfare of the child, and the adoptive parents are entrusted with that welfare post-placement. However, the absence of a focus on birth parents in the training and clinical literature leaves a serious gap in helping this deserving population.

Counselor education can help to fill that gap. The opportunity to educate future counselors regarding birth mothers' may be addressed in the curriculum of Master's counseling programs. Fisher's 2003 study of 37 undergraduate college texts and anthologies on families from 1998-2001 found that those books rarely made mention of adoption; when adoption was included in the text, most assertions were not supported by references to empirical evidence. My own informal review in 2016 of seven Master's level counseling texts on the family included at most two references to adoption per text - some had none. Those references were generally at the beginning of the text where they listed in passing different types of families (i.e., step-/blended families; singled parent families).

The most obvious place to begin to teach counselors-in-training about adoption in general, and birth parents in particular would be in courses on marriage, families, and

couples counseling. Even a single module on the topic would be more than most

counselors currently receive. Other relevant courses could include: multicultural courses

(wherein topics such as transracial adoption, international adoption, and culturally

competent adoption counseling can be explored); lifespan development courses (which

can include a unit on the members of the adoption constellation as seen through a

developmental framework); courses on trauma (where the traumatic experiences such as

those of the participants in this study can be discussed); group counseling courses (where

students can design examples of groups for members of the adoption constellation);

research courses (wherein a wide variety of adoption related topics can be examined);

theory courses (where case studies involving members of the adoption constellation can

be utilized); and elective courses that are dedicated to adoption. Currently, most post-

graduate certificates and graduate courses that are offered by universities are part of their

social work schools and adoption agencies, and while they may address mental health,

they do not necessarily focus on the specific constructs of counseling. Janus (1997)

suggested that adoption become a specialty in counseling programs.

<div align="center">**Limitations**</div>

Qualitative studies are by their nature not generalizable to a greater population

(Hays and Singh, 2012); however, the experiences of even a small subset of individuals

can provide insight that results in theoretical transferability (Smith et al., 2009), that is,

the results of the research can apply or transfer beyond the bounds of the project to some

degree. In accordance with the feminist research approach, the value of each individual's

experience is primary, with the hope of benefitting an underrepresented or disadvantaged

group (Smith & Eatough, 2007). Therefore, despite the small number of participants, each birth mother was provided an opportunity for a deep and meaningful telling of her experiences. This study could serve as the groundwork for a larger study about the counseling experiences of birth mothers. A quantitative study of the topic would offer more generalizable results, however, that was not the goal of this study.

Studies that utilize the IPA approach depend on the double hermeneutic process of analysts making meaning of participants' meaning-making. One limitation of this study was that it relied upon the insights and communication abilities of the participants to relate their experiences. These birth mothers were reflecting on several years of counseling experiences that sometimes occurred many years ago. Therefore, recall and the effects of the passage of time may have affected what experiences were shared in the interviews and how they were described. Similarly, it's challenging to separate the impact of the adoption experience from previously existing mental health issues and trauma. These factors impact the individuals' experience and journeys, but also likely contributed to how they experienced adoption. Additionally, the call for participants was shared through various channels, including websites for birth mothers support groups; self-selection may have resulted in selection bias. The use of the internet limited the participants to those who had access to computers and the internet. Despite these limitations, the procedural rigor of this study suggests that it adds to the existing understanding of the topic of the counseling experiences of women who have placed a child for adoption.

Further Research

Considering the paucity of birth mother literature, there are many opportunities for further research related to birth mothers' counseling experiences. This study was a qualitative study of the post-placement experiences of birth mothers. The counseling field would benefit from a better understanding of pre-adoption counseling of this contemporary cohort in the form of qualitative and/or quantitative studies, similar to the studies that were performed by Madden et al. (2017). This study was limited to birth mothers' experiences – birth fathers were only tangentially mentioned in the participants' stories. Birth fathers may benefit from a study centered on their post-placement experiences in general. It was obvious in this study that counselors often brought their own biases and beliefs about birth mothers and adoption into their counseling work with these birth mothers. A study of the attitudes and beliefs of counselors-in-training regarding adoption and birth mothers in particular would result in valuable information regarding where changes may be needed in the training of counselors. Such a study might profit from a pre-test/post-test approach with a training intervention.

Counselors' insensitive remarks regarding adoption and birth mothers was one of the factors that led some (*n*= 3) of the participants in this study to terminate their therapy early. A study of birth mothers' participation and early termination rates in therapy would be valuable. These birth mothers experienced isolation and feelings of being alone in their experiences. Therefore, a study of the effects of a birth mother group based on narrative therapy, a feminist approach, or a trauma treatment approach may provide insight into what types of interventions are most helpful to birthmothers. All of these suggested studies may benefit the training of counselors to become more adoption

competent, and to become aware of the particular challenges that birth mothers face, and the strengths that they possess.

Conclusion

The purpose of this study was to explore the post-placement experiences of several adult birth mothers from various races, ethnicities, educational backgrounds, and socio-economic classes who voluntarily placed a child for adoption through a private placement in the United States from 1995 to the 2014. Insight was gained into why these birth mothers sought counseling; their feelings about how the counselors addressed their experiences; their perception of their counselors' attitudes towards adoption and birth mothers; their opinion of how prepared their counselors were to address adoption related issues; and how they think counseling affected them overall. The purpose of this study is unique in that it is based on the participants' own experiences and opinions, instead of relying on others to speak for them; it addresses a more current cohort than has typically been studied; it focuses on post-placement counseling, instead of pre-placement concerns; it was conducted from a feminist counseling viewpoint, as opposed to a social work or other helping profession framework.

I believe that this study provided additional information as to the challenges that birth mothers face in their post - placement lives and in their post-placement therapy. Of particular note was the role of diagnosed PTSD; the dismissive attitudes of their counselors; the sustainment of popular myths by counselors regarding adoption and birth mothers; the glorification of the role of birth mothers, the extent of ignorance and insensitivity of the counselors regarding birth mothers; and the birth mothers' ability to

find positive effects to their experiences despite the perceived shortcomings in their

treatment. All of these findings point to a need for further education, awareness, and

training regarding adoption and birth mothers. It is my hope that this study moves the

conversation about adoption and birth mothers forward, and that it will serve as a catalyst

to improved education about these topics. Most importantly, I hope that it gave a

platform to the participants to tell their stories, and for these women to be heard beyond

the void to which they feel their voices are relegated.

References

Ackerman, S. J., & Hilsenroth, M. J. (2001). A review of therapist characteristics and

    techniques negatively impacting the therapeutic alliance. *Psychotherapy: Theory,*

    Research, Practice, Training, *38*(2), 171-185. doi:10.1037/0033-3204.38.2.171

Adoption statistics. (n.d.). Retrieved from The Adoption History Project. University of

    Oregon website: http://darkwing.uoregon.edu/~adoption/index.html

Aloi, J. (2009). Nursing the disenfranchised: Women who have relinquished an infant for

    adoption. *Journal of Psychiatric & Mental Health Nursing*, *16*(1), 27-31.

    doi:10.1111/j.1365-2850.2008.01324.x

American Counseling Association (2014). *ACA Code of Ethics*. Alexandria, VA: Author.

American Counseling Association (2015). *ACA Multicultural and Social Justice*

    Counseling Competencies. Alexandria, VA: Author.

Associations between childhood trauma and susceptibility to posttraumatic stress disorder

    in the military. [serial online]. 2014; Available from: OAIster, Ipswich, MA.

    Accessed February 10, 2018.

Atkinson, A. J., & Riley, D. B. (2017). Training for adoption competency: Building a

    community of adoption-competent clinicians. *Families in Society: Journal of*

    Contemporary Social Services, *98*(3), 235-242. doi:10.1606/1044-

    3894.2017.98.23

Atkinson, A. J., Gonet, P. A., Freundlich, M., & Riley, D. B. (2013). Adoption competent

    clinical practice: Defining its meaning and development. *Adoption Quarterly*,

    16(3/4), 156-174. doi:10.1080/10926755.2013.844215

Babb, L. A. (1999). *Ethics in American adoption.* Westport, CT: Bergin & Garvey.

Baden, A. L. (2016). 'Do you know your Real parents?' And other adoption

microaggressions. *Adoption Quarterly*, *19*(1), 1-25.

doi:10.1080/10926755.2015.1026012

Baden, A. L., Ferguson, A., Harrington, E. S., & Smith, L. (February 23, 2018). *Invisible*

women: Microaggressions targeting first/birth mother's experiences in adoption.

Symposium presented for Winter Roundtable on Psychology and Education,

Columbia Teachers College, Columbia University, New York, NY.

Baldwin, S. A., Wampold, B. E., & Imel, Z. E. (2007). Untangling the alliance-outcome

correlation: Exploring the relative importance of therapist and patient variability

in the alliance. *Journal of Consulting and Clinical Psychology*, *75*(6), 842-852.

doi:10.1037/0022-006X.75.6.842

Baran, A., & Pannor, R. (1990). Open adoption. In D. M. Brodzinsky & M. Schechter

(Eds.), *The psychology of adoption* (pp. 295-315). New York: Oxford University

Press.

Barth, R., Gibbs, D., & Siebenaler, K. Research Triangle Institute and University of

North Carolina School of Social Work. (April 10, 2001). Assessing the field of

post-adoption services: Family needs, program models, and evaluation issues.

Research Triangle Institute and University of North Carolina School of Social

Work. Retrieved from https://aspe.hhs.gov/basic-report/ assessing-field-post-

adoption-services-family-needs-programmodels-and-evaluation-issues-literature-

review

Beddoes, K. (2013). Feminist methodologies and engineering education research.

 European Journal of Engineering Education, *38*(1), 107-118.

Berebitsky, J. (2001). *Like our very own: Adoption and the changing culture of*

 motherhood, 1851-1950. Lawrence, KS: University Press of Kansas.

Berry, M., Barth, R.P., & Needell, B. (1996). Preparation, support, and satisfaction of

 adoptive families in agency and independent adoptions. *Child and Adolescent*

 Social Work Journal, 13, 157– 83.

Blanton, T. L., & Deschner, J. (1990). Biological mothers' grief: The postadoptive

 experience in open versus confidential adoption. *Child Welfare, 69*(6), 525-536.

Bouchier, P., Lambert, L., & Triseliotis, J. (1991). *Parting with a child for adoption: The*

 mother's perspective. London, UK: British Association for Adoption and

 Fostering.

Bourke, B. (2014). Positionality: Reflecting on the Research Process. *Qualitative Report*,

 19(33), 1-9.

Bowlby, J. (1951). *Maternal care and mental health* (World Health Organization

 Monograph, Serial No. 2).

Bradley, C., & Hawkins-Leon, C. G. (2003). The transracial adoption debate: Counseling

 and legal implications. *Journal of Counseling & Development, 80*(4), 433-440.

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative*

 Research in Psychology, 3(2), 77-101.

Brodzinsky, A. (1990). Surrendering an infant for adoption: The birthmother experience.

In D. M. Brodzinsky & M. Schechter (Eds.), *The psychology of adoption* (pp.

295-315). New York: Oxford University Press.

Brodzinsky, D. L. (2011). Children's understanding of adoption: Developmental and

clinical implications. *Professional Psychology: Research and Practice, 42*, 200–

207.

Brodzinsky, D. L. (2013). A need to know: Enhancing adoption competence among

mental health professionals. New York, NY: Donaldson Adoption Institute.

Brodzinsky, D., & Smith, S. L. (2014). Post-placement adjustment and the needs of

birthmothers who place an infant for adoption. *Adoption Quarterly*, *17*(3), 165-

184. doi:10.1080/10926755.2014. 891551

Brodzinsky, D., Schechter, M.D., & Henig, R.M. (1992). *Being adopted: The lifelong

search for self.* New York, NY: Anchor.

Brown, L.S. (2000). Feminist therapy. In C.R. Snyder & R.E. Ingram (Eds.) *Handbook of

psychological change: Psychotherapy processes and practices for the 21*st* century*

(p. 358-380). New York, NY: Wiley & Sons.

Brown, L. S. (2004). Feminist paradigms of trauma treatment. *Psychotherapy: Theory,

Research, Practice, Training*, *41*(4), 464-471. doi:10.1037/0033-3204.41.4.464

Butterfield, J., & Scaturo, K. (April, 1989). *Clinical work with birth families.* Workshop

conducted at the meeting of the American Adoption Congress. New York.

Carp, W. E. (1998). *Family matters: Secrecy and disclosure in the history of adoption.*

   Cambridge, MA: Harvard University Press.

Carr, M. J. (2000). Birthmothers and subsequent children: The role of personality traits

   and attachment history. *Journal of Social Distress and the Homeless, 9,* 339-348.

Casey Family Services. (2003). Promising practices in adoption competent mental health

   services. New Haven, CT: Author.

Chaffee, R. B. (2010). Managed care and termination. In W.T. O'Donohue & Cucciare,

   M. (Eds.) *Terminating psychotherapy: A clinician's guide* (pp.3-14). New York,

   NY: Routledge

Chen, F. (2016). Maternal voices in personal narratives of adoption. *Women's Studies*,

   45(2), 162-187. doi:10.1080/00497878.2015.1122504

Chen, X., Yang, G., Bihan, T., Yuan, L., Peng, K., Meng, W., & Lulu, Z. (n.d.). A meta-

   analysis of risk factors for combat-related PTSD among military personnel and

   veterans. *Plos ONE, Vol 10, Iss 3, P E0120270 (2015)*, (3), e0120270.

   doi:10.1371/journal.pone.0120270

Child Welfare Information Gateway. (2013). Impact of adoption on birth parents.

   Washington, DC: U.S. Department of Health and Human Services, Children's

   Bureau.

Chippindale-Bakker, V., & Foster, L. (1996). Adoption in the 1990's: Sociodemographic

   determinants of biological parents choosing adoption. *Child Welfare, 75*(4), 337-

   355.

Christian, C. L., McRoy, R. G., Grotevant, H. D., & Bryant, C. M. (1997). Grief

    resolution of birthmothers in confidential, time-limited mediated, ongoing

    mediated, and fully disclosed adoptions. *Adoption Quarterly, 1,* 35-38.

Cole, E., & Donley, K.S. (1990). History, values, and placement policy issues in

    adoption. In D. M. Brodzinsky & M. Schechter (Eds.), *The psychology of*

    adoption (pp. 295-315). New York: Oxford University Press.

Coleman, P. K., & Garratt, D. (2016). From birth mothers to first mothers: Toward a

    compassionate understanding of the life-long act of adoption placement. *Issues in*

    Law & Medicine, *31*(2), 139-163.

Conn, P. (2013). A*doption: A brief social and cultural history.* New York, NY: Palgrave

    Macmillan

Crawford, M. & Unger, R. (2004). *Women and gender: A feminist psychology* (4th ed.).

    New York: McGraw Hill.

Creedy, K. B. (2001). Community must unite if perception of adoption is to change.

    Adoption Quarterly, 4, 95–101.

Creswell, J.W. (2013). *Qualitative inquiry and research design: Choosing among five*

    approaches. Thousand Oaks, CA: Sage.

Creswell, J.W. (2014). *Research design: Qualitative, quantitative, and mixed methods*

    approaches. Thousand Oaks, CA: Sage.

Cushman, L., Kalmuss, D., & Namerow, P. (1997). Openness in adoption: Experiences

    and social psychological outcomes among birth mothers. *Marriage & Family*

    Review, *25*(1/2), 7-18.

Custer, M. (1993). Adoption as an option for unmarried pregnant teens. *Adolescence*, *28*(112), 891-903.

Cuthbert, D., Murphy, K., & Quartly, M. (2009). Adoption and feminism: Towards framing a feminist response to contemporary developments in adoption. *Australian Feminist Studies*, *24*(62), 395-419. doi:10.1080/08164640903289302

Daly K. (1994). Adolescent perceptions of adoption: Implications for resolving an unplanned pregnancy. *Youth and Society, 25,* 330–350.

De Simone, M. (1996). Birth mother loss: Contributing factors to unresolved grief. *Clinical Social Work Journal, 24,* 65-76.

Deykin, E. Y., Campbell, L., & Patti, P. (1984). The postadoption experience of surrendering parents. *American Journal of Orthopsychiatry, 54,* 271-280.

Doka, K. J. (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice.* Champaign, IL: Research Press.

Dowd, N. E. (1994). A feminist analysis of adoption. [Review of the book F*amily bonds: Adoption and the politics of parenting,* by Elizabeth Bartholet]. *Harvard Law Review*, *107,* 913-936.

Dusky, L. (1979). *Birthmark.* Lanham, MD: M. Evans & Co. Edition. Chichester: John Wiley & Sons.

Edwards, D. (1999). American adoption and the experiences of relinquishing mothers. *Practicing Anthropology, 21*(1), 18-23.

Ellerby, Janet M. (2007). *Following the tambourine man: A birthmother's memoir.* Syracuse, NY: Syracuse University Press.

Ellison, M. (2003). Authoritative knowledge and single women's unintentional

    pregnancies, abortions, adoption and single motherhood: Social stigma and

    structural violence. *Medical Anthropology Quarterly 17*(3), 322-347.

    doi:10.1525/maq.2003.17.3.322. PMID12974201.

Erlandson, D. A., Harris, E. L., Skipper, B. L., & Allen, S. D. (1993). *Doing naturalistic*

    inquiry: A guide to methods. Newbury Park, CA: Sage.

Esposito, D., & Biafora, F.A. (2007). Toward a sociology of adoption: Historical

    deconstruction. In R.A. Javier, A.L. Baden, F.A. Biafora, & A. Camacho-

    Gingerich (Eds.), *Handbook of adoption: Implications for researchers,*

    practitioners, and families (pp. 17-31). Thousand Oaks, CA: Sage.

Fade, S. (2004). Using interpretative phenomenological analysis for public health

    nutrition and dietetic research: A practical guide. *Proceedings of The Nutrition*

    Society, *63*(4), 647-653.

Farrar, P. D. (2005). Abject mothers: Women separated from their babies lost to

    adoption. In D. L. Gustafson (Ed.), *Unbecoming mothers: The social production*

    of maternal absence (pp. 51–72). New York, NY: Haworth Press

Faschingbauer, T.R. (1981) *Texas revised inventory of grief manual.* Texas: Honeycomb

    Publishing Company.

Fessler, A. (2007). *The girls who went away: The hidden history of women who*

    surrendered children for adoption in the decades before Roe v. Wade. London:

    Penguin.

Festinger, T. (2006). Adoption and after: Adoptive parents' service needs. In M. Dore (Ed.), *The postadoption experience: Adoptive families' service needs and service outcomes* (pp. 17–44). Washington, DC: CWLA Press.

Fischer, R. L. (2002). The emerging role of adoption reunion registries: Adoptee and birthparent views. *Child Welfare, 81,* 445–470.

Fisher, A.P. (2003a). A critique of the portrayal of adoption in college textbooks and readers on families, 1998-2001. *Family Relations*, *52*(2), 154-160.

Fisher, A. P. (2003b). Still 'not quite as good as having your own'? Toward a sociology of adoption. *Annual Review of Sociology, 29,* 335-361.

Fonow, M., & Cook, J. (2005). Feminist methodology: New applications in the academy and public policy. *Signs*, *30*(4), 2211 - 2236. doi:10.1086/428417.

Franklin, L. C. (1998). *May the circle be unbroken: An intimate journey into the heart of adoption.* Lincoln, NE: Authors Choice Press.

Fravel, D. L., McRoy, R. G., & Grotevant, H. D. (2000). Birthmother perceptions of the psychologically present adopted child: Adoption openness and boundary ambiguity. *Family Relations*, *49*(4), 425-433.

Freundlich, M. (2001). Adoption and ethics: The impact of adoption on members of the triad (Vol. 3). Washington, DC: The Child Welfare League of America.

Freundlich, M. (2002). Adoption research: An assessment of empirical contributions to the advancement of adoption practice. *Journal of Social Distress & The Homeless*, *11*(2), 143.

Freundlich, M. (2006). Research on post-adoption services: Implications for practice,

program development, and policy. In M. Dore (Ed.), *The postadoption*

experience: Adoptive families' service needs and service outcomes (pp. 283–298).

Washington, DC: CWLA Press.

Freundlich, M. (2007). A legal history of adoption and ongoing legal challenges. In R.A.

Javier, A.L. Baden, F.A. Biafora, & A. Camacho-Gingerich (Eds.), *Handbook of*

adoption: Implications for researchers, practitioners, and families (pp. 17-31).

Thousand Oaks, CA: Sage.

Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Cambridge,

MA: Harvard University Press.

Freyd, J. J., & Birrell, P. J. (2013). *Blind to betrayal*. New York, NY: Wiley.

Ge, X., Natsuaki, M., Martin, D., Leve, L., Neiderhiser, J., Villareal, G., & ... Reiss, D.

(2008). Bridging the divide: Openness in adoption and postadoption psychosocial

adjustment among birth and adoptive parents. *Journal of Family Psychology*,

22(4), 529-540.

Glossary. (2016). Retrieved from the National Adoption Center website: www.adopt.org

Gray, M., Agllias, K., Schubert, L., & Boddy, J. (2015). Doctoral research from a

feminist perspective: Acknowledging, advancing and aligning women's

experience. *Qualitative Social Work*, *14*(6), 758-775.

doi:10.1177/1473325014565148

Grotevant, H. D., & McRoy, R. G. (1998). *Openness in adoption: Exploring family*

connections. Thousand Oaks, CA: Sage

Grotevant, H. D., McRoy, R. G., Wrobel, G. M., & Ayers-Lopez, S. (2013). Contact

between adoptive and birth families: Perspectives from the Minnesota/Texas

adoption research project. *Child Development Perspectives*, *7*(3), 193-198.

doi:10.1111/cdep.12039

Hall, M. (2007). *Without a map: A memoir.* Boston: Beacon Press.

Hamilton, R., & Bowers, B. (2006). Internet recruitment and e-mail interviews in

qualitative studies. *Qualitative Health Research*, *16*(6), 821-835.

Harlow, H. F. (1961). The development of affectional patterns in infant monkeys. In

B.M. Foss(Ed.), *Determinants of infant behavior* (pp. 75-97). London: Methuen.

Haugaard, J. J., Schustack, A., & Dorman, K. (1998). Birth mothers who voluntarily

relinquish infants for adoption. *Adoption Quarterly*, *2*(1), 89-97.

Hawn, P. (2010). *Good girls don't.* Charleston, SC: CreateSpace Independent

Publishing.

Hay-Gibson, N. (2009). Interviews via VoIP: Benefits and disadvantages within a PhD

study of SMEs. *Library and Information Research, 33*(105), 39-50.

Hays, D. G. & Singh, A. A., (2012). Qualitative inquiry in clinical and educational

settings. New York, N.Y., The Guilford Press

Heidegger, M. (2008). *Being and time*. New York, NY: Harper Perennial Modern

Classics. Reprint edition.

Henney, S. M., Ayers-Lopez, S., McRoy, R. G., & Grotevant, H. D. (2007). Evolution

and resolution: Birthmothers' experience of grief and loss at different levels of

adoption openness. *Journal of Social & Personal Relationships*, *24*(6), 875-889.

doi:10.1177/0265407507084188

Henney, S. M., French, C. A., Ayers-Lopez, S., McRoy, R. G., & Grotevant, H. D.

(2011). Postplacement relationships between birth mothers and their romantic

partners. *Journal of Family Psychology*, *25*(4), 620-624. doi:10.1037/a0024540

Henney, S. M., Onken, S., McRoy, R. G., & Grotevant, H. D. (1998). Changing agency

practices toward openness in adoption. *Adoption Quarterly*, *1*(3), 45-76.

doi:10.1300/J145v01n03_04

Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare.*

Third

Holt, M. I. (1992). *The orphan trains: Placing out in America.* Lincoln, NE: University

of Nebraska Press.

Husserl, E. (2001). *The shorter logical investigations* (J.N. Findlay, Trans.). London:

Routledge.

Hycner, R. H. (1985). Some guidelines for the phenomenological analysis of interview

data. *Human Studies, (8)*, 279 - 303.

Inman, A.G. & O'Shaughnessy, T. (2013). *Women's Issues, Feminism, Social Class, and*

Counseling. The Oxford Handbook of Social Class in Counseling Edited by

William M. Liu

Janghorban, R., Roudsari, R. L., & Taghipour, A. (2014). Skype interviewing: The new

generation of online synchronous interview in qualitative research. *International*

Journal of Qualitative Studies on Health and Well-Being, *9,* 1-3.

doi:10.3402/qhw.v9.24152

Jansen, G., & Davis, D. (1998). Honoring voice and visibility: Sensitive-topic research

and feminist interpretive inquiry. *AFFILIA: Journal of Women and Social Work*,

13(3), 289-311.

Janus, N. G. (1997). Adoption counseling as a professional specialty area for counselors.

Journal of Counseling & Development, *75*(4), 266-274.

Jones, M. B. (2000). *Birthmothers: Women who have relinquished babies for adoption*

tell their stories (reprint). Lincoln, NE: iUniverse.com, Inc.

Kalmuss, D. S., Namerow, P. B., & Cushman, L. F. (1991). Adoption versus parenting

among young pregnant women. *Family Planning Perspectives*, *23*(1), 17-23.

Kirschner, D. H. (1990). The adopted child syndrome: Considerations for psychotherapy.

Psychotherapy in Private Practice. 8, 93-100.

Knight, M. (2000). Ethics in qualitative research: Multicultural feminist activist research.

Theory into Practice, 39(3), 170-176.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in

interpretative phenomenological analysis. *Qualitative Research in Psychology, 3,*

102-120. doi:10.1191/1478088706qp062oa

Lee, C. C. (2008). Elements of culturally competent counseling (ACAPCD-24).

Alexandria, VA: American Counseling Association.

Lobb, E. A., Kristjanson, L. J., Aoun, S. M., Monterosso, L., Halkett, G. B., & Davies, A.

    (2010). Predictors of complicated grief: A systematic review of empirical studies.

    Death Studies, *34*(8), 673-698.

Logan, J. (1996). Birth mothers and their mental health: Uncharted territory. *The British*

    Journal of Social Work, 26(5), 609-625.

March, K. (1997). The dilemma of adoption reunion: Establishing open communication

    between adopted and their birth mothers. *Family Relations*, *46*(2), 99.

March, K. (2014). Birth mother grief and the challenge of adoption reunion contact.

    American Journal of Orthopsychiatry, *84*(4), 409-419. doi:10.1037/ort0000013

March, K., & Miall, C. E. (2006). Reinforcing the motherhood ideal: Public perceptions

    of biological mothers who make an adoption plan. *The Canadian Review of*

    Sociology = Revue Canadienne de Sociologie, *43*(4), 367-385.

McElmurray, K. S. (2004). *Surrendered child: A birthmother's journey.* Athens, GA:

    Univeristy of Georgia Press.

Melosh, B. (2002). *Strangers and kin: The American way of adoption*. Cambridge, MA:

    Harvard College

Menon, S., Sinha, A., & Sreekantan, B.V. (2014). *Interdisciplinary perspectives on*

    consciousness and the self. London: Springer.

Mercer, J. (2007). The challenges of insider research in educational institutions:

    Wielding a double-edged sword and resolving delicate dilemmas. *Oxford Review*

    of Education, 33(1), 1-17.

Merleau-Ponty, M. (2002) *Phenomenology of perception* (2nd ed.). New York: Routledge.

Merriam, S. B.& Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation.* San Francisco: Wiley.

Miles, M. B., & Huberman, A. M. & Saldana (2013). *Qualitative data analysis: A methods sourcebook.* Thousand Oaks, CA: Sage.

Moorman, M. (1996). *Waiting to forget: A mother lost and found.* New York: Norton.

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Namerow, P. B., Kalmuss, D., & Cushman, L. F. (1997). The consequences of placing versus parenting among young unmarried women. *Marriage & Family Review*, *25*(3/4), 175-197.

Neil, E. (2006). Coming to terms with the loss of a child: The feelings of birth parents and grandparents about adoption and post-adoption contact. *Adoption Quarterly*, *10*(1), 1-23.

Niero, M. (2014). The invisible interviewer: Old and new methodological issues in online research. *Italian Sociological Review*, *4*(3), 315-340.

NIMH. Post-traumatic stress disorder. (n.d.) https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml; retrieved February 12, 2018. Author.

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence Based Nursing*, *18*(2), 34-35. doi:10.1136/eb-2015-102054

Olfson, M., & Marcus, S. (2010). National trends in outpatient psychotherapy. *American Journal of Psychiatry*, *167*(12), 1456-1463. doi:10.1176/appi.ajp.2010.10040570

Onwuegbuzie, A. J., & Collins, K. T. (2007). A typology of mixed methods sampling

 designs in social science research. *Qualitative Report*, *12*(2), 281-316.

Pietkiewicz, I., & Smith, J. (2014). A practical guide to using Interpretative

 Phenomenological Analysis in qualitative research psychology. *Czasopismo

 psychologiczne – Psychological Journal, 20*(1), 7-14.

Rather, D. (2012). Adopted or abducted? *Yahoo! News.* Retrieved from

 https://www.yahoo.com/news/forced-adoptions-for-unwed-mothers-around-the-

 globe.html?ref=gs

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *Psychologist,

 18*(1), 20-23.

Robinson, E. B. (2000). *Adoption and loss: The hidden grief*. Christies Beach, South

 Australia: Clova Publications.

Roll, S., Millen, L., & Backlund, B. (1986). Solomon's mothers: Mourning in mothers

 who relinquish their children for adoption. In T. A. Rando (Ed.), *Parental loss of

 a child* (pp. 257–275). Champaign, IL: Research Press Company.

Rynearson, E. (1982). Relinquishment and its maternal complications: A preliminary

 study. *American Journal of Psychiatry, 139*(3), 338–340.

Samuels, E. J. (2001). The idea of adoption: An inquiry into the history of adult adoptee

 access to birth records. *Rutgers Law Review*, *53,* 367- 437.

Samuels, E. J. (2013). Surrender and subordination: Birth mothers and adoption law

 reform. *Michigan Journal of Gender & Law*, *20,* 33- 81.

Sandven, K., & Resnick, M. D. (1990). Informal adoption among Black adolescent

mothers. *American Journal of Orthopsychiatry*, *60*(2), 210-224.

doi:10.1037/h0079158

Sass, D., & Henderson, D. (2000). Adoption issues: Preparation of psychologists and an

evaluation of the need for continuing education. *Journal of Social Distress and

the Homeless*, *9*(4), 349-359.

Sass, D., & Henderson, D. (2002). Adoptees' and birth parents' therapeutic experiences

related to adoption. *Adoption Quarterly*, *6*(1), 25-32.

Schaefer, C. (1991). *The other mother: A woman's love for the child she gave up for

adoption.* New York, NY: Soho Press.

Scull, A. (2011). *Hysteria : The disturbing history* (Biographies of disease (Oxford,

England)). Oxford: Oxford University Press.

Seidman, I. (2013). *Interviewing as qualitative research.* New York, NY: Teachers

College Press.

Shaw, R. L. (2001). Why use interpretative phenomenological analysis in health

psychology? *Health Psychology Update, 10*(4), 48-52.

Sherpis, C.J., Young, S.J., & Daniels, M.H. (2010). *Counseling research: Quantitative,

qualitative, and mixed methods.* Upper Saddle River, NJ: Pearson.

Silverstein, D.N. & Kaplan, S. (1988). Lifelong issues in adoption. In L.Coleman,

K.Tilber, H. Hornby, & C. Boggis (Eds.), *Working with older adoptees: A

sourcebook of innovative models* (pp. 45-53). Portland: University of Southern

Maine.

Simpson, C. (2007). Commentary on "Phenomenology: An Exploration". *Journal of Holistic Nursing, 25*(3), 181-182.

Smith, C. P., & Freyd, J. J. (2014). Institutional betrayal. *American Psychologist*, *69*(6), 575-587. doi:10.1037/a0037564

Smith, J.A., & Eatough, V. (2007). Interpretative phenomenological analysis. In E. Lyons & A. Coyle (Eds.) *Analysing qualitative data in psychology* (p. 25-50)*. London: Sage.

Smith, J.A., & Osborn, M. (2003) Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods.* London: Sage.

Smith, J.A., Flowers P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research.* London: Sage.

Smith, S. L. (2007). *Safeguarding the rights and well-being of birthparents in the adoption process.* New York, NY: Evan B. Donaldson Adoption Institute.

Smith, S. L. (2014, March). Keeping the promise: The case for adoption support and preservation. New York, NY: Evan B. Donaldson Adoption Institute.

Sobol, M. P., Daly, K. J., & Kelloway, E. K. (2000). Paths to the facilitation of open adoption. *Family Relations, 49*(A), 419-424.

Solinger, R. (2000). *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade*. New York: Routledge.

Sorosky, A. D., Baran, A., & Pannor, R. (1978). Adopted children. In D. Cantwell & P. Tanguay (Eds.), *Clinical child psychiatry.* Jamaica, NY: Spectrum Publications.

Starks, H., & Trinidad, S. (2007). Choose your method: a comparison of phenomenology,

    discourse analysis, and grounded theory. *Qualitative Health Research*, *17*(10),

    1372-1380.

Stiffler, L.H. (1991). Adoption's impact on birth mothers: "Can a mother forget her

    child?" *Journal of Psychology and Christianity, 10*(3) 249-259.

Triseliotis, J., Feast, J., & Kyle, F. (2005). The adoption triangle revisited: A study of

    adoption, search, and reunion experiences. London: British Association for

    Adoption and Fostering.

Tymieniecka, M. T. (2003). *Phenomenology world-wide: Foundations – expanding

    dynamics – life- engagements: A guide for research and study.* London: Kluwer

    Academic

Vandivere, S., Malm, K., & Radel, L. (2009). Adoption USA: A chartbook based on the

    2007 National Survey of Adoptive Parents. Washington DC: U.S.: Department of

    Health and Human Services.

Wadia-Ells, S. (Ed.). (1995). *The adoption reader: Birth mothers, adoptive mothers, and

    adopted daughters tell their stories*. Seattle, WA: Seal Press.

Watkins, G. (2015). *Feminist theory: From margins to center*. New York: Routledge.

Wegar, K. (1997). In search of bad mothers: Social constructions of birth and adoptive

    motherhood. *Women's Studies International Forum*, *20*(1), 77-86.

Wegar, K. (2000). Adoption, family ideology, and social stigma: Bias in community

    attitudes, adoption research, and practice. *Family Relations*, *49* (4). 363-370.

Wells, S. (1993). Post-Traumatic Stress Disorder in Birthmothers. *Adoption and Fostering*, *17*(2), 30.

Wiley, M. O., & Baden, A. L. (2005). Birth parents in adoption: Research, practice, and counseling psychology. *Counseling Psychologist*, *33*(1), 13-50.

Winkler , R. C. & van Keppel, M. (1984). *Relinquishing mothers in adoption - their long-term adjustment* (Monograph #3, Institute of Family Studies). Melbourne: Australia.

Winkler, R. C., Brown, M., van Keppel, M., & Blanchard, A. (1988). *Clinical practice in adoption.* New York, NY: Pergamon Press.

Wojnar, D. M., & Swansons, K. M. (2007) Phenomenology: An exploration. *Journal of Holistic Nursing, 25*(3), 172-80.

Wolfgram, S. M. (2008). Openness in adoption: What we know so far—A critical review of the literature. *Social Work, 53*(2), 133–142.

Wrobel, G., Grotevant, H., & McRoy, R. (2004). Adolescent search for birthparents: Who moves forward?. *Journal of Adolescent Research*, *19*(1), 132-151.

Zamostny, K. P., O'Brien, K. M., Baden, A. L., & Wiley, M. O. (2003). The practice of adoption: History, trends, and social context. *Counseling Psychologist, 31*(6), 651-678.

Appendix A

Interview Questions

Note on Interview Protocol: The interview will follow a semi-structured format. The following questions to be posed to each participant.

- Interview Session No. 1: I will be asking the initial question in each numbered section. The alphabetical questions are possible follow-ups or prompts to assist in the interview process, and may or may not be asked.
- Interview Session No. 2:   The research subquestions are presented in italics. I will not be asking the participants those questions. I will be asking the initial question in each numbered section. The alphabetical questions are possible follow-ups or prompts to assist in the interview process, and may or may not be asked.

Introduction (to be read to participant):

Placing a child for adoption can be a life changing experience. Some birth mothers report feelings of depression, anxiety, posttrauma, and grief. At times they may feel rejected or isolated. They may view themselves in the negative way that they may be perceived by family, friends, and society in general. All of these feelings and experiences, among many other life experiences, may lead a birth mother to seek and attend counseling. The purpose of this study is to begin to understand how birth mothers describe their life experiences and experiences in counseling. This interview focuses on your life with respect to your counseling experiences after the placement of your child, as explored in these questions. I'll be asking you to tell me about your life and experiences relevant to counseling that you received after you placed your child for adoption. We will focus on what you consider to be key to your life and counseling experiences as a birth mother. Do you have any questions?

Interview Session No. 1

Background Questions

1. When were you born? a. Could you tell me about your childhood--where and how you grew up? b. How did it feel to be in your family? c. What was it like in your community, school, or other places in which you spent a great deal of time?

2. Are you in touch with any of your family members now? a. Could you tell me about your relationship with you family of origin now? b. Have you formed a family

separate from your family of origin? c. What is your relationship like with that family?

3. What type of work and/or education do you do now?   a. How and why did you embark on this path?

4. When did you place your child? a. Can you tell me about your pregnancy, birth, and placement experience?   b. Was your child placed in an open adoption or a closed adoption at the time of placement? c. Who did you turn to for support? d. Did you receive any counseling at the time you placed?

5. Are you in touch today with the child that you placed? a. What is your current relationship with your placed child like? b. Have you/do you want to search or reunite with the child you placed? c. How do you feel about the relationship?

How do these birth mothers describe their reasons for seeking counseling?

6. Did you receive counseling after your placed your child for adoption? a.When did you first seek counseling? b. What were the reason(s) that you sought counseling? c. What was that experience like for you? d. What type of therapist did you see (social worker, licensed professional counselor, psychologist, psychiatrist, etc.)? e. How long did you attend counseling? f. Did you go to counseling at any other time? g. What was that experience like for you? h. What was the background of that therapist (social worker, psychologist, psychiatrist, etc.)? i. How long did you attend that therapy?

Interview Session No. 2
How do these birth mothers feel about the ways that their counselors addressed their placement experiences?

7. Was adoption addressed at any time during your counseling experience? a. If so, how was the topic first brought up? b. If adoption was not addressed during your counseling experience, why do you think it wasn't addressed? c. What was it like talking about your adoption experience in counseling? c. How do you feel about the ways that your counselor addressed your placement experience? d. Do you feel that your counselor understood the parts about your story that were important to you? e. Can you give an example of how your counselor responded to your story or any part of it? f. Do you feel that your experience was adequately addressed during your counseling?

How do these birth mothers describe their counselors' attitudes towards adoption in general, and birth mothers in particular?

8.   What are some things that your counselor said about adoption in general? a. What do you think was your counselor's attitude towards adoption? b. How do you feel about the counselor's attitudes towards adoption? c. What are some things that your counselor said about birth mothers in particular? d. What do you think was your counselor's attitude towards birth mothers in particular? e. How do you feel about the counselor's attitudes towards birth mothers?

According to these birth mothers, how prepared were their counselors to address adoption related issues?

9.   How informed do you feel your counselor was with respect to adoption? a. How prepared do you think your counselor was with respect to addressing adoption related issues? b. Did your counselor have any training specifically in adoption?

What are these birth mothers' perceptions of how counseling affected them, if at all?

10. How would you describe your counseling experience overall? a. Do you feel that your counseling experience had an effect on you? b. In what way do you think it affected you?

11. Is there anything else that you would like to tell me?

Appendix B

CONSENT FORM FOR ADULTS

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you sign this form.

Study's Title: The Counseling Experiences of Women Who Have Placed a Child for Adoption

Why is this study being done? We hope to learn more about birth mothers. We hope to learn what their experiences are in counseling after placing a child for adoption, and what they think of their counseling experiences.

What will happen while you are in the study? We ask you to agree to be in the study. You will answer a few questions about yourself. After you answer the questions, the researcher will interview you. We will set up the interview on the web at a time that is convenient for you. The interview will be audio recorded.

Interview: There are several steps to the interview process.

1. If you are being interviewed in person, the interviewer will meet with you at the agreed upon time. If you are being interviewed by telephone, the interviewer will call you at the time of the interview. If you are being interviewed by Skype, the interviewer will call you by Skype call at the time of the interview.

2. Before the interview, you will have returned your signed consent form by email or postal mail.

3. Before the interview starts, you will be asked if you have any questions. The interviewer will answer any questions that you might have.

4. After you give your consent, recording will begin.

5. We will ask you prepared questions and follow-up questions if they are needed.

6. We expect each interview session to take 60 to 90 minutes. There will be two interviews sessions, with each one on a separate day.

7. After the end of the interviews you will be allowed to ask any questions you may have. You can also talk to about the interview with the interviewer.

If you experience any discomfort or distress as a result of your participation, call the mental health hotline or contact a trusted mental health provider. If you need to call the hotline, then please call 1-800-LIFENET.

Time: This study will require two separate interview sessions, with each one on a separate day. Each interview will take between 60 and 90 minutes. We expect the first set of questions to take 5 to 10 minutes to answer, then we will proceed immediately to the first interview session.

Risks: We may discuss adoption, counseling, and other subjects related to adoption and counseling. You may feel some discomfort during the interview. You reserve the right to end the session at any point. Please inform the interviewer if your discomfort becomes significant. At the end of the interview, you can discuss any discomfort or concerns you may have. If you feel upset or uncomfortable because you took part in the study, then please let the researcher know. Or you can call the mental health hotline or contact a trusted mental health provider. If you need to call the hotline, then please call 1-800-LIFENET. Your data will be collected through the internet, using Skype; in person; or over the telephone. All interviews will be audio recorded. If the interview is conducted using Skype, the video monitor may be turned off if you desire. No guarantees can be made about the interception of data sent through the internet. We cannot promise that your answers will be kept private due to problems with Internet security. Your information will be kept as secure and confidential as possible but is limited by technology.

We strongly suggest that you DO NOT use a machine (laptop, smartphone, etc.) owned by your employer to respond to this survey. Do not use an unsecure Wi-Fi network when you are interviewed through Skype. If you follow these suggestions, then it will be more likely that your data will be kept private.

Benefits: You may benefit from this study. You might gain a new perspective and understanding of your counseling experiences and your experiences related to adoption.

Others who work with birth mothers may benefit from this study because they may gain new insights into the experiences that some birth mothers may have.

Compensation There will be no compensation for your participation in this study.

Who will know that you are in this study? You will not be linked to any presentations. We will keep who you are confidential.

Although we will keep your identity confidential as it relates to this research project, if we learn of any suspected child abuse we are required by NJ state law to report that to the proper authorities immediately.

Do you have to be in the study?

You do not have to be in this study. You are a volunteer! It is okay if you want to stop at any time and not be in the study. You do not have to answer any questions you do not want to answer. Nothing will happen to you.

Do you have any questions about this study? Phone or email Elliotte Harrington, principal investigator, at the information below:

Elliotte Harrington

Doctoral Candidate

College of Education and Human Services

201-289-0898

Harringtone2@montclair.edu

Do you have any questions about your rights as a research participant? Phone or email the Dr. Amanda Baden, at 973-655-7336 or badena@mail.montclair.edu.

As part of this study, it is okay to audio tape me:

Please initial: _____ Yes _____ No

One copy of this consent form is for you to keep.

Statement of Consent

I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I am 18 years of age or older and have received a copy of this consent form.

_____ _____ _____

_____

Print your name here Sign your name here Date

Name of Principal Investigator   Signature   Date

Name of Faculty Sponsor   Signature   Date

Appendix C

Dear potential participant:

I would like to let you know about an opportunity to participate in a research study about the counseling experiences of women who have placed a child for adoption. This study is being conducted by Elliotte Harrington under the supervision of Dr. Amanda Baden from the Department of Counseling and Educational Leadership at Montclair State University. This study will involve interviews in which you will talk about the counseling experiences you had with a licensed counselor, therapist, social worker, or any other type of licensed mental health provider at any time after you placed your child for adoption.

It will take about 90 minutes of your time on each of two different days, and will involve doing interviews online, in person, or over the telephone.

You may be eligible to participate if you are at least 18 years old, are a birth mother who placed a child for adoption between the years of 1995 and 2014 in a private or private agency placement, and participated in counseling with a licensed counselor, therapist, social worker, or any other type of licensed mental health provider at any time after you placed your child for adoption.

If you have any questions, please contact Elliotte Harrington at harringtone2@montclair.edu.

Thank you for considering participation in this study. This study has been approved by the Montclair State University Institutional Review Board.

Sincerely,

Elliotte Harrington, MA

Doctoral Candidate

Department of Counseling and Educational Leadership, Montclair State University

Appendix D

Demographics of Potential Participants

For the following questions, answer as honestly and completely as possible.

Your Background:

1. Age: _____

2. Marital status (Check current status):

____1.   Never Been Married (Single, Engaged)
____2.   Married
____3.   Divorced
____4.   Widowed
____5.   Domestic Partnership
____6.   Seperated
____7.   Other _____

3. Please check the number next to your Race/Ethnicity or please describe the specific group that you identify with the most in the blank next to your ethnicity (for example, Chinese American, German, Navajo, Alaskan Aleut):

____1. Caucasian, White, European
American_____
____2. African American, Black_____-
_
____3. Asian, Asian-American, or Pacific
Islander_____
____4. Native American or American Indian_____
____5. Latino, Hispanic, Mexican American
_____
____6. Multicultural Mixed

Race_____
____7. Other, please
specify_____

4. What is your current occupation?

_____

5.   Your employment status:

____1.   Employed Full-Time
____2.   Employed Part-Time
____3.   Unemployed/Looking for Work
____4.   Homemaker
____5.   Student
____6.   Retired

8.   What is your current annual income?

____1. Under $25,000
____2. $25,000 - $39,999
____3. $40,000 - $49,999
____4. $50,000 - $74,999
____5. $75,000 - $99,999
____6. $100,000 - $124,999
____7. $125,000 - $149,999
____8. Over $150,000

4.   In what year did you place your child for
adoption?_____

5. Who did you go through for the placement?

___1. An attorney

___2. A private agency

___3. A state/government agency

6. Have you had counseling **since you placed your child for adoption**?

___1. Yes

___2. No

7. If so, how many sessions did you attend?

___1. 1-3

___2. 4-7

___3. 8 or more

8. Was your therapist:

___ Male

___ Female

___ other

Appendix E
Email Letter

College of Education and Human Services
Department of Counseling and Educational Leadership
Voice: 973-655-5175
Fax: 973-655-7662

Dear Friends,

Please take part in my research project on adoption. I am studying birth mothers and their experiences in counseling any time after placing their child for adoption. I want to learn more about birth mothers' thoughts and feeling about their experiences in counseling.

I will ask you to talk about your experiences and stories related to your placement of your child and counseling experiences afterwards. This project was approved by the IRB (#xxxxx) at Montclair State University.

About the Researcher
I am doctoral student in the Counselor Education program at Montclair State University in New Jersey, working under the guidance of Dr. Amanda Baden, Associate Professor.

Who I am Seeking

To participate, you must:
    a. Be 18 years old or older
    b. Be the birth mother of a child placed for a private or private agency adoption between 1995 and 2014
    c. Have participated in counseling or therapy with a licensed mental health practitioner at any time following placement
    d. Be willing to take a brief (5-10 minute) online survey
    e. Be willing to participate in two 60-90 minute interviews

Goals for the Study

The main benefit of this study is for the community. This study will help us to understand the counseling experiences of birth mothers. We will use the results to improve programs and services for the birth mothers.

Contact me if you want to be part of the study or have questions:

Elliotte Harrington, Doctoral Canididate, Counselng and Educational Leadership at Montclair State University, 201-289-0898; harringtone2@montclair.edu

Thanks! Please spread the word about this study!

Sincerely,

Elliotte Harrington, Doctoral Candidate
Montclair State University

Appendix F
Participant Profiles

¶ = transcription paragraph number from 1st interview
¶b = transcription paragraph number from 2nd interview

AmieLeigh

Pre-placement life: AmieLeigh was born in 1972; she lived the first 12 years of her life in a large city on the West coast of the United States, and subsequently moved to the southern United States. She is African American and grew up in the middle class. AmieLeigh said that she was "very pressured to succeed and to excel and to be perfect and to not be considered like other black people," ¶7 and that academics were the focus of her upbringing. Despite the appearances of being a "very exceptional, and…a very upstanding family," ¶ AmieLeigh's parents were very abusive to her growing up. She stated that the abuse from her childhood led to the relinquishment of her daughter.

During college, AmieLeigh was diagnosed with depression and Post-Traumatic Stress Disorder (PTSD) related to her early upbringing. After college and graduate school, AmieLeigh was married to her female partner for nine years, during which she helped to raise her partner's two children. The relationship ended because AmieLeigh wanted a biological child of her own, but her partner didn't want any more children.

Pregnancy, delivery, and placement: After her divorce, AmieLeigh had a baby girl through artificial insemination. She raised her daughter until her daughter was two and a half, when AmieLeigh started having PTSD symptoms. She believes that caring for her daughter triggered memories of her past abuse. She said, "I just fell apart in 2008 and everything just came rushing back, and because of what they (her parents) had done, she was making me sick" ¶25.

AmieLeigh was eventually hospitalized for her mental illness (bipolar disorder and PTSD) for a few short periods at a time, and at one time was in the hospital for a few months. For this three-month period, she used the services of a private adoption agency that had a respite program to take care of her daughter. After the respite assistance ended, AmieLeigh realized that she still needed support, including having someone to care for her daughter for an extended period. She was firmly set against placing her child for adoption. AmieLeigh said, "I sent out a letter to everyone I knew. I said, 'I'm sick and I need help. I need someone to watch my daughter for a year, and I'm looking for a family that's not interested in adoption but would be willing to care for her. I would provide any financial needs that she might have but I needed that help'" ¶25. She found an interracial

lesbian couple who cared for her daughter for over a year while she was in and out of mental health facilities. AmieLeigh had occasional visits with her daughter throughout this time, and eventually began to feel healthier; with her therapist's support, she started to prepare for her daughter's return to her care. Unfortunately, as the time of her daughter's return drew closer, AmieLeigh got progressively more ill, and was once again hospitalized.

While she was hospitalized, AmieLeigh joined a conference call between her hospital social worker and her daughter's therapist. Her daughter's therapist said that AmieLeigh should consider placing her daughter for adoption. AmieLeigh said that the suggestion devastated her. She stated, "I was still in the hospital. They gave me a week to think about it. I had no books on adoption. I had no access to the internet, no access to phone. I couldn't do any research. I couldn't find out about closed adoption, open adoption, impact of adoption on my child, impact of adoption me. It was nothing. It was no information" ¶29. When AmieLeigh let the therapist know that she had decided to relinquish her daughter, the therapist responded that a family had already been lined up. Aimee said that her daughter had already been "advertised as available" ¶30 before she ever gave her consent.

AmieLeigh's daughter was adopted by a lesbian African-American couple. They wanted her to sign the adoption papers while still in the hospital; however, after speaking with the couples' attorney, the hospital insisted on releasing AmieLeigh early so that she would not be signing the papers while hospitalized. AmieLeigh says that she received absolutely no support from any of her health care professionals regarding being a birth mother. Of the lack of support, she said, "I was basically dumped" ¶34; of the relinquishment, she says it was not ethically handled.

Post-placement: After two and a half years, AmieLeigh got to visit with her daughter. Although AmieLeigh is supposed to be provided with pictures, letters, and visits on a set schedule, these forms of contact rarely happen as planned.

Pre-placement counseling: Even though she was hospitalized at the time directly before the relinquishment of her daughter, AmieLeigh feels that she received no pre-placement counseling regarding adoption or being a birth mother.

Post-placement counseling: AmieLeigh's therapy pre-dates her daughter's placement, and continued post-placement. She felt that her therapist "didn't have the skillset to address it (the adoption) in a way that made a difference for (her)" ¶39b. It wasn't until five years post-placement that she told her therapist, "'I want to work on this issue of grief, I'm really grieving the loss of my daughter'" ¶39b. This delay in discussing her

feelings may have been in part due to societal pressures. She felt pressure from those around her to "feel happy" about her choice to place. She said, "Everybody kept saying, 'Oh, she's happy and she's doing well in school, so you should be happy.' I'm like, 'I don't feel happy,' But I was okay around everybody because everybody needed me to be okay" ¶41b. AmieLeigh joined an in-person support group that was led by a birth mother, which she found very helpful. She said that she "became pretty angry and jaded about adoption. Learning about the impact on (her) daughter and what she might go through and the impact on (herself), on what (she was) going through" ¶42b.

AmieLeigh has been seeing her core therapist since 2004. This therapist specializes in PTSD. She finds discussing the relinquishment experience with her core therapist "uncomfortable and very stressful" ¶53b. After determining that her core therapist had only a limited skillset in adoption, AmieLeigh decided to also go to a counselor who acts as an "adoption coach" ¶49b, which she has found to be very helpful.

AmieLeigh passed along her final thoughts on counseling birth mothers. She said, "Just that we're human beings, and we have the right to be cared for and supported to the fullest extent. Our voices should not be silenced in this process. We long-term add value to our children's lives regardless of how and why we were separated" ¶89b.

Brittany

Pre-placement life: Brittany was born in Florida in 1990. Growing up, her father was an active alcoholic who at one time was incarcerated; subsequently, the family lost their home and Brittany went to live with her older half-sister. Brittany was diagnosed with depression around age 14, for which she was treated with medication, but does not remember receiving any counseling. Her mother had placed a child for adoption a long time before Brittany was born; however, her mother did not tell Brittany this until after Brittany had placed her child for adoption. Brittany's mother was a strict Jehovah's Witness, which strained the relationship between Brittany and her mother. Brittany was shunned for attending college; and shunned further when she became pregnant while not married in 2010.

Pregnancy, delivery, and placement: Brittany reports that while at college, she was having difficulty balancing the responsibilities of going to school full time and working, and her "newfound, unsupervised" freedom ¶46. She feels that she had "no self-worth" ¶46 partly due to "some sexual abuse history" ¶46. After getting pregnant, the biological father offered to pay for an abortion, but later ignored her. She had been taught in her church that abortion was "murder" ¶47, and therefore rejected that option. After that decision, she feels she was like "a deer in the headlights" ¶48. She began to sleep

excessively, not attending class or going to her job; she subsequently got fired. Brittany says that at this point, "My life was falling apart. I didn't know what I was going to do." ¶48.

A Planned Parenthood worker talked to Brittany about adoption at the time of her pregnancy test; however, it "wasn't an option (she) was considering" ¶48 and she "really didn't want to do that" ¶48. Brittany stopped school, had no job or car, and says that she was depressed; she says, "It was like I was already grieving." ¶50. Although she applied for public assistance, she didn't receive any. She felt totally isolated and manipulated by her mother, who insisted that if Brittany kept the baby, Brittany could no longer live with her. Brittany felt that this was influenced by the fact that her daughter was biracial. "I was not in my right mind at that time, but now I look back and see she was bullying me into getting rid of the problem." ¶52.

Brittany contacted a large adoption agency to help her find an adoptive family. Although she had given specific details about the type of family she wanted to place with, the agency ignored her instructions. The social worker came to her house a few times and "gave (her) the whole you're an angel, you're so wonderful speeches." ¶61. During this time, Brittany's mother reached out to a potential adoptive family; she started pushing Brittany to place with them. "I was the mat that everyone walked over in this entire experience. I just did nothing. I had no voice of my own." ¶63.

She reports that the adoptive couple tried to "win (her) over" ¶64, and that they never discussed in detail how the open adoption would work. Brittany says that the prospective adoptive couple made her feel "guilty and obligated." ¶88. She continued to be isolated; she was even rejected by her best friend, who considered her "tainted." ¶75. Additionally, Brittany felt betrayed when her mother helped the future adoptive couple to obtain an attorney to represent them in the adoption, but she would not help Brittany with her needs. Brittany felt obligated to place her baby with the adoptive couple, in part because they paid money through the agency for her living expenses. The adoptive couple's social worker also "put (her) on a pedestal," saying "you're so wonderful giving this gift" ¶66, and "praising" her ¶78 for what she was "sacrificing." ¶78. Brittany says that the adoptive couple's social worker made her feel like she was Brittany's advocate who was there to support her, and that she "didn't understand that that was not someone who represented (her) best interest." ¶68.

Brittany said that she didn't want to talk to me about her hospital and birthing experience, but said that she would give me the "short version." ¶71. Brittany's emergency C-section was "traumatic" ¶71; she "had no one that that was there for (her)" ¶71, and feels she was taken advantage of. Brittany didn't have any time alone with her daughter. She was

discharged from the hospital too early; but before being discharged, the adoptive mother force-breastfed her daughter without her permission.

Without the support of her mother, Brittany felt she had no choice but to sign the relinquishment papers. She did so while she was still medicated, and although many people were present, she had no one there for her – she was isolated again. She says that "(I)t was horrible" ¶72, and that signing the documents is the biggest regret of her life. Her relinquishment experience "took away all of (her) hope." ¶141.

Brittany doesn't remember saying good-bye to her daughter. She does remember the adoptive parents' attorney saying (regarding the anticipated open adoption), "It's not goodbye. It's see you later." ¶73. She has not seen her daughter since.

Post-placement: Despite promises otherwise, Brittany's adoption continues to be closed, in that there is no contact between the adoptive family, her daughter, and Brittany. This appears to be due in part to the adoptive family's feelings regarding Brittany's attempts to rescind the adoption, starting the day after the relinquishment papers were signed. Nobody had explained to Brittany that the adoption was considered irrevocable, and she expected the couple to "do the Christian thing and just give me my baby back." ¶94. She retained a local legal aid attorney who knew nothing about adoption, while the adoptive couple continued to use the adoption attorney that Brittany's mother had found them. Brittany spent two years in the courts attempting to have the adoption reversed. She was unable to prevail, and even the openness arrangement was not enforceable in her state. During this time, Brittany was "suicidal" ¶97, and was institutionalized a few times. She was diagnosed with depression and post-traumatic stress disorder.

Brittany visits her adopted daughters' home on her daughter's birthday and leaves presents by the front door; she also monitors her daughter's life as much as she can on social media. Mostly, she "just want(s) to say hello to (her) daughter, like (she) promised." ¶86. Brittany continues to try to get the attention of the adoptive family through social media, but has "just been ignored." ¶92. She also sometimes drives by her daughter's school and home, which are nearby.

At one point, the adoptive mother suggested that Brittany and the adoptive parents meet with a counselor together, which they did, after Brittany made sure that the counselor "understood (her) side". ¶87. After two sessions the counseling ended inexplicably, and two months later Brittany received a letter threatening to take out a restraining order against her should she contact the family. Brittany expresses that she is mostly mad at herself for letting herself be vulnerable in that situation and in the relinquishment process. She expresses anger at herself regarding this several times during the interview.

Brittany just recently graduated from college, which had been interrupted by her unplanned pregnancy. She has gone on to become a school teacher. She also has a four-year-old son and lives with her boyfriend.

Pre-placement counseling: During her pregnancy, Brittany asked for counseling, and was given a card by the adoptive parents' attorney, but didn't go. The two visits that the adoptive parents' social worker made were considered "counseling" by the courts when she subsequently sought to have the adoption rescinded.

Post-placement counseling: Brittany reports that none of her post-placement counseling experiences ended well, and that counselors "really don't understand adoption to say the least" ¶6. After relinquishment, she saw a counselor that tried to help her let go of her "shame and guilt," ¶101, but she believes that the experience was too fresh and she was not ready for what the counselor offered.

During her court battle, Brittany was alone again. She only had her legal aid attorney with her in court, while the adoptive family had many supporters there. Brittany describes it as a "very David and Goliath type of situation" ¶105. Therefore, she asked her therapist to accompany her to her court appearances. She states that "(T)here was no one there for me, and he was supposed to be my one person." ¶107. Unfortunately, the therapist's wife was jealous of Brittany, and threatened to divorce him if he continued to treat her. He did not show up to court, and she never saw him again.

The next counselor that Brittany saw was a woman with whom she had some "good" sessions and some "bad" ones. Brittany says that at this time, she wasn't able to look at herself too deeply. She also says, "I also had so much hatred for myself for letting this thing happen." ¶111. Brittany states that this therapist didn't understand why she couldn't just "let it go and have peace." ¶111. She said that she "tried to educate her a little bit about how adoption is like a, it is like a death, but almost worse. She wasn't really understanding about it." ¶111. When Brittany expressed concern about her daughter's health, this counselor told her that her daughter "could be raised by wolves, as long as her needs are met, she will survive. As long as she has food, water, and shelter, she will survive, she will be okay." ¶113. Brittany says that she has never moved on from that comment.

Brittany's next counselor told her that Brittany needed to let go of her pain related to her relinquishment experience, and that as long as she was not able to wish the adoptive parents the same good fortune that she would wish upon herself, she would not have peace. Brittany was furious about this statement, and the relationship was terminated.

Regarding counselors, Brittany states that there needs to be "way more education." ¶125. She states that counselors want to make adoption "all rainbows and butterflies" ¶125, and that she thinks that it is hard for counselors to hear a dark perspective on adoption.

She has tried hard to find a counselor "who is competent," ¶125 but can't find one -and that it is frustrating because she knows she is not the only person looking for one. Brittany frequently refers to having to educate her counselors about adoption, and having to constantly correct their understanding of adoption. She says she has been frustrated that she couldn't find somebody who understood her and who could validate her negative feelings about adoption without her having to educate them. She says that the psychiatrist who diagnosed her with PTSD recognized that her adoption loss was a trauma.

Brittany feels that counseling has had some positive impact and some negative impact on her. She feels that learning about self-care was valuable, but that comments that some counselors have made to her about her feelings about the adoption, and the abandonment by her earliest counselor have permanently hurt her.

Brittany says that her adoption loss is "way worse" ¶110b than "all of the mental, physical, and sexual abuse she experienced as a child." ¶110b. Brittany is not currently seeing a therapist. She has found some help through in-person support groups, and the online community. She also serves on the board of a national birth parent support group.

Brittany felt that it was important for people to know that "adoption is a permanent solution to a temporary problem," ¶130b and that birth mothers' circumstances that put them in the position of relinquishing (such as not having a car or a job) may change and make not adopting out a possibility. She also encourages prospective birth mothers to know their state laws regarding openness, and to know that the "dangling carrot of open adoption" ¶134b can be taken away at any time. Finally, Brittany would advise a prospective birth mother to get her own advocate – "someone unbiased and not paid by the other party." ¶138b.

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

Pre-placement life: Crystal was born in 1973, and grew up in Canada. She identifies as a First Nation person (also referred to as Canadian Aboriginal). She was adopted as an infant by her aunt and uncle; they were some of the first families to own a house off of her tribe's reservation without the requirement that they give up their tribal rights to do so. Her adoptive mother was one of 12 siblings, and her adoptive father was one of 14 siblings, so she was always around family. Crystal stated that she had a "nice upbringing"

¶16. (From this point forward, Crystal's adoptive parents will be referred to as her parents – as she refers to them.)

Crystal's parents divorced; her father was an alcoholic and addicted to gambling. Crystal's mother "became a Christian" ¶60 and Crystal and other family members created a gospel band that traveled throughout Canada as Crystal was growing up.

Crystal's birth parents were both raised in a residential school. She stated that she is not in touch with her biological siblings because they are into gangs and drugs because they "didn't have the life (she) was given" ¶26. Her birth mother is "gypsy-like" ¶32, and Crystal feels that it was probably "easier for her …not to have a girl in the family" ¶32, so she was placed for adoption. Crystal found out that she was adopted when she was four years old and her birth mother visited her, drunk, and told her. Her birth father (her uncle) also visited her when she was about seven years old to tell her that he was her biological father. Crystal later found out that her birth father had kidnapped her birth mother and raped her and that she became pregnant with Crystal as a result of that rape.

Pregnancy, delivery, and placement: Crystal's son was born in April of 1998, when she was 24. The day she realized she was pregnant, she was a week away from leaving for Bible school in the Southwestern United States, and her sister had just been kidnapped by a gang. Due to the family upheaval, she didn't tell anyone of the pregnancy. Crystal ended up keeping her pregnancy a secret from everyone in her life throughout her pregnancy, except for the birth father (she was not showing and only gained nine pounds during that time).

It wasn't until she was six months pregnant that Crystal realized that she needed to make a plan for her son. She saw an ad in a newspaper for an adoption attorney. Although she hadn't previously considered adoption, she went to see what the attorney's office had to say. Crystal said that she feels she was immature at this time, and looked to the attorney's office to help her out. She stated that "there was no planning…I just figured that I was going to have this baby and then go home and carry on with my life" ¶75.

Crystal said that part of the reason she considered adoption was that she "had a good life through adoption" ¶96. She also felt that the child wouldn't be touched by the poverty, addictions and abuses "that went on throughout the last century for First Nation people" ¶98 if she kept him. She talked about how adoption is a traditional way to care for children in her culture – when somebody was sick or died and there was a family who didn't have children or who wanted children, there would be a "customary adoption" ¶178. She said that adoption among First Nation people had been occurring for centuries, and that it helps the adoptee to still have a connection with culture and family, and to be

"raised with other people who are brown" ¶180. Crystal felt that the affluent, White adoptive mother was very happy to have a child trophy "brown baby" ¶108; however, the attorneys told Crystal to lie on her paperwork about the child's race (this was probably due to certain U.S. legal prohibitions regarding adopting a child who is of Native American descent).

When Crystal went into labor, she had nobody to call for help, so she contacted the adoption attorney's office. She said she "knew nothing, like zero" ¶84 about giving birth and found it "traumatic" ¶84. Although the room was full of people during the birth – including the adoptive parent and the adoptive parent's attorney - she had nobody there for her. Crystal was taken from the hospital to the judge's chambers to sign the relinquishment papers within 24 hours of giving birth; she was also on painkillers that her attorney was supplying to her.

Crystal feels that the adoption attorney pushed her to place her son with a particular woman who was in her 50's. It was later revealed that the adoptive mother was good friends with Crystal's adoption attorney. When Crystal went to sign the adoption papers, the attorney that was supposed to represent her was provided by the attorney for the adoptive mother. Her attorney had attended her son's birth the previous day, but had been introduced to Crystal as just a friend of the adoptive mother's.

Post-placement: Crystal decided 10 days after the birth of her son that she wanted to rescind the adoption, claiming duress and unethical behavior by the attorneys. She fought in court for the return of her son for several years after his birth; the tribal band raised money to help with her legal expenses. Subsequent to the adoption of her son, the attorneys that took part in the adoption were accused by multiple families and individuals of over 25 counts of child trafficking, fraud and other charges. Crystal's case was not included in the class of those whose cases were brought before the judge; Crystal feels that this exclusion was due to her being a Frist Nation person. Although Canadian lawmakers sided with Crystal as to the illegality of the adoption, the state's Supreme Court did not.

When Crystal's son was 14, she and her son connected online; his adoptive mother felt it was too soon for contact so they ended contact until her son was 18. While he was a teenager, her son was depressed and had behavior problems, as well as problems coping as a person of color in a predominately White area. He was sent to a reform school for two years. These days, Crystal and her son stay in touch frequently through text and phone calls.

Crystal is on the board of Family and Child Services for her tribe, and is very active in trying to get the youth there to stay within the family and tribe instead of being placed outside of the tribe. Crystal stated that there are currently over 400 children in care and 200 hundred in permanent placement from her reservation that has only 1130 children under 18 – making more than half of the children from her reservation in the child welfare system.

Pre-placement counseling: Crystal's pre-placement counseling was provided by a therapist that was recommended by the adoption attorney. The counseling consisted of three sessions of hypnosis, the purpose of which Crystal is still unsure.

During our interviews, Crystal often expressed concern over the quality of pre-placement counseling that birth mothers receive. She sees a total lack of consideration of birth mothers' needs in this area.

Post-placement counseling: Crystal began post-placement counseling because she was having panic attacks that began the evening she gave birth. Her tribal chief recommended that she get counseling; she felt that her first counselor was very helpful. She stopped seeing him when he moved away. As to finding subsequent therapists, she said that after someone has been through what she has, "You don't know who to trust" ¶4b. Crystal says that she has experienced many negative responses from people when she has told them about placing a child for adoption, among them were faith-based counselors. One minister told her that "what (she) did was wrong" ¶8b, and that her child "is a bastard, and doesn't belong in heaven" ¶37b.

Crystal has seen multiple counselors over many years, and said that the most helpful have been in the last seven years. One of those counselors was a health and wellness coordinator at her job, who was also a First Nation woman. Crystal said, "Like she was the same color as me. She had a good understanding of my background. She understood the traumas or whatever that were the past of me" ¶12b. Crystal said that she had grief, anger, and post-traumatic stress from fighting in court, "being re-traumatized again and again" ¶14b.

Upon moving and leaving that job, Crystal started looking for another therapist. She saw one counselor for four years, which Crystal considered a positive experience. Much of that success was due to the incorporation of her identity as a First Nation person. Crystal and this therapist would march together (part of her cultural heritage), she accepted Crystal's Christian background, and understood the "intergenerational trauma" ¶31b that she carried.

Crystal said that she believes that counseling would be unnecessary if individuals and families would connect and be socially responsible for one another. She believes that professionals are not being prepared to deal with those whose lives are traumatized by adoption, including grandparents, extended family, and birth parents.

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

Pre-placement life: Jennifer was born in 1979, and grew up in a suburb of a large southern city in the United States. She is White, and the suburbs where she lived were about 70% White and 30% Black. She stated she had a neglectful and emotionally abusive childhood, and that her household was very tense when she was growing up. Her mother married her father due to her mother becoming pregnant with her while her mother was in college; however, her mother won't admit this.

Pregnancy, delivery, and placement: Jennifer was 18 and in college when she got pregnant. Regarding her pregnancy, delivery, and placement experiences, she said she considers her life to be divided into two parts. She states, "There's kind of the before life and the after life…from that point in time, yeah it was pretty much a shitstorm" ¶62.

When she was about two months pregnant, Jennifer' boyfriend broke up with her in the same week that her car got hit by a truck while she was driving. Her car was totaled, and she lost her job because she didn't have transportation; she had to drop out of school for the same reason. A few days later, her parents told her that if she kept the baby, she couldn't continue to live with them. At one point, Jennifer' maternal grandmother was going to allow her to raise the child in her home, but changed her mind when she found out that the baby was biracial. Her parents insisted on her placing her child for adoption; Jennifer said, "It would never, never, never, never, ever would have entered my mind. I fought it the entire pregnancy" ¶73.

Eventually, Jennifer' mother set up a meeting with an adoption agency, and Jennifer and her mother reviewed profiles of prospective adoptive parents. Because she would have a biracial child, Jennifer wanted to select a mixed-race couple so that her daughter would look similar to her adoptive parents, and have a sense of her cultural heritage. Instead, Jennifer' mother ended up choosing a White couple who lives in Canada; Jennifer said that her daughter can never get her original birth certificate to prove that she is an American citizen.

Jennifer said that she was told by the agency that she would have a fully open adoption wherein they would spend Christmases together, and that they would be like an "extended family" ¶100. Despite these promises, Jennifer still did not want to place her

child. She said that she had "no guidance" at all from the agency during her decision time.

Jennifer said that she would talk to her daughter while she was carrying her. She said that she would say to her daughter, "Stay in me as long as you can until I figure out how to get out of this" ¶111. She said that she wrote in her diary that, "…I felt like she was trying to hold on to that, like she was trying to stay in me as long as she could just so I could find somewhere to live" ¶111. Jennifer' daughter was delivered two weeks late, through an induced labor. Jennifer' mother and the adoption agency representative were there during the labor and delivery. She said that the adoption agent "was there like a vulture, just sitting over me" ¶112. Especially disconcerting to Jennifer is that much of the betrayal and lack of support in adoption is "women doing it to women…it's misogyny" ¶106b.

Regarding her placement experience, Jennifer said, "I feel like my daughter was legally kidnapped" ¶103. She added, "…these are people that are supposed to be looking out for you. I felt so used. Everybody used me" ¶107. Although she was promised a fully open adoption, from early on, she had scant follow-ups from the adoptive family – all through the agency. She has had one visit with her daughter, when her daughter was eight years old; Jennifer and her family visited the adoptive family, and stayed in their home for three days. Jennifer said that it was a very positive experience for everyone. However, she has not heard or seen her daughter since. Because she has heard and read online so much about the failure of so many adoptions to remain open, Jennifer said that she thinks that open adoption is "one of the greatest hoaxes ever pulled on women ever…It's evil, just beyond evil what they're doing to these women that feel absolutely hopeless" ¶75b. She finished the interview by saying, "I hate adoption" ¶141.

Post-placement: Jennifer said she changed after the adoption, to the point where she could no longer be confident enough to finish college. She also was in a short, abusive marriage afterward. Jennifer is now in her second marriage and has three children under the age of six; she homeschools her children. Jennifer and her mother are currently estranged. When asked about anything else that she would like to share with me, Jennifer responded, "I just feel like society is…For some reason with adoption, you can just give up a kid and move on and not miss a beat, but if you have a child that actually physically dies, people are just like, 'Oh my God. That's horrible.' I've had both. I had a stillborn. I have to say adoption by far, it runs circles around at least having a stillborn…There's no closure in adoption" ¶68b.

Pre-placement counseling: Jennifer' mom took her to a counselor at a crisis center one time. It was in an adjacent town instead of the local crisis center because her mom was ashamed of Jennifer' pregnancy. At the session, Jennifer expected to have her point of view (raising the child she was pregnant with) supported. She said that she told the counselor, "I want to raise my daughter. Help me. What do I do? I don't have a place to live. Help me find a place to live" ¶87. Jennifer goes on to say, "That lady was on a mission. Every time that I'd bring up that I wanted to raise my daughter, it just got brought right back to adoption. It was so frustrating" ¶87. Her mother also continued to pressure her to place despite her firm stance against it. When asked if she received any pre-placement counseling from the agency, Jennifer said, "Zero. Absolutely none" ¶86. She said that the agency offered her none before or after.

At around seven months pregnant, Jennifer' mom took her to a pastor for counseling. She said, "Every opportunity that I feel like there's an adult that I can talk to that can help me, I just got shot. Like I'd go to my pastor, and here again, there's somebody that I can talk to and say, 'I don't want to place my daughter for adoption. I just want to figure out how to get through the next couple of years of school so I can get a job and raise her'" ¶113. Instead of supporting her wishes, the pastor told Jennifer about his brother, who was unable to have biological children and would be interested in adopting her child. She said, "It's like even my pastor is like preying on my crisis" ¶113.

Post-placement counseling: At her mother's suggestion, Jennifer went to a crisis center in her town fairly soon after having her daughter. Her mother expected Jennifer to "bounce back" ¶147. The counselor that was assigned to her was a volunteer with no formal training in counseling. She was a birth mother who appeared to be having difficulties of her own accepting the placement of her child ten years before. Jennifer left after two sessions. When she returned to college, Jennifer went to a campus counselor, who told her that she was suffering from PTSD. Jennifer "didn't want to hear that" ¶128, so she never went back.

Seven years later, Jennifer stared attending counseling again. She had problems with her relationship with her mother, which she blamed on what happened between them during her pregnancy. The therapist recommended a mediated session, which was unproductive due to her mother's lack of cooperation. Jennifer left that counselor soon afterwards, feeling positive about her experience with the counselor, overall. Subsequently, Jennifer went back to counseling for her trauma symptoms; she feels that the counselor didn't help her with her adoption-related trauma. Jennifer has been in counseling for PTSD for the last seven months, and feels that therapy that focuses on adoption trauma is the most helpful for her.

Kate

Pre-placement life: Kate was born in 1984 and grew up in a suburban area in the Northeastern United States. Her parents are Evangelical Christians, and are very active in their church. Kate's mother was abused by Kate's grandmother, who had bipolar disorder; Kate's sister also suffers from bipolar disorder, and her mother suffers from severe anxiety and depression. Kate says that many of these mental health issues went untreated because "the way to fix everything in my house was to pray about it" ¶12. She said that she was "acutely aware that money was always tight" ¶13

Kate's father was president of the crisis pregnancy center in her town; she was preached abstinence, and was pulled out of school during sex education. She and her sisters received chastity rings at the age of 10.

Pregnancy, delivery, and placement: Kate's son was placed as an infant in 2002, when Kate was 17 and a senior in high school. Kate didn't know she was pregnant until she was six and a half months along, when she felt the baby kick (she was an accomplished ballerina, and seldom had a period). Her parents asked her if she was pregnant when she was seven and a half months pregnant. Her mother's response to the news was, "we can't tell anyone, we're almost done with this, we'll keep you inside for a month, we can't tell the church, everyone will be so disappointed in you" ¶52. Several years later, Kate's mother told a roomful of people that, "Kate ruined my life by getting pregnant" ¶62.

Kate's father told one individual about the pregnancy – the head of the crisis pregnancy center, who said to Kate, "We're so glad you can't have an abortion, that it's too late, this was God's plan" ¶52. The baby's father, who was also in high school didn't want his family to know about the pregnancy. He may have been willing to have his family raise the child, but Kate didn't want that to happen, as his parents were extremely abusive, as was her boyfriend. Kate was bullied by other girls in school for getting pregnant. Although she doesn't remember the time leading up to the birth very well, Kate's parents have told her that she said, "I don't want to do this (adoption). I want to keep the baby" ¶67.

The head of the crisis pregnancy center recommended an adoption agency, who suggested a particular potential adoptive family to Kate and her mother. Kate went along with the recommendation of the social worker. Kate met the family once before placement.

Kate did not speak much of her birth experience. She did tell me that the adoption agency made a video tape as she handed over the baby to them. They wanted Kate to record a

message for her son when he turned 18. She says that she and her parents just sobbed and her father asked them to turn off the recorder.

Post-placement: Kate has been married for about 10 years, and is raising two children. As a job, she photographs birth pictures of babies and their families.

At one point, Kate and her family lived in Europe for several years; she said that this was it was probably a good thing to have that distance as she dealt with her "trauma" ¶91.

Current relationships between Kate, her son's adoptive parents, and her son are tumultuous and "very touch and go" ¶89. Kate met with the adoptive parents and saw her son a few times at the agency; then one day the adoptive mother called Kate to ask her to babysit, which she did. After several subsequent years of silence from the adoptive family, Kate was told by them that she had ruined her relationship with the family by choosing to remove herself from her son's life, which Kate found confusing.

When her son was eleven, his adoptive mother gave him Kate's phone number so he could text her. Since then, the adoptive parents have switched many times between allowing Kate and her son to have contact and shutting down contact.

Kate says that she tells her story very often, and everyone's reaction is, "That's so wonderful. You're such a hero. What you did was so great" ¶54b. Kate always replies, "You know, it's crazy. Adoption is the only time you lose a child where people tell you how happy they are for you" ¶54b.

Pre-placement counseling: When asked if she received any pre-placement counseling, Kate said, "I never had any pre-counseling beyond, 'This is a great thing, you're blessing the family, you're doing God's work'" ¶67. Kate said that the agency never told her, "When the world comes crashing down around you after you hold your first kept child and realize what you've lost, please come back and see us" ¶72. She said that she felt she was "incredibly ill-prepared" ¶84b, and that she was just seen as a "sure thing" ¶84b by the agency.

Post-placement counseling: The adoption agency never initiated contact with Kate after she signed the relinquishment document; they did not offer any counseling. The adoptive mother asked the agency several times if Kate was alright and if she had received counseling. She was told that Kate had had counseling; subsequently when she called about Kate's welfare, the agency never returned her calls.

Kate began going to therapy after giving birth to her oldest daughter. She says that at that time she had "now what (she) knows was huge PTSD" ¶101, triggered by her labor and

delivery class. She also experienced post-partum depression. That therapy ended due to her family moving.

When her son was eleven, his adoptive mother reached out to Kate during a medical emergency. This was the beginning of renewed contact between Kate and her son and his adoptive family. Kate began attending therapy again because of the continued inconsistency regarding her contact with her son, and increased anxiety. By coincidence, the therapist she found was a birth mother who had placed a child many years prior. During this time, the adoptive family and Kate's family met frequently; then Kate was shut out for a year without a clear explanation why. Their relationship continues to change almost weekly, with Kate babysitting the adoptive parents' children sometimes, and thereby getting independent time with her son, then being rejected by her son and his parents. Kate feels that she is being "emotionally abused" ¶143 in this situation, and her son has become verbally abusive to her.

Kate's therapist moved, so she sought counseling from the adoption agency. She thought that she would get free counseling, but was charged a large sum. After being told what a "wonderful life" ¶30b she has now, and how what she did was part of God's plan, she asked the social worker about how to navigate her current relationship with her son. The social worker said Kate should call back for another session because she had to "step away and think about (Kate's questions)" ¶30b.

Kate now attends counseling with a woman who works with children who are adopted out of care. She said that this therapist is "very, very receptive" ¶20b. She also agreed to attend a session with her husband's therapist, because he wanted Kate to meet her. She was offended about a statement that the therapist made about Kate's decision to place, and Kate ran out of the room and didn't return.

When asked if she wanted me to know anything else about birth mother counseling, Kate said that all birth parents should have "access to free lifetime therapy" ¶95b, from someone outside of placement agencies who is competent in adoption.

<center>Mary</center>

Pre-placement life: Mary was born in 1984, and grew up in a rural area of a midwestern state in the United States. She was an avid athlete, and an excellent student. She and her family were active in her church.

Pregnancy, delivery, and placement: Mary found out that she was pregnant in her first year of college, in 2003. She didn't realize that she was pregnant until she was three and a half months pregnant, when she felt two heartbeats in her abdomen. She said she

considered abortion a "sin, (I'd) go to hell" ¶72. Mary finished her first semester at school and proceeded to take online college courses at home during her pregnancy. The birth father was "not in the picture at all; not a good dude" ¶117.

Mary experienced a lot of shame during her pregnancy, and hid in her parents' home throughout. She was president of a local teen pro-life/anti-abortion group, and on the state board for the same group, and was concerned about judgement concerning her pregnancy. Her father and mother are prominent in the community she is from, and are also active on the state level for professional and charitable organizations. Mary stayed inside until her son was born, leaving her house only to go for walks dressed in clothing that covered her face; she would run into a ditch by the road if anyone drove by. She attended doctor appointments an hour away. Mary's parents were supportive of her; she told two of her closest friend about her pregnancy; she didn't tell her brother and one sister about it until her son was six months old. Mary believes that shame and social rejection are a part of what caused her "trauma" ¶79.

Mary met the adoptive family after she chose them from an album of potential adoptive parents. Upon meeting Mary's parents, they realized that Mary's father had known the adoptive father for more than twenty years.

Mary talked very little about her birth and relinquishment experiences. Mary says that she was still under the influence of the pain killers from giving birth when she signed the relinquishment papers. She also said that the agency supplied her attorney, and that she was never told that she could have her own attorney.

Post-placement: Mary was promised an open adoption, which she thought would include pictures and occasional visits. She says that "it is beyond words how open it is now" ¶123. Mary's son calls her "Mom;" and she and her family babysit him frequently – sometimes up to 10 days at a time. She talks to her son frequently, and sees him every week or so; he often spends weekends with Mary and her parents at their home.

Mary is currently in the midst of divorcing her husband after eight years of marriage. She has two bachelor's degrees, two master's degrees, and is working on her doctorate in counselor education. Her son lives near the town where Mary grew up; she moved to a closer large city in order to be closer to him, at her son's request.

Pre-placement counseling: Mary went for pre-placement counseling, and she feels that she was steered towards adoption. Unbeknownst to Mary at the time, the organization that she went to for counseling had a relationship with a religious group that places children for adoption. She felt that this played a part in her being pushed in that direction.

Post-placement counseling: Mary said that she was offered post-placement counseling while still in the hospital after giving birth. She attended counseling at the adoption agency for a short while, but the person offering it was the counselor for the adoptive family as well, and would share what Mary said during her sessions with the adoptive family. She also feels that it's "not counseling" when you are going to the same person who "implicitly coerced you towards the decision" ¶193. She said, "I was literally told (by the counselor), 'You'll find that in about a couple weeks your body snaps back and kind of your emotions do too' " ¶187.

About six months after placing her son, Mary went for counseling. She said that she was depressed to the point of not getting out of bed, and not going to classes. She ended that counseling after about five sessions, feeling "exhausted" ¶106 about having to reexplain about adoption to her counselor all of the time. She said that she "felt like (she) was counseling the counselor" ¶163.

Mary saw many different counselors post-placement for depression and panic attacks. She said she was frequently told by counselors that the adoption was "God's plan…and to always be positive about it" ¶93. She was often told that she was " a hero and a savior for putting (her) son's needs above (her) wants" ¶158. Mary said that she "drank that Kool-Aide" ¶94 for about five years. She feels that most counselors "don't get adoption as a trauma and a loss… and have an almost refusal to understand from the birth mom's perspective, not from the adoption industry perspective" ¶173. Mary said that most of her post-adoption counseling has been "disappointing" ¶4b, and that she believes that she was harmed by her counselors' ignorance. Mary stated that she believes that the ignorance that she has seen in her counselors has spurred her to speak up on behalf of birth mothers both online and in public. She has just recently begun working through the trauma, as she works with a trauma specialist who is "awesome" ¶32. She believes that online birth mother blogs and websites have helped her heal more than counseling.

Sarah

Pre-placement life: Sarah was born in 1980, and grew up in an upper middle-class home in the North Western United States. After her mother left her and her parents divorced at 14, she went to live with a paternal aunt, who moved frequently. She reports that she had "abuse from (her) brother and neglect from (her) parents and then abandonment from both of them" ¶9.

Pregnancy, delivery, and placement: When Sarah told her father that she was pregnant (at 18 years old), he told her that she would be "giving her child up for adoption" ¶27. She was against that idea, and told him "no, that's ridiculous" ¶27. He then made her move

across state to live with her sister. Sarah says that at that point, she was "totally lost" ¶27, "totally depressed" ¶27, and "all alone" ¶27. According to Sarah, the father of her baby "did not care" ¶27 about her situation. Those individuals who knew her during this time were not supportive, and professionals such as her doctor and midwives who knew of her plans did not talk to her about her decision to place or what it might mean for her. Her father rejected her for being pregnant and not married by locking her out of his house. She spoke very little with him; however, she did rekindle her relationship with her mother at this time, during which she says she felt "very, very alone" ¶29.

Her labor was 36 hours; Sarah says that she "didn't want to give birth. (She) wanted to hold on to him" ¶29. Sarah has "blocked out of (her) memory" ¶46 signing the documents wherein her parental rights were terminated. Although her state required that she appear before a judge for this, she is certain that she was not in a courtroom for the signing.

Sarah picked the adoptive parents of her son out of a few other profiles; to her, "they seemed to be everything that I wanted to be one day" ¶33. She met the adoptive family before she gave birth. The adoption was supposed to be a semi-open adoption, with mutual updates sent at a set frequency through the agency by mail. Unfortunately, the updates were typically late, and Sarah usually had to request them; they were also not satisfying for her. When Sarah sent her first update, the adoptive family told the agency that they didn't want any more updates from her.

Sarah feels that she put her trust with the wrong people and that birth mothers are taken advantage of in the adoption industry.

Post-placement: Sarah describes herself currently as a "total recluse" who is cut off from all members of her family of origin except for one full sister. She says that she is "trying to get (her) life in order" ¶21 and "trying to be an adult" ¶21 but that it is "hard and (she) struggles" ¶21. She states that she in therapy now to help with this part of her life. Sarah says that her coping mechanism when she was in her early 20s was to "drink excessively to forget."

Sarah says that her son "has had a terrible life" due to abuse, neglect, and the divorce of his adoptive parents when he was three. In his junior year of high school he came to live with Sarah, but he brought drugs into the house and physically assaulted her, so he returned to his adoptive family. He no longer speaks to Sarah, although she texts him about once a month to check in. No one in either Sarah's family or her son's family are supportive of them building a relationship. Her son's adopted sister believes that all birth mothers are drug addicts (like hers), and his adopted brother was rejected by his birth

mother when he attempted to reunite with her. Sarah's own family did not help her during the tumultuous time that her son was living with her.

Pre-placement counseling: The counseling that was offered to Sarah by her agency during her pregnancy consisted of being given a pamphlet that glorified adoption and birth mothers, calling the baby a "gift" ¶42 and birth mothers "selfless" ¶42. She was told that her baby "is going to have everything that it could want or need" ¶42. Sarah said that the only other counseling that she was given was when social workers came to her home and looked in her refrigerator and cupboard to check on her food supply. She states that "it was so invasive and (she) was so confused" ¶46. About pre-placement counseling she says, "that counseling is bullshit" ¶46. She feels that she did not have any pre-placement counseling. She added that pre-placement counseling should "go to the preventative side, get counseling for these women that is not adoption agency propaganda so that they can procure more infants to make more money" ¶78b.

Post-placement counseling: Sarah says that her coping mechanism when she was in her early 20s was to "drink excessively to forget." After experiencing severe panic attacks, Sarah made several attempts at counseling, but the counselors did not "open up (her) adoption loss. None of them did." ¶46. She now believes that the panic attacks she experienced were a result of her "breaking (her) moral code by giving (her) baby away," ¶87 and that biologically and psychologically she was supposed to be parenting. She also says that the panic attacks are related to her "making the wrong decision. And being scared that (her) baby is not being taken care of" ¶88.

Sarah has been attending counseling regularly for the past three years; she is currently seeing her fourth counselor during that time frame. She says that one of the counselors focused primarily on co-dependence issues; she stopped seeing that therapist when her son came to live with her, due to her busy schedule. Her second therapist was not a match for her personality. According to Sarah, "she said that she had experience with adoptees, but she didn't know the first thing about adoption trauma. I stopped seeing her" ¶62. Other therapists have told Sarah that she did "such a wonderful thing" ¶15b by placing her son for adoption; however, she feels that she did not do the right thing, and that adoption is not wonderful. Sarah now sees a therapist who is educated in adoption trauma; Sarah says that "she was a life changer" ¶63. This therapist treats Sarah's trauma with *Eye Movement Desensitization and Reprocessing (EMDR)*, which Sarah feels is very effective.

When asked if she had anything else to say about post-placement counseling, she that is would help if, instead of therapists saying, "'Wow you did such a wonderful thing,'" they should say "'Wow, that fucking sucks. Why? Who didn't support you? Let's talk about

them"' ¶66b. She also believes that she benefits emotionally from assisting other birth mothers in need, and that it might help if counselors suggest that to other post-placement birth mothers.

This page intentionally left blank.