THE ADOLESCENT'S EXPERIENCE OF DECISION-MAKING REGARDING PARENTING OR PLANNING ADOPTION FOR HER CHILD

by

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A Thesis

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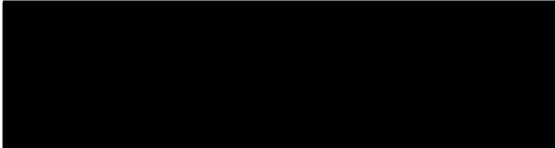

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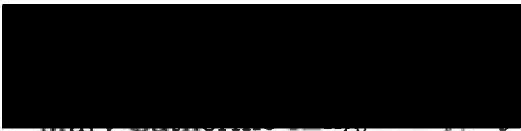

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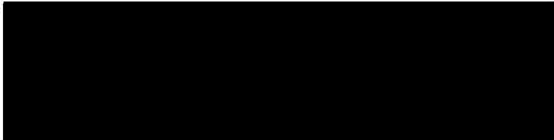

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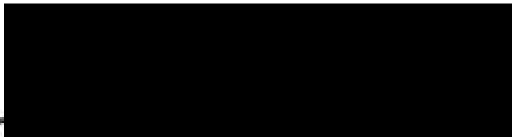

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CHAPTER ONE: FRAMING THE QUESTION

Statement of the Problem

American society's shifts in values and breakdown of traditions has left the pregnant teenager who has chosen to complete her pregnancy without a framework in which to make the critical and often lonely decision to either plan adoption or raise the child herself. For today's pregnant teen, there are no proscriptions, no established structures, and few realistic expectations. Societal sanctions against single parenting have been lifted, and public assistance has made it possible for unskilled, unemployed mothers to raise their children alone. The potential for making a responsible decision rests in the teen's capacity to experience and empathize not only with her unfolding self, but also with her infant and its anticipated needs.

Studies which address the characteristics of teens who are more likely to choose to parent are found in the literature (Abrahamse, Morrison, and Waite, 1988; Leynes, 1980; Vincent, 1961). However, few studies are noted which address the manner in which pregnant adolescents completing their pregnancies make decisions regarding whether to parent or place their children in adoption. Adolescence has been studied extensively, and decision-making has been studied, yet adolescent decision-making is a phenomenon about which little is known. According to Resnick (1984), the absence of information concerning the decision-making process of the childbearing adolescent

limits the possibilities for retrospective analysis of case studies.

There are over one million adolescent pregnancies each year in this country, with approximately one-half of these resulting in live births. More than 20% of these teenagers already have one child. Of those who are having their first child, 20% will be pregnant again within a year, and 33% will be pregnant within two years of their first delivery (Mott, 1986). Flick's (1986) statistics revealed a repeat pregnancy rate of 39-53% within two years after the first birth. Over ninety-five percent of the children born will be raised by their adolescent mothers. The percentage of adolescents who plan adoption for their children decreased 39% between 1971 and 1982, from 7.6% to 4.6% (Hofferth and Hayes, 1987). Adolescent mothers and their children are at heightened risk of joining the economically deprived permanent underclass, the composition of which is currently 75% women and children (Anastasiow, 1987).

The American adolescent's educational future is affected by early childbearing. High school women who neither marry nor have a child drop-out at a rate of 7-9%. Unmarried mothers have a drop-out rate of 25%, and those teen mothers who also marry have a drop-out rate of 75% (Moore and Waite, 1977). The high drop-out rate coupled with the fact that 80% of those who drop out never return to complete their high school education conspires to place many of these teens at a considerable economic disadvantage.

The teen parent's lower educational level is reflected in poorer job

prospects and a consequently lower income throughout life. A teen mother earns half the lifetime earnings of a woman who has her first-born at age 20 (Children's Defense Fund, 1986). Fifty to 60% of women who receive Aid to Families with Dependent Children (AFDC) are those who had their first babies as teenagers (Burt, 1986). According to the Alan Guttmacher Institute, families headed by teen mothers are seven times more likely to be living below the poverty level than are others (Stark, 1986).

There are also economic consequences for the father who assumes financial responsibility for the child. He is likely to disrupt his education in order to obtain work to support his new family, generally before he has the skills and training to compete for well-paying jobs. Premature fathering limits the possibilities for the development of job skills and completion of basic education (Card and Wise, 1978). The marriage success rate for teen parents is poor: nearly half of all teen marriages are terminated within five years, and those marriages which were the consequence of pregnancies are three times more likely to fail (Edelin, 1984).

The economic burden of adolescent childbearing and parenting is significant, and represents a major drain on the United States economy (Burt, 1986). The 1985 single year cost of teen childbearing in the United States was $16.65 billion. These figures include AFDC, food stamps, and Medicaid, and do *not* include costs such as housing, special education, child protection services, foster care, daycare, or other non-

minimal social services (Burt, 1986).

An increased risk of child abuse among teen mothers has been reported by several investigators (Gelles, 1986; Gil, 1970; Kinard and Klerman, 1980; Klerman and Jeckel, 1973), yet these findings are confounded by the relationships of variables such as poverty, lack of adequate education, and dysfunctional family patterns. In an effort to determine the incidence of maltreatment by adolescent mothers versus older mothers, Bolton, Laner, and Kane (1980) studied over 5,000 cases referred to Child Protective Services in Maripoca County, Arizona. The authors found that more than one-third of those reported cases involved a mother who was an adolescent at the birth of at least one child. Wicklund, Moss, and Frost (1984) reported a higher incidence of fatal accidents including food aspiration, suffocation and automobile accidents. These findings represent an indirect measure of increased neglect of children by teen mothers. Even after accounting for such variables as educational level and race, Rothenberg and Varga (1981) found that the incidence of fatal injuries to children of teen mothers was significantly higher compared to children of mothers over twenty.

The economic, social, and educational costs at the expense of both the adolescent and society in general suggest that research directed to a more complete understanding of adolescent pregnancy resolution would be of benefit to not only the target population of adolescents, their children and their care providers, but to the general citizenry. Adolescent mothers represent a population in need of extensive and

expensive support services, yet more attention needs to be devoted to understanding the dynamics of premature parenting with the aim of postponing parenthood until they are better able to meet the needs of their children. For the young woman who has chosen to complete a pregnancy, the care provider needs to be prepared to offer services to assist her in making a pregnancy plan which will be healthy for both her and the child she bears.

Purpose and Aims of the Study

This investigator sought to understand the pregnant adolescent's experience as she makes a crucial decision which will affect two people for two lifetimes. Thus the purpose of this descriptive-phenomenological study was to discern and describe the decision-making process of the pregnant adolescent and the context in which she responded to her dilemma. This understanding was expected to have relevance for nurses caring for the pregnant adolescent engaged in making the decision to parent or plan adoption for her child.

The specific aims of the study were to understand the process by which the teen makes her decision to parent or plan adoption, the context in which she makes this decision, the factors influencing her as she makes her decision, and the meaning that this experience has for her. The influence of counseling and group work was expected to be of particular interest. By understanding this entire experience more fully,

the researcher expected to then begin to understand what needs and expectations these adolescents might have of counselors and care providers during this decision-making process, and what might be helpful to them in reaching a clear and responsible decision.

Review of Related Literature

The majority of publications regarding adolescent pregnancy address the issue of adolescent parenting and related problems. Other studies examine the personality profiles of the adolescents most likely to choose parenting versus those most likely to plan adoption, and still others have looked at the relative influences of significant others as the teen works out her pregnancy resolution. This review will include studies on attitudes of care providers toward adoption, on adolescence, and on decision-making.

Attitudes Toward Adoption

Although there appears to be a renewed interest in adoption in the most recent literature, a strong bias against adoption as an option for the pregnant teen was noted in the literature of the past fifteen years. Several authors mentioned it only in passing (Admire and Byers, 1981; Bracken, Klerman, and Bracken, 1978; Sewell, 1983), and some did not mention it at all as an option for the pregnant adolescent (Panzarene, Elstler, and McAnarney, 1981; Salguero, 1980; Steinman, 1979). The

assumption seems to be that if the teen chooses to complete her pregnancy, she also chooses to parent. Greer (1982, p. 404) stated that "the unwillingness to promote the idea of adoption (to teen parents) constitutes an abandonment of a sense of responsibility on the part of professionals." According to rational decision theory, the pregnant adolescent and her counselor should be exploring all available options, including that of planning an adoption. The majority of the articles identified their objectives as providing counseling for the new mother, providing day care for her child, assisting the mother in continuing her education, and providing information about birth control.

Musick, Handler, and Waddill (1984), in a cross-sectional study, described the ways in which society, peers, caseworkers, and family members pressure girls, sometimes directly and sometimes by omission or silent condemnation, to parent the children they bear. Through both questionnaires and interviews, the authors also examined the attitudes toward adoption among teenagers and service providers. They concluded that this social climate has been formed by a number of factors, including 1) the girls wanting to have some evidence of all their "work," 2) the societal attitude that the girl pays for her sin by having to raise the child, and 3) pregnancy and motherhood perhaps offering the girl an escape from having to choose and prepare herself for a career. A recurrent theme in the interviews was the striking inability of the adolescents to relate having a baby to the future life of the child. The subjects did not discuss pregnancy resolution in terms of the child's well-

being, and they demonstrated a lack of ability to anticipate and empathize with the child's needs. It was further revealed that, with two or three exceptions, the service providers did not discuss pregnancy alternatives in relation to the child's welfare. This demonstration of bias violates the mandate of health care providers to discuss all alternatives available to the client.

Exceptions to this bias were few, and include Arms (1983), who in her series of four case-studies described adoption as a viable and sometimes wise option. She argued that the definition of mothering can be expanded to include the woman who chooses to place her infant in an adoptive family which will be better able than she to meet the child's needs. Another exception is DeDonder (1986) who, in her opinion-based article, offered guidelines for facilitating a birthmother's independent decision, and a discussion of language and its implications in expressing value judgements regarding adoption placement.

Another exception to the bias against adoption as an option is Mech's (1986) cross-sectional study of 320 pregnant adolescents ranging in age from 13 to 19 years; 146 of the participants already had one child, and the remainder were pregnant with their first. The subjects responded to the Adoption Interest Inventory, a 20-item self-administered scale developed to identify degrees of interest in considering an adoption plan. Data indicated that approximately one in three subjects expressed a moderate or high interest in adoption planning. Respondents indicated an interest in talking with a mother

who had planned adoption and also with a family that had adopted. They also were interested in the benefits of adoption in terms of increasing the opportunities for a successful life for both mother and child. These findings suggest that awareness of adoption as an option can be activated by using an inventory such as this, and that those on the threshold of interest can be identified.

Adolescence

Erikson (1968) described the adolescent's primary psychological task as the establishment of a sense of identity, and further suggested that this task must be accomplished before the initiation of an intimate relationship. The primary motivating force during middle adolescence is the gratification of personal desires, making sharing and giving to another individual a challenge, if not an impossibility. Most adolescents are primarily concerned with who and what they are compared to what they appear to be to their significant others. The major threat to the successful completion of this developmental task is role confusion. Youths who suffer from role confusion are at risk of becoming the runaways, the dropouts, and those who withdraw from society. Erikson (1950) further suggests that adolescence represents a *moratorium*, a psychosocial stage between the morality learned by the child and the ethical standards to be developed by the adult. The actual development of ethical constructs occurs in young adulthood, when the

individual struggles with intimacy versus isolation.

Poole's (1988) discussion of the relationship between adolescent pregnancy and unfinished developmental tasks of childhood is based on Erikson's (1968) identification of life cycle stages, and on Levin's (1985) suggestion that unresolved issues from the six stages of childhood are passed on to subsequent stages. Poole suggests that adolescent pregnancy can meet needs which were not adequately met in prior stages. If the need for unconditional love during infancy was not satisfied, the adolescent might attempt to meet those unmet needs through a sexual relationship and pregnancy. Adolescents learn emotional separation, independence, and sexual identity in Levin's stage six. Pregnancy during this time will threaten the completion of important developmental tasks: the adolescent's struggle for independence is compromised by her pregnancy-related financial and emotional dependence, and her identification as a mother is superimposed upon her struggle to discover her identity as a young woman (Poole, 1988).

Elkind's (1985) study of adolescent cognitive development used clinical observation and colleagial consensual validation as his database. Building on Piaget's (1952) work, he suggested a developmental stage theory. He proposed that two mental constructs, the "personal fable" and the "imaginary audience" contribute to the adolescent's perception of her world. The personal fable suggests that the teen is very important and very special, and therefore having

special luck or protection that will spare her from the consequences that might follow anyone else's activities. The adolescent extends her preoccupation with herself to the imaginary audience, the belief that others in her environment are equally focused on her.

Adolescent Decision-making

Lewis' (1981) study of adolescent decision-making suggests that with increasing age, adolescents demonstrate an increasing awareness of risks and future consequences of decisions. The younger adolescents (grades 7-10) demonstrated relative deficiencies in certain aspects of decision-making, including imagining future consequences and recognizing the need for professional opinions. Bose and Resnick (1984) reported that adolescents who chose to parent rather than plan adoption typically had less capacity for future-oriented reasoning and decision-making.

Janis and Mann (1977) attributed impaired adolescent decision-making to the developmental stage-related narrow range of perceived alternatives, the disregard of long-term consequences, and the distortion of expected outcomes. Hamburg (1986) concluded that the adolescent characteristics cited by Janis and Mann (1971) make it highly unlikely that the adolescent will be successful at making balanced and effective decisions when faced with emotionally-charged issues such as pregnancy and parenting.

A 1987 report on adolescent pregnancy and childbearing sponsored by the National Academy of Sciences identified three major policy goals that would provide a framework for recommendations. The panel identified the reduction of unintended adolescent pregnancy as the primary goal, the provision of alternatives to adolescent childbearing and parenting as the second goal, and the promotion of positive social, economic, health and developmental outcomes for adolescent parents and their children as the third goal. Panel members specified the need for strengthening adoption services, including improved decision counseling for pregnant teenagers and the provision of comprehensive care for those who choose adoption as an alternative to parenthood (Panel on Adolescent Pregnancy and Childbearing, 1987).

Characteristics of Teens who Parent Versus Teens who Plan Adoption

Leynes' (1980) study of factors which influence the adolescent's choice between keeping the baby and planning adoption suggested that adolescents who opted to raise their children based on their own psychological need were typically less capable of caring for them. In a study of 432 twelve to 17-year-old females, Rosen (1980) obtained data from a self-administered anonymous questionnaire regarding the extent of parental involvement in adolescent pregnancy decision-making. Her findings are consistent with Leynes (1980), who reported that the influence of the mother was greatest with those teens who chose to

release their children for adoption, and least with those who chose to parent. Adolescents who chose to parent were apparently most influenced by their male partner, a finding supported by Vincent (1961) and Grow (1979). In a study of 257 unwed adolescent mothers, Vincent (1961) reported that those adolescents who elected to raise their children themselves described their mothers as consistently dominant in the home. The preponderance of broken homes in Rosen's group was a factor also identified by Grow (1979).

In an effort to determine the characteristics of teens most at risk for becoming adolescent parents, Abrahamse, Morrison, and White (1988) surveyed 13,061 teenagers in 1980 and again in 1982. The authors reported that this specific risk-taking is associated with problem behavior, including alcohol and drug use, lying, and stealing. They also found that the young women who perceived that their economic and educational opportunities were limited also perceived that they had little to lose by becoming teen parents. Among their Caucasian and Hispanic respondents, this risk-taking is associated with a self-reported depression, which the authors conjecture may be a proxy for low self-esteem.

Grow (1979), in his study of the characteristics of "keepers" versus "placers" in a sample of 210 unmarried mothers, reported that the young women who kept their children were no more or less disturbed than those who planned adoption, and that younger women were more likely to parent. Mothers who kept their children were also more often non-

students with less education, and reported receiving more help from family members than those who chose placement. Those who planned adoption came from smaller towns (<500,000), were less likely to have considered the possibility of abortion, and were more likely to stress the importance of growing up in a two-parent household.

In a short-term longitudinal study of 14 pregnant adolescents ages 16 and younger, the findings of Landy, Schubert, Cleland, Clark, and Montgomery (1983) did not support the claims of previous studies that there are certain personality characteristics of pregnant teens . However, the control subjects were selected by the experimental group of pregnant teens, representing a serious methodological flaw in this study. The mother-dominance suggested in Vincent's (1961) research was supported, and the adolescent's father was noted to be either weak or absent from the home.

In a qualitative study of 57 pregnant students attending an alternative school, Palmore and Shannon (1988) used an open-ended questionnaire to identify risk factors of pregnant adolescents. The participant responses indicated that 40% had repeated at least one grade, and 61% had mothers who themselves had experienced pregnancy during adolescence. Fifty-six percent described their relationships with their mothers as positive, and 21% reported a good relationship with their fathers. Forty-four percent of the students reported family violence at home, and 26% identified themselves as victims. The authors reported that 40% of the students had been using drugs prior to

pregnancy. Although they stopped drug usage when they discovered they were pregnant, most were not aware of their pregnancies until the completion of the first trimester. Fifty-four percent of the adult male figures in the home were reported to be substance abusers. The adolescents' boyfriends were reported to have similar substance abuse habits, which continued throughout pregnancy and after the birth of the infant.

Summary

This review suggests that the larger social context in which the adolescent makes her decision has altered considerably in the last generation. Society appears to be far more tolerant and sympathetic to the teen who chooses to parent her child as opposed to the teen who plans adoption. Of particular importance is the conclusion drawn by some researchers that counselors whose job is to guide decision-making are themselves uncomfortable with discussing or even suggesting adoption. Research is needed to identify the pressures upon the teen as she makes her choice, with a focus on understanding her experience within the context of familial, peer and social influences.

Conceptual Framework

The conceptual framework is commonly an explication of the approach to be taken by the researcher, and a narrowing of focus to the

relationships of those varibles which are under study. The conceptual framework of this study (Figure 1), however, differed in that it consisted largely of the assumptions with which the researcher entered this investigation. It was therefore highly tentative, and was subject to modification as the study progressed and data were collected and analyzed. This is consistent with a requisite of phenomenological research that the investigator be aware of his or her own biases and be open to the data obtained (Duffy, 1986).

Basic Assumptions

There were several assumptions basic to this study, the essential one being that the adolescent would make a decision, even if it was a decision not to decide. The study was also based on the belief that nurses need to better understand how pregnant adolescents decide whether to parent or to adopt, so that they might be able to facilitate more thoughtful and responsible decision-making. On the basis of working with pregnant adolescents for more than a decade, the author also believed that these young women would be willing and able to articulate their experiences.

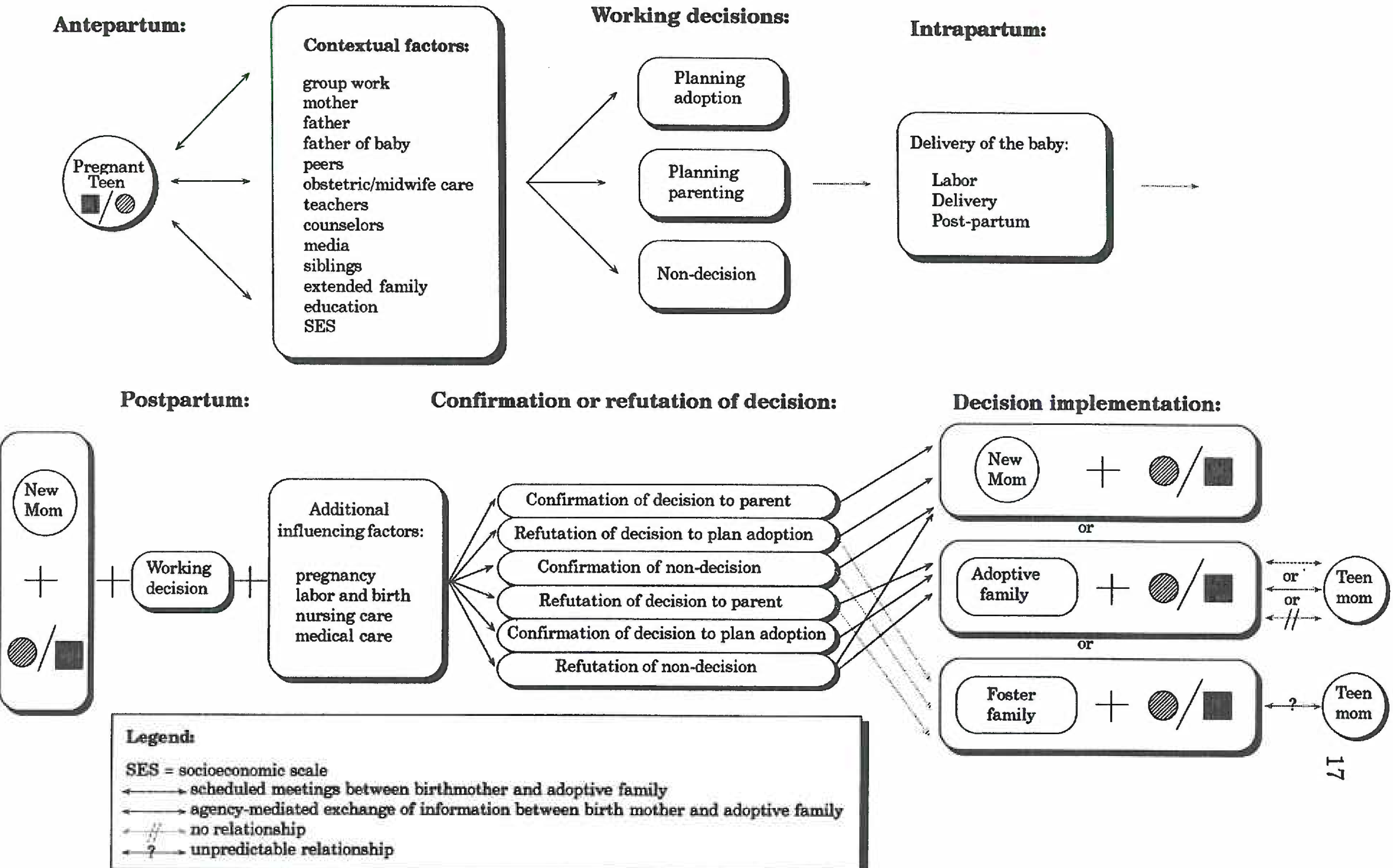

Figure 1. Conceptual Framework: Adolescent decision-making regarding parenting or planning adoption.

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Contextual Factors

Many of the contextual structures which guided pregnant adolescents in past generations are no longer operational. Consequently, today's pregnant teen is more and more frequently compelled to discover within herself a basis for making decisions evolving from an ethical construct of her own making. Within a specific context formed by the multiple human and situational factors in her environment, the adolescent wrestles with the choices available to her regarding pregnancy resolution. The influencing factors include her own educational and financial circumstances, biases of peers, nuclear and extended family members, exposure to counseling and group work, media presentations, teachers, and the father of the baby.

Working Decisions

During the third trimester, the adolescent can be expected to reach a working decision based upon her own consideration of a "best choice" made against the background of influencing contextual factors. She may decide to plan an adoption for the child, or to parent the child. If she plans adoption, she may also be considering the extent of contact after placement. Contact with her child may be agreed upon with the adopting family during the negotiations prior to delivery, and can range from none at all, to agency-mediated exchanges of non-identifying information, to regularly scheduled meetings. The

particular agency from which the participants for this study were selected offers a range of options from traditional closed adoptions to open adoptions. In the traditional closed adoption, the agency caseworker selects the family and no specific information is exchanged between family and birth-mother. In open adoptions, the adolescent has the final word regarding choice of family and extent of contact following placement.

In addition to either parenting or planning adoption, a third option would be to decide not to decide, a non-decision. A non-decision will leave the adolescent to parent the child by default, or will allow the child to be placed in a foster-home. Foster-care allows the adolescent to retain legal rights to her child without the responsibility of providing care and nurturance for her offspring. Unless there are extenuating circumstances, the adolescent who places her child in foster-care can determine the amount of contact with her child.

Procrastination is a passive non-decision; eventually, the decision will be made by an outside agent or circumstance, or simply by the passage of time. Allowing or persuading another person (counselor, mother, peer, father of baby) to assume responsibility for making the pregnancy resolution decision is another way in which the adolescent can avoid active and intentional decision-making. In abdicating her responsibility for making the decision, she can later place blame on that person should the consequences be other than what she desired and anticipated. Both procrastination and delegation of decision-making to

another person obscures the teen's responsibility to either participate in the decision and/or make it work.

Decision Implementation

Until the infant is actually placed in the physical custody of an adoptive family, the pregnancy resolution decision can be regarded as dynamic and evolving rather than static. During her intrapartum experience, the teen will be further influenced by the labor, the delivery, the medical and nursing care she receives, and by the nature of the dyad that she forms with her newborn. It should be noted that the original influencing factors discussed above (group work, counselors, parents, father of the baby, peers, etc.) are still operational at this time, but may now become secondary to the immediate and very emotional events of childbirth.

The working decision which she formulated during pregnancy will now be considered within the context of her intrapartum experience. She will then move to confirm or refute her prior decision. If she refutes her decision to plan adoption, she can choose to raise the baby herself or place it in foster care. If she refutes her decision to parent, she can either plan an adoption for her child or place it in foster-care. A mother who cannot decide between childrearing and planning adoption can place her child in foster care, thus postponing the decision for months and sometimes years. This non-decision lifts the immediate

responsibility from her awareness, and leaves the child in the limbo of foster care, without the opportunity for consistent parenting. If the adolescent refutes her non-decision, she can choose to either parent the baby or plan an adoption.

Responsible Decision-making

The researcher looked at the collected data through the existential conceptual lens of responsible decision-making as explicated by Yalom (1980). He suggests that responsible decision-making requires the implicit capacity of the individual to transcend the immediate situation and consider the long-term consequences of any contemplated act. The freedom to choose and to make decisions requires the individual to assume responsibility for the immediate outcome of these decisions, and subsequently their long-term consequences (Yalom, 1980). It is the awareness of the responsibility which lies within that freedom that causes the individual to confront her own power in shaping what her life has been, what it is, and what it can become.

The pain of renunciation is the primary reason that individuals find decision-making so difficult. The alternative (discarded) option, which may never again become available, must be relinquished. The pregnant adolescent can avoid the renunciation of decision-making by postponing the choice involved in a pregnancy resolution. This choice of non-decision also falls into the category which Yalom (1980) calls "trading

down." Rather than decide to release the child legally and permanently, the teen who takes this path of indecision manipulates her alternatives so that she relinquishes less. By placing her child in foster-care, she retains legal rights and access, yet does not assume responsibility for raising her child.

A decision is made more difficult when the alternatives are perceived to be of equal or comparable value. Many individuals, therefore, magnify the value of the chosen alternative and diminish the value of the renounced alternative, thus eluding the sharp pain of renunciation. The tension of cognitive dissonance that often follows decision-making is commonly modified by eliciting information that will devalue the unchosen alternative and enhance the chosen alternative, and likewise by avoiding information that acts conversely. If she chooses to raise the child, she can diminish the value of education, job training, privacy and freedom. She also can devalue the responsibility she has toward her child, thus diminishing her need to make a responsible choice. The possibility of making a responsible decision rests in the teen's capacity to project herself realistically into her own future and to empathize with and appreciate the future needs of the child. On this basis, the researcher suggests that the antecedents to responsible decision-making are self-responsibility, ability to empathize, ability to project oneself into the future, and a sense of empowerment, an awareness that one has control over one's life, and that that control is exerted in large part by the decisions one makes.

The conceptual framework of this study remained tentative and evolved as the study progressed. It was based primarily upon the researcher's beliefs and assumptions which were products of professional experience and the literature review. Data were examined through the lens of responsible decision-making in order to make an assessment of the quality of the adolescent's decision. The researcher applied this quality of responsibility to the decision-making process because the teen was making the decision for not only herself, but for the vulnerable child she bears.

Research Questions

Three major questions guided this study. The primary question was, **what is the process by which the pregnant adolescent decides to either parent or plan adoption for her child?** The researcher hoped that the response to this question would include recollections of the adolescent's experience as her decision evolved in her mind, and a description of how she arrived at the final decision, the confirmation or refutation of the working decision.

Secondly, **what are the influences that impinge upon her decision?** From whom did she learn about the alternatives available to her? The researcher listened for clues as to whom the adolescent approached for advice and information, what counsel did she seek, and from whom, and what information did she filter out. From what sectors and in what form

did she get pressure to decide one way or another?

The last question was, **what meaning does this experience hold for her?** How does she experience her life now? Is it forever changed for her? The researcher anticipated that participants would discuss not only what the experience of decision-making meant to them, but also the meaning of the experience of pregnancy and childbearing.

CHAPTER TWO: THE HERMENEUTIC SPIRAL

Design

This study was a hermeneutical inquiry into the experience of adolescent mothers as they made their decisions either to parent their children or to plan adoption for them. A hermeneutic study is an interpretive research design in which data are analyzed with the goal of understanding the experience of the participant, and the meaning that it has for her. The emphasis in this design is on understanding and appreciating the entire experience of a person within a specific context, using language as the means by which that experience is described. This is in contrast to the reductionist methodology of quantitative research which carves the part of the whole experience smaller and smaller with the goal of measuring discrete variables.

The hermeneutic design was selected as appropriate for this area of research for three reasons. First, the area of adolescent decision-making regarding parenting or planning adoption is an area which has not been extensively researched. Second, the investigator hoped that this interpretive analysis of data would allow a deeper and more complete understanding than would be gained by using a quantitative format. And last, it was anticipated that the findings might yield illustrative data that could serve as the basis for a future study.

The interpretive approach offered the researcher an understanding of the subjective meaning of an experience. The understanding of the

adolescent's decision-making process regarding parenting or planning adoption was not possible without understanding the context in which it occurs. Through this approach the researcher described the total image rather than the parts, the complexities of a situation rather than the discrete variables, the richness of an entire experience rather than the minutiae of a piece of an experience. Packer (1985) aptly contrasts the empiricist explanation with the hermeneutic interpretation as paralleling the difference between a map of a city and an account of that same city by someone who lives there. For the map maker, the city is a juxtaposition of streets and buildings and other physical objects; for the chronicler of human experience, it is a wealth of possibilities and frustrations, opportunities and obstacles. Although the map maker and the city dweller are both describing the same geographical locale, there will be noticeable differences in their perceptions and interpretations, and in the understanding of the city by one who studies a map versus one who attends to the description.

Setting

In order to protect the privacy and insure the anonymity of the participants, all geographic locations and agencies associated with this investigation have been assigned psuedonyms which shall be used throughout this report. Participants in this study were clients of the Children's Aid Society, a private, non-profit corporation serving about

5,000 young people yearly. The purpose of the agency was "To promote the welfare of children, adopting the means and methods, including educational and research and preventative programs, as well as treatment, which will satisfactorily accomplish this object." (Children's Aid Society, 1986). Whitney House is an agency residence that accommodates 12 pregnant adolescents who receive agency support in the form of schooling, counseling and medical care.

In addition to an adolescent pregnancy counseling program, the Children's Aid Society offered a young parents program for teens, juvenile justice programs including crisis services and shelter care, and residential treatment for specific groups of adolescents. The pregnancy counseling staff consisted of 1 intake counselor, 2 full-time counselors in Weston, 1.5 counselors in Myrtlewood, .5 in Oakwood, and .25 in both Clearwater City and the St. Anne area. Of the 149 maternity clients served in fiscal year 1987-88, 85.2% were Caucasian, and the mean age was 19.3 years. Nearly 35% of their referrals were personal and 21.5% were medical, including 20 "instant babies" referred immediately after delivery. There were no referrals from counselors, clergy, or school counselors, nor were there any referrals from publicity such as advertisements or other printed media (Children's Aid Society, 1988).

Seventy-six percent of the 149 maternity clients of fiscal year 1987-88 planned adoption at the time of intake, and of these, 69.3% followed through with their original plans. These figures are perhaps misleading in that a requirement for getting into Whitney House is the commitment

to consider adoption. It is known that girls will profess to be considering adoption even though they plan to parent in order to get accepted into Whitney House. Agency staff members help each resident plan for living arrangements following delivery. Those girls who relinquish their children for adoption are allowed to return to the residence for up to two weeks after delivery. Those girls who plan to parent are assisted in finding adequate housing for themselves and their children.

Sample

In order to answer the research questions, six participants were interviewed between January 1989 and January 1990. Of those six, four chose to plan adoption for their infants, and two chose to parent. Their ages ranged from fourteen to barely twenty. They are referred to in this study by their assigned pseudonyms. Four interviews were conducted in the office of the agency residence; the interviews of the parenting mothers were conducted at their respective homes.

The sampling protocols were based on agency clientele, and consequently it was expected that all participants would be Caucasian. Black teens are infrequently clients in the agency's pregnancy program. They make their pregnancy resolution decision in a significantly different context from that of the Caucasian teen. There are few adoptive families available for Black infants, and the possibility that

their child will remain in foster care often dissuades the Black adolescent mother from considering adoption placement as a viable option. Also, rather than surrender an infant to strangers, Black families are traditionally inclined to take the child into the family through informal adoption (Boyd-Franklin, 1989). For similar reasons, Native American and Hispanic teens were expected not to be included in this sample. The Native American teen is further constrained in her options by the legal restraints preventing a non-Native American family from adopting her child, yet there are not sufficient Native American families to provide adoptive homes, leaving foster care as the realistic, and usually unsatisfactory, alternative to parenting.

Contrary to expectations, the sample included two non-Caucasian participants, reflecting unexpected ethnic variations in the agency clientele. One participant was racially mixed (Black and Caucasian) and one was half Native American and half Irish-American. Their inclusion in the study added richness to the data. The mixed race participant was identifiable as mixed race but with predominantly Caucasian features. The agency located two families waiting to adopt an infant with a similar background. The Native American participant had already identified a Native American adopting family when she contacted the agency. Thus the legal requirement of finding a Native American adopting family had been met prior to her taking up residence at the agency group home.

Participants were solicited through personal contact with residents

at Whitney House. The researcher explained the research project to residents at a group meeting and through a process of volunteering and selection, identified the participants. Five of the six research participants received pregnancy counseling and participated in a decision-making seminar prior to delivery. The sixth participant planned adoption through the agency, and attended only two counseling sessions, both for the purpose of adoptive family selection. The homogeneity of specific characteristics among participants in this sample, and their sharing of a common knowledge base, are important factors in the selection of participants in a small sample (Brink, 1987).

Because cognitive functioning abilities change markedly between early and late adolescence, an attempt was made to have 3 subjects in the 13-15 year age range, and 3 subjects in the 16-19 year age range. Three participants from each age group were represented. It was unknown whether the parenting teen's decision-making process is different from that of the teen planning adoption. In order to provide data regarding this question, subjects from each group, four who planned adoption and two who chose to parent, were represented.

Protection of Human Subjects

In compliance with the Federal research guidelines, the benefits of this research to society were believed by the investigator to outweigh any potential risks to the participants (see Appendix A). The study did

not have the potential for deception, as the investigator proposed no covert data collection. Participants were made aware of the role of the researcher and the nature of the study for which their expertise was sought.

The study was explained to each participant, with the assurance that participation was voluntary. They were told that their refusal or withdrawal from the study would not affect the care they were receiving from the agency. The goal of the study was explained to all potential participants, and they were encouraged to ask questions about it.

The privacy of the subjects was guarded throughout the study, and anonymity was assured. Participants were asked to sign a form consenting (see Appendix B) to participation in the study. To protect the individual's identity, these consent forms were kept in locked storage. Although the participants were minors, parental consent was not sought because these young women were legally signing documents normally signed by adults and emancipated minors, including adoption relinquishment papers and consents for medical and hospital care including treatment for sexually transmitted diseases and contraception. Subjects were identified by substitute first names only, and research code numbers were assigned to each name for purposes of record-keeping. The transcriptionist altered any identifying information on the tapes, and agreed to maintain confidentiality of the interview contents. She also safeguarded the tapes during the time that they were in her possession. Following transcription, the audiotapes

were held in locked storage, and upon completion of the study, were erased. There was no apparent way in which results from this study could be used to harm or disparage participants.

The participants were expected to benefit from the investigator's interest, in her solicitation of opinions, and in her ability to spend comparatively large amounts of time listening (Tilden, 1980). Further, it was expected that the participant might actually benefit by feeling that her participation in the study was important, and that she herself was useful. The risk of the participants feeling the pain of termination of the investigator-participant relationship at the end of the study was mitigated by the presence of pregnancy counselors already known to the participants.

The goal of this study was to understand the process of the adolescent's decision-making rather than to attempt to influence the outcome. Therefore the interviewer's questions were directed to understanding the process of decision-making, not the decision itself. It was possible that the interviews themselves might have brought a sense of decision-making closure to the participant. It was also possible that the increased attention proved beneficial to the participants.

All participants had pregnancy counselors at the Children's Aid Society with whom they regularly met, and to whom they could go for assistance and support should the interviews trigger unresolved personal issues. Ongoing availability of counselors subsequent to delivery was assured by the agency (see Letter of Support, Appendix

C). The researcher anticipated that supportive counseling from agency pregnancy counselors diminished the chance that these interviews would provoke negative reactions from the teens, and furthermore would provide a built-in context in which to deal with any problems that might have surfaced during these interviews. Agency personnel, however, reported that none of the participants sought counseling or other assistance as a result of the interviews.

Data Collection

Although it was anticipated that all interviews would take place at the agency, unexpected circumstances altered that plan. Three participants were interviewed in an agency office, and the two parenting participants were interviewed in their family homes. Initial interviews took place within 45 days following delivery. A sixth participant could not be directly interviewed because at the time of data collection, she was pregnant with her third child. Her narratives were obtained from a taped presentation on her decision-making experience which she gave to a group of health care providers, and from a counseling session in which the researcher was an observer. Interviews with each participant lasted for twenty-five to fifty-five minutes, and were terminated when there seemed to be no further information that the participant was able to disclose regarding pregnancy decision-making. Any follow-up interviews for further clarification or validation of current data analysis were expected to take place within 90 days of the initial

interview. However, the data collected in single interviews were judged sufficient. Consequently, no second interviews were necessary.

The interview guide was seen as an evolving instrument which allowed for changes and additions or deletions as data collection and analysis progressed. These very general open-ended questions were selected in order to avoid communicating a pre-established category of interest, and to encourage the participant to freely volunteer feelings and beliefs about her decision-making experience. Data were collected through indepth unstructured interviews guided by the following ten questions:

How did you approach the decision whether to plan adoption for or to parent your child?

What did that experience mean to you?

When you first learned of your pregnancy, what did you perceive were the alternatives available to you?

What people, events, and experiences influenced your process of decision-making?

From whom or what, and under what circumstances, did you first learn about adoption as a pregnancy planning option?

What possible problems did you anticipate might arise with each alternative?

From whom did you seek advice as you thought over your alternatives?

From whom did you receive support as you were making the

decision?

From whom do you receive support now that your decision has been made?

What would be your advice to a teenager who has just discovered that she is pregnant?

In posing the last question, the investigator anticipated that a participant who had been hesitant about disclosing her own experience might have allowed herself to respond more easily to what she believed would be the ideal context in which someone else might make this decision. Her response was expected to reflect on what she herself wished might have been, and what she believed might have helped.

There was a concerted attempt to avoid scripting the interviewee, or probing to get expected responses. Each participant was asked to reflect back on the decision-making process she had just experienced. The fundamental question, how did you approach the decision regarding whether to plan an adoption for your baby or to parent the child yourself, was articulated differently depending upon the young woman being interviewed. Influencing factors included her age, her verbal skills, her comprehension, and her trust of the situation. The listed questions were used only when the participant seemed to be unable to voluntarily articulate her experience. The researcher provided her telephone number to the participants should they have wished to add information subsequent to their interviews. None did so.

An interview summary form was developed on which the researcher

recorded her initial immediate impressions of the interview (see Appendix D). These forms were used in the subsequent analysis of data. The researcher retained the telephone numbers of the participants in the event that they needed to be recontacted for additional data. These telephone numbers were matched with the participant's assigned pseudonym and research code number, and remained in locked storage until completion of the project, when they were destroyed. Stamped change-of-address postcards were to have been given to participants in the event that they should change residences or telephone numbers during the period of study. However, the participants were in the midst of major transitions in their lives, and objected to being committed to a possible second interview. For this reason, the postcards described were not issued. The interviewer relied on agency personnel for contacting clients in the event that further information would have been needed.

Data Analysis

The Hermeneutic Spiral

The hermeneutic spiral was selected as the model for analyzing the data in this study. Its potential for rich data and complex interpretations was believed to be appropriate to an area in which there has been little research. Dilthey (1976) used a circle as a model for working back and forth within the data, from whole to part to whole, the interpretive method used in hermeneutics. Polkinghorne (1983)

suggested the spiral as a more appropriate model (Figure 2), as it suggests the deeper understanding that accompanies each move from the part to the whole. The steps are not chronologically discrete: they overlap and are repeated and modified as the analysis progresses with the evolving interpretations of different texts.

Heideggerian hermeneutical analysis, with the goal of understanding the meanings embedded in each participant's story, was applied to the narratives that resulted from the transcriptions of the interviews. The first step in hermeneutic data analysis was to compare the interview transcriptions with the audiotapes in order to verify them for accuracy. The second step included the examination of the narrative material, and a preliminary attempt to get a holistic impression of the story the person was trying to tell. After identifying the "whole story," the researcher began to interpret parts of the story, going back and forth between the parts and the whole, and eventually reaching a tentative understanding of the experience. It was expected that the researcher might have had to return to the subject in order to clarify or deepen her understanding of the material. This step proved to be unnecessary, as sufficient data had been obtained in the first interview.

The third step included the identification of relational themes through a cross-case analysis comparing the interpretations of each participant's interviews for shared meanings and common themes. Examples from each text were selected to substantiate interpretations. A reflecting team (Andersen, 1987), which has its roots in the Greek

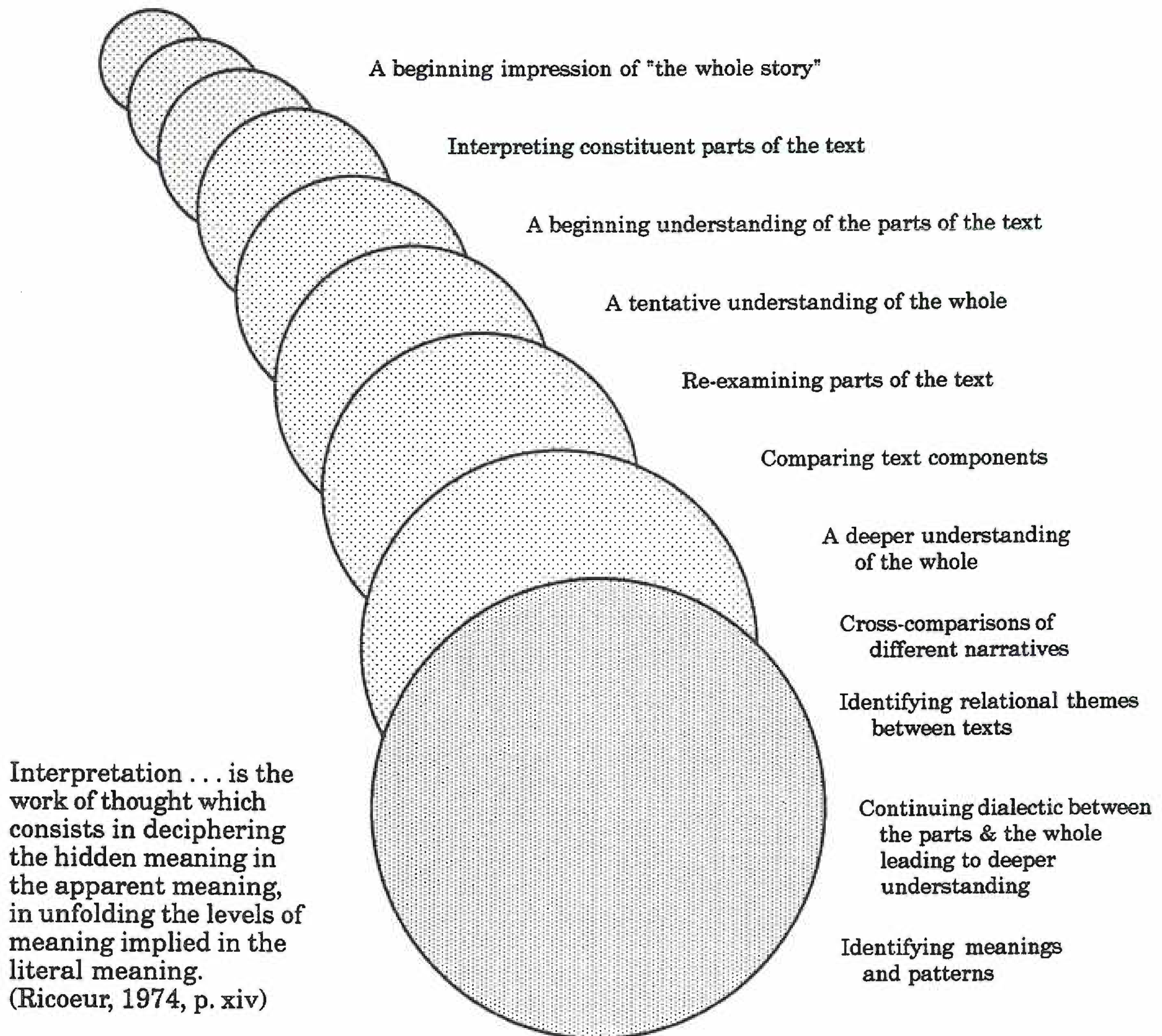

Figure 2. The hermeneutic spiral.

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chorus (Papp, 1980), consisted of the researcher and two members of her thesis committee. The fourth step involved a meeting of the reflecting team to discuss each participant's narrative and the researcher's interpretation. The reflecting team was given copies of the transcribed interviews one week prior to each meeting. The researcher described to team members her understanding of the text, with selected examples from the narratives to substantiate her interpretations, and suggested the dominant themes and patterns, the more subtle innuendos, the similar or contradictory meanings, and a sense of the total stories. The reflecting team further examined the material, discussed the identified themes and patterns, and validated or opened for further discussion the author's interpretation of the interview material.

Materials were considered evolving rather than static or fixed. Tentative conclusions and inferences were continually reexamined and tested as the interviews proceeded, the tapes and transcriptions were reviewed, and the researcher and the reflecting team gained new insights and understanding of the material. The investigator and team members remained aware that no interpretation was fixed, and that any conclusions were subject to revision and adjustment as more material was collected and considered. The fifth and final step of hermeneutic analysis was the continuing comparative analysis which was employed by comparing the data from each interview with that from prior and subsequent interviews.

As the need arose, displays were developed for analyzing and

synthesizing the data. Kinship diagrams were made of each participant's family members, specifically in relation to her place in the family. Event pathways were constructed for each participant, and served as diagrammatic representations of her decision-making process. Categories that emerged from the interviews were charted and grouped according to type (see Appendices E, F, and G). Groupings consisted of decision-making categories, support categories, and miscellaneous categories. The development of these categories was an interim step in data analysis, and assisted in the identification of the contextual factors found to be influential in the adolescent's decision-making.

Additional information about specific participant situations was provided by agency personnel subsequent to the collection and analysis of data. This information was integrated into the kinship diagrams and category charts, but the participants' stories were left intact unless specifically noted.

Reliability and Validity

Reliability is an assessment of the degree to which the data represent the phenomenon being studied rather that an extraneous phenomenon (Catanzaro, 1988). Reliability in a qualitative study depends upon another researcher examining the material and reaching a consensus regarding the researcher's conclusions. Reliability through

equivalence was established by the use of the reflecting team to review and interpret the data. Although members of the reflecting team might have approached the problem differently, reliability was considered established when another researcher could not disprove the interpretation of the investigator.

Validity could have been ascertained through returning to some of the participants for confirmation and validation of the understanding of the researcher (Brink, 1987). However, suggestions of psychopathologies of both the participants and their families emerged from these interviews. The researcher therefore believed that returning to the participants to validate the research findings would not necessarily accomplish its purpose.

CHAPTER THREE: THE PARTICIPANTS' STORIES

The Findings

An interpretive analysis of the participants' stories revealed that five of the six adolescent mothers had been unable to make independent decisions to parent or plan adoption. Due to the participants' apparent developmental arrests and abnormalities, each decision seemed to have been shaped by circumstances that prevented their move toward autonomy and individuation. Their decisions appeared to reflect the wishes of those people in their environments with whom they were either incidentally connected or historically enmeshed. Only one nineteen-year-old participant appeared to have made an autonomous and responsible pregnancy resolution decision. These findings will be demonstrated as the results of the study are discussed in the context of the three research questions.

Research Question One: Process

What is the process by which the pregnant adolescent decides to either parent or plan adoption for her child? Participants were asked to recall their experiences as their decisions evolved in their minds, as they arrived at a final working decision, and as they either confimed or refuted that decision. Each participant's story will be told, followed by the researcher's interpretation. Included with each story will be the

participant's kinship diagram and a diagrammatic representation of the event pathway of her decision-making process which were developed to assist with data analysis. The story of Kristi, the participant whose decision-making process most closely paralleled the process anticipated in the conceptual framework, will be told first, followed by the other three participants who chose to plan adoption. The two participants who chose to parent will be discussed last.

Mothers Who Chose Adoption

Kristi.

Background and family of origin. The material for Kristi's story is not from the usual private interview, but from a presentation she gave to a group of health care professionals in which she described her pregnancy resolution decision-making experiences and the subsequent adoption plan implementation. Her presentation was audiotaped and transcribed; additional data were gathered during a counseling session in which the researcher was an observer. Unless specifically noted, Kristi's descriptions of decision-making refer to the experience of her first pregnancy and relinquishment. To some extent, these recollections have probably been interpreted and reinterpreted by Kristi with the passing of time and the experience of two additional full-term pregnancies.

Kristi was an attractive nineteen-year-old who lived at the agency

residence during the last trimester of her third full-term pregnancy. She had also lived at the agency during parts of her first two pregnancies. She spoke clearly and seemingly with ease, describing her experiences without display of intense emotion. She spoke with an apparent honesty that lent credibility to her story. There was a genuineness about her presentation, a quality not exhibited by the other participants. She was very warm and gracious, and appeared eager for human contact.

Kristi grew up in Idaho with her mother, younger brother, and a series of the mother's boyfriends and her mother's one husband. Kristi's own father was unknown. A kinship diagram (Figure 3) illustrates her family connections. Her mother's boyfriends and husband, all alcoholics, subjected Kristi to physical, mental, and sexual abuse. The last boyfriend fought with the mother and, in a rage, killed her. "She was killed . . . her boyfriend killed her . . . So he got mad and said to stop and she hit his car again and he took a railroad tie and hit her on the head . . . and he cleaned the blood off her face and stuff and she died two hours later." (Transcript #106a, 1990, p. 2). Kristi was fifteen years old at the time. She was as yet unaware that she was also pregnant. Upon the death of her mother, Kristi and her brother were sent to Weston to live with their aunt and grandmother, their only known relatives. According to Kristi, they were both physically and mentally abused. When Kristi's pregnancy became apparent, she was disowned and placed in foster-care.

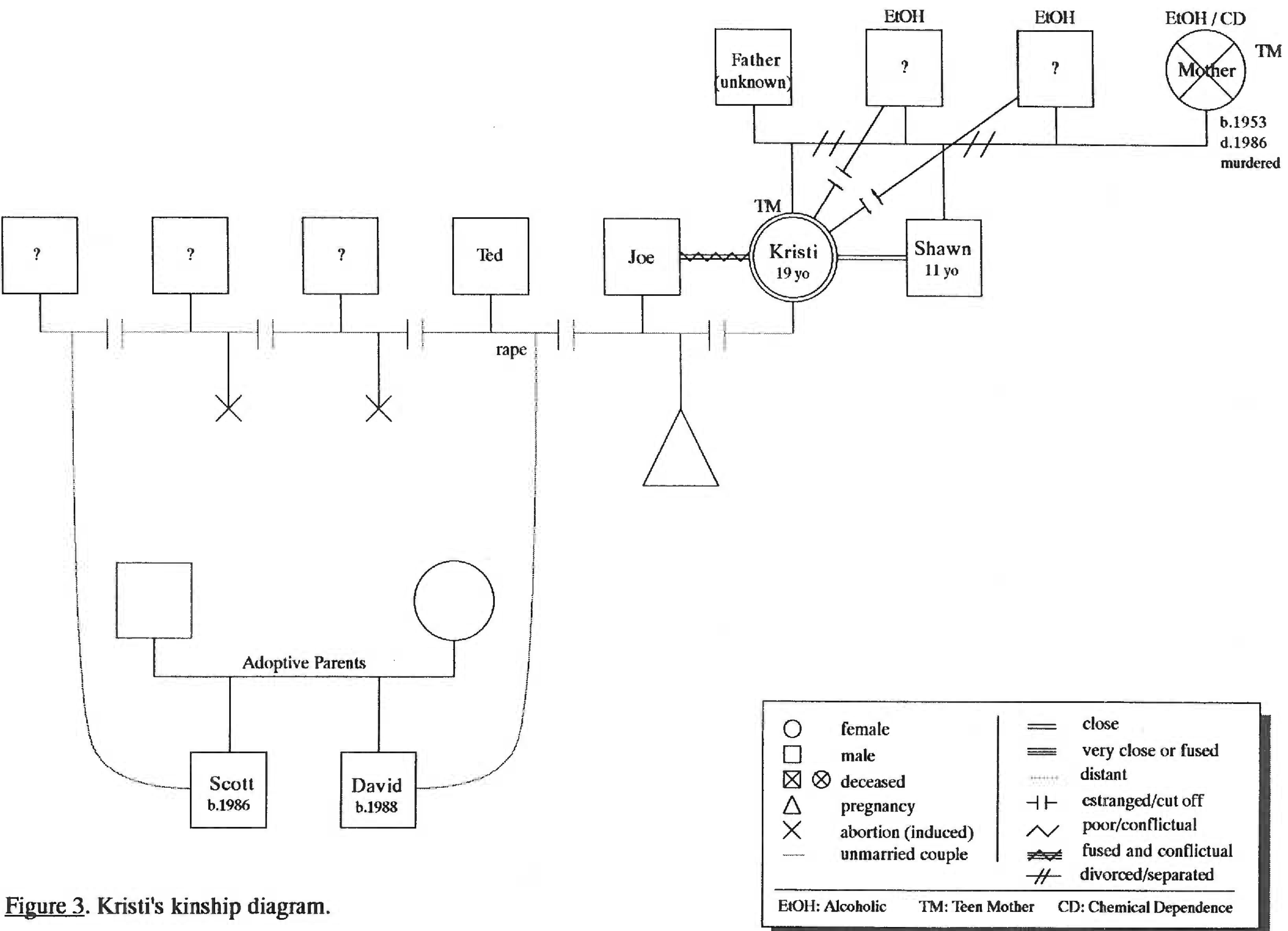

Figure 3. Kristi's kinship diagram.

Pregnancy history. Kristi had been pregnant five times, and had electively terminated two pregnancies. She had delivered two full-term male infants, and at the time of these interviews was within a six weeks of delivering her third child. Her first pregnancy occurred when she was fifteen, and was diagnosed shortly after her mother's death. She lived at the agency residence during her last trimester.

Kristi moved to a distant city during the middle of her first pregnancy, leaving her friends behind. The father of the first child learned of the infant only some time after the birth, as Kristi felt that there was really no need to get him involved " . . . the father wasn't there . . . he didn't know . . . I had no way of contacting, I just moved from Idaho because my mom died, and I had no way of contacting him, and had no reason . . . I didn't think he should be a part of that." (Transcript #106, 1989, p. 3).

The fourth pregnancy was a result of a rape for which the perpetrator was never prosecuted. She spent most of that pregnancy living on her own, but came to the agency for counseling sessions. She developed a relationship with a Black man during that pregnancy, planning to live with him, but he was neither supportive nor available. "And then I moved into the apartment with Donald, except that he was in jail at the time, so it was really me." (Transcript #106a, 1990, p. 3). She moved into the residence for the two weeks prior to her second delivery. She lived at the residence for the last twelve weeks of her third pregnancy, receiving the usual counseling plus many additional

sessions at Krisiti's request.

When Kristi discovered that she was pregnant in the third trimester of her first pregnancy, her support systems were few. "I had no one to talk to . . . I didn't know about adoption . . . I was alone and scared . . . I had nobody to keep me *(pause)* Stuck, with something I didn't know anything about." (Transcript #106a, 1990, p. 4). She assumed adoption proceedings remained closed, and therefore did not consider it an option. "I didn't think anything about adoption, because the impression I got from anybody that I've heard about adoption is that when you give your baby up you don't see your baby. It's like they just take your baby and give it to the parents and that's it. You know, you have your baby and you don't even have any part of it, any rights or anything." (Transcript #106, 1989, p. 1).

Decision-making. There were apparently regulations which precluded her remaining with her foster mother subsequent to the diagnosis of pregnancy. " . . . the foster-mom that I was with, umm, we talked about it because I knew that I couldn't live there, being pregnant, because she could, she doesn't take, you know, people that are in my situation, pregnant." (Transcript #106, 1989, p. 2). Her school counselor gave Kristi some practical assistance. "I talked to my counselor at school, (I was still going to school), 'cause I'd mentioned to her, I'd told her I was pregnant. And she mentioned several different programs, and, umm, what I could do. The only two options I had were parenting and adoption, and so, she gave me a list of, umm, programs

about parenting and also about, umm, adoption." (Transcript #106, 1989, pp. 1 - 2).

The counselor gave her information about Children's Aid Society (CAS), and the foster mother told Kristi that CAS also provided housing for pregnant teens. Kristi explored her options, and visited another agency for teens planning to parent. "I knew I didn't like what I found out, I knew I didn't like, umm, the place for parenting at all . . . I didn't like the idea of moving there, and . . . or, like the idea of parenting my baby." (Transcript #106, 1989, p. 2). In contrast, she was encouraged when she visited the Children's Aid Society. ". . . when I investigated about Children's Aid . . . I really liked it, the people were really nice, I felt comfortable talking to them." (Transcript #106, 1989, p. 2).

Kristi lauds the agency counseling staff for having helped her think through a clear decision. (See Figure 4.) "And then, when I got here, I felt that I had really good counseling . . . it helped me so much . . . helped me with reality: what's gonna happen." (Transcript #106a, 1990, p. 4). Now, during her fifth pregnancy, she felt that the CAS counselors were helping her to uncover some of the issues that had prevented her from assuming control of her life, especially issues of what her counselor describes as co-dependency. "I'm getting more in depth with my feelings and stuff . . . and I have so much to learn, to know." (Transcript #106a, 1990, p. 3).

Kristi's professed lack of child-care skills reflected an empathy for

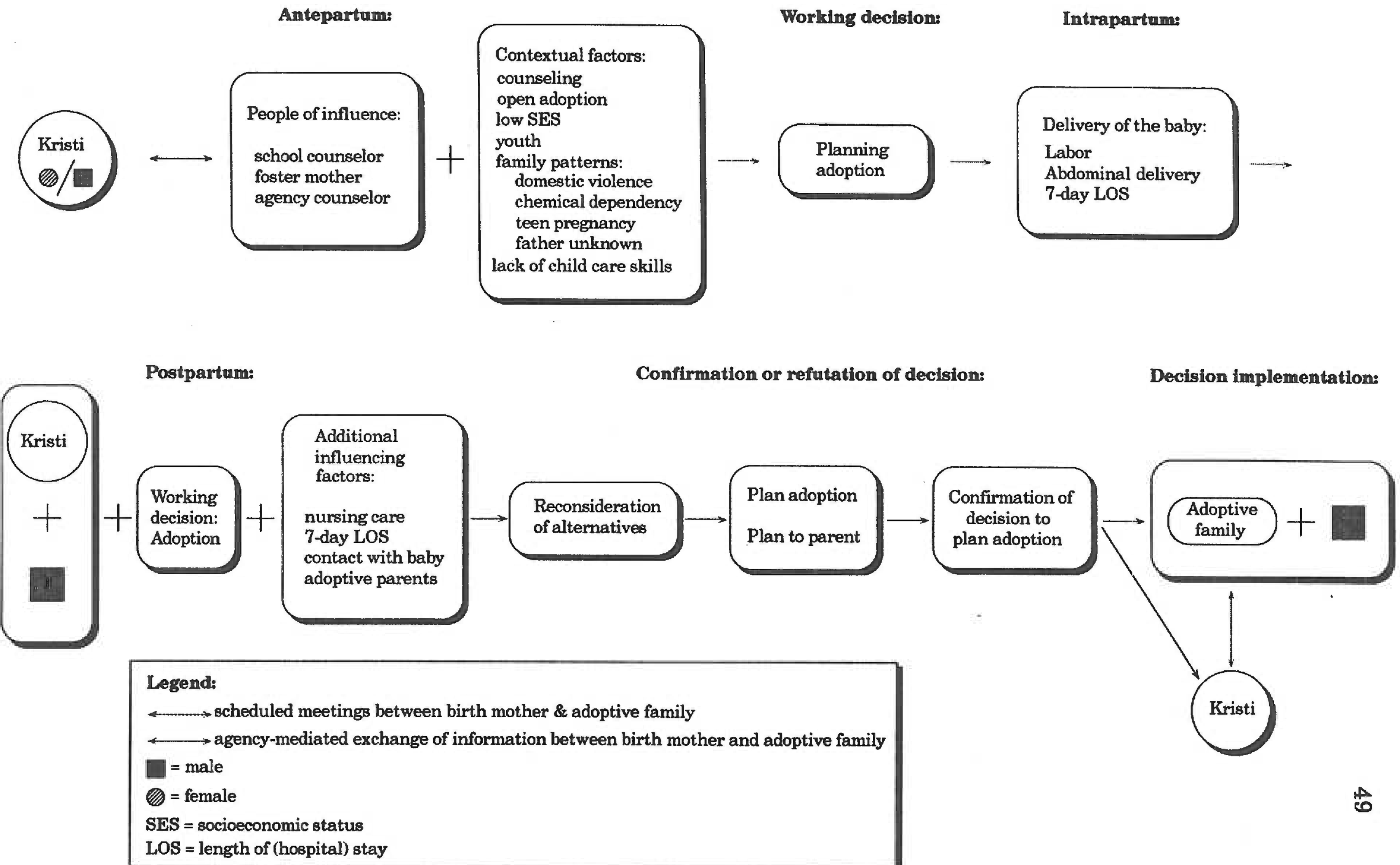

Figure 4. The event pathway of Kristi's decision-making process and the associated contextual factors.

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the child. She recalled the feelings of inadequacy she experienced during her first pregnancy. "I felt I was too young, I didn't know anything about it, I didn't feel that it would be right for my baby." (Transcript #106, 1990, p. 3). "... if I decided to keep my baby, I didn't know what to do, I couldn't have no place to take him home to." (Transcript #106, 1989, p. 3). Eighteen months later, waiting for her second child, Kristi was aware that her circumstances had not improved. "... I couldn't support me, so I realized I couldn't support a mom and a baby ... I was starvin'." (Transcript #106a, 1990, p. 3).

During her first pregnancy, Kristi identified no external pressures to her decision-making other than time itself: the rush of decision-making did not allow her to fully consider all options. "... realizing that I didn't have very long, 'til I was going to have this baby, I really didn't get a chance to, you know, really investigate everything possible that I could do." (Transcript #106, 1989, p. 2). She also felt constrained by her limited circumstances, in terms of both human and financial resources. After exploring both adoption and parenting, Kristi felt that adoption was the best option for both her and her baby. "... mainly what I was investigating in was adoption, and umm ... and for some reason I didn't feel so bad that I ... that's all I knew. Because I, more and more, the longer the time, you know, that I counseled with the counselors there, I felt that that was something I was comfortable with." (Transcript #106, 1989, pp. 2-3). However, she was not firm in that conviction until a few weeks before her delivery. "... it took about ...

'til the last month, my ninth month, I was just beginning to really find out, umm, uhh, if that's . . . you know, to find out if that's definitely what I was going to do. It was a real, 'Yes! This is it!' And all that time I was still iffy and it just changed . . . it was like, 'This is it!'" (Transcript #106, 1989, p. 3).

Intrapartum experience. Kristi anticipated forming an attachment after the baby's birth that would make it difficult to proceed with her plan. She recognized circumstantial limitations to parenting. "I was scared I was going to get really really attached, and that I couldn't go through with it . . . if I decided to keep my baby I didn't know what to do, I couldn't have no place to take him home to . . . I was really scared about that." (Transcript #106, 1989, p. 3).

Her defense against an impulsive decision to parent was to carefully plan her contact with the baby and with the adoptive parents, and to choreograph the baby's transition to his new family. "I wanted to meet the parents after I had the baby; after I left the hospital I wanted an hour with the baby and an hour with them by themselves, and then bring the baby in to them . . . I wanted to spend the whole time in the hospital with the baby, taking the time to say goodbye, in my own way . . ." (Transcript #106, 1989, p. 3). Her ability to determine the structure of the transition gave her a sense of control over the situation.

Kristi chose to meet the selected adopting parents on the last day of her hospital stay "I met them, and I felt really comfortable when I first saw 'em . . . I was really happy, with the way they were, their

appearance and their personality: you can just tell, by when they walked in, umm, what type of personality they had, and, how caring they were." (Transcript #106, 1989, p. 4).

Kristi felt better knowing that the adopting parents were concerned about her as well as the baby. "And, they were really concerned about me. The first thing they did was ask all about me, rather than the baby, which kind of made me feel comfortable, just knowing that they care about me and the baby too. That made me feel much better." (Transcript #106, 1989, p. 4).

Confidence in her decision. Kristi was confident that she had made two good decisons in placing her sons in the same adoptive family. ". . . we *(the counselor and Kristi)* talked about whether I wanted to have new parents, or whether I wanted to stay . . . you know, see if the parents that have the first baby, if they would take the next one . . . if they were ready to adopt another baby . . . or wanted to at all! *(laughs)* Umm, so we gave them a call, and it turned out that, just that night, at dinner time, they were both talking about how they wanted to adopt again. And I felt like, umm, one in a million!" (Transcript #106, 1990, p. 4).

Future plans. Aware that her job opportunities would be severely limited until she advanced her education, Kristi planned to complete high school. She had no definite career plans. At the time that this data was collected, she was dealing with her immmediate need to make a third pregnancy resolution decison, and also getting supportive

counseling. She was grieving for her many losses: her mother, her children, her father, her childhood. A resident of the agency group home for the third time, Kristi was using the counseling opportunities not only to assist her in decision-making but also to explore the issues underlying the destructive patterns of her life. It seemed that she needed to find out who she was, and the significance of where she had been thus far in her life, before she could begin to plan her future.

Conclusion. Kristi appeared to have involved herself directly in a responsible and autonomous pregnancy-resolution decision-making process. This is very possibly attributable to her having gone through the counseling program three times. It is also possible that in infancy an appropriate attachment to her mother allowed her later to acheive a degree of individuation permitting independent and responsible decision-making.

Grace.

Background and family of origin. Grace was a thin pale looking girl of thirteen, with medium-length straight tan hair that hung lifelessly toward her shoulders. She spoke softly, her sentences often trailing off into silence. Her affect was flat, her level of co-operation neither accommodating nor resistant. Prior to acknowledging her pregnancy in the second trimester, Grace lived with her mother, step-father and two younger siblings, a boy and a girl. Her biological father was not involved, and may have been unknown. (See Figure 5.)

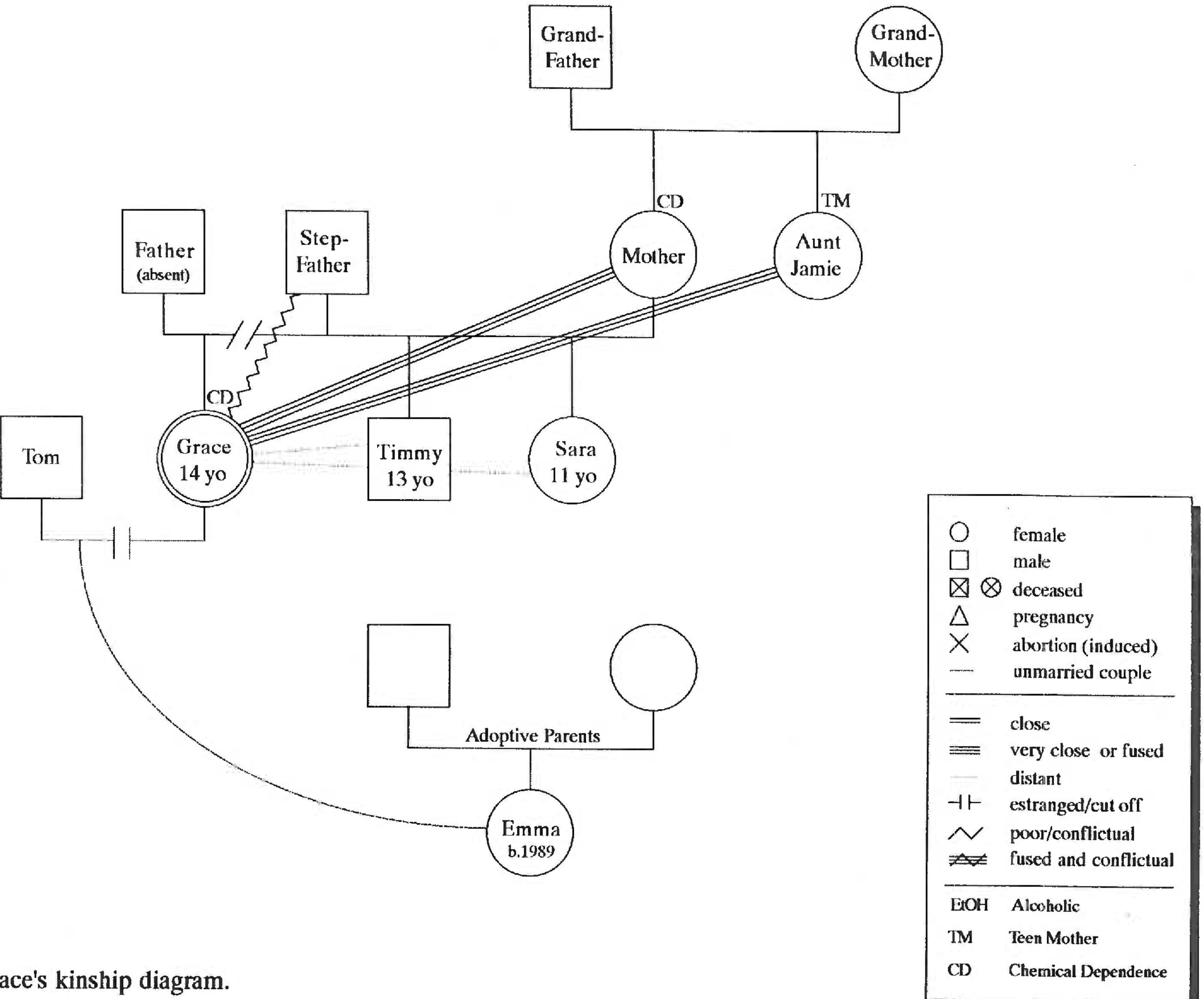

Figure 5. Grace's kinship diagram.

Both the participant and her mother had a known history of chemical dependency. The participant was believed to be continuing drug use at the time of the interview, which occurred seven days after an abdominal delivery of a female infant. A confounding factor, however, is the possibility that narcotic analgesics for wound pain might have accounted for the seeming blur in her speech and affect.

Pregnancy history. Subsequent to the diagnosis of pregnancy in the third trimester, Grace moved in with her aunt, thus distancing herself from friends and extended family members. She was brought to the agency by her aunt, who herself had relinquished a child for adoption through the same agency. Grace lived in the agency residence for the last eight weeks of her pregnancy and for two weeks following her delivery, at which point she moved back into her aunt's household. She spoke of a closeness with both her aunt and her mother to the exclusion of friends and other family members, from whom the knowledge of her pregnancy was hidden.

Decision-making. Grace described her mother and aunt as very supportive. "My mom did not push me either way, but my mom was there for me. She helped me to look at both sides of it and she, she was there for me no matter what." (Transcript #101, 1989, p. 3). As she spoke during the interview, she sounded as if she might be reflecting the sentiments of her aunt and mother. The apparent strength of the alliance with her aunt and mother suggests that Grace may not have made an autonomous decision.

Although the father of Grace's baby was in jail, he begged her to keep the child, promising eventual assistance. "He says that once he gets out . . . he wants to take care of us, he'd work and get a job and support us and we could make it. I don't trust him though." (Transcript #101, 1989, p. 3). She dismissed him as untrustworthy and peripheral to her life. "He wanted me to keep her. He's in jail, so it doesn't really matter what he thinks as far as I'm concerned." (Transcript #101, 1989, p. 1).

Grace cited her current circumstances as impediments to parenting. "I refused to go on welfare and give her that kind of life . . . that's the only way I could have survived it. I love her too much to put her through that." (Transcript #101, 1989, p. 2). She contrasted her circumstances to those of potential adopting families and what they might offer her child. ". . . she'd have a home and she'd be well-taken care of, I know she'd have everything she wanted. And being with me, I couldn't give her everything she wanted." (Transcript #101, 1989, p. 2). Her professed concern for the child, however, sounded like echoes of ideas expressed by the people in her environment, specifically her mother, her aunt, and the counselors.

Grace maintained that she never considered parenting during her pregnancy, and planned adoption from the beginning. The assumption by both the mother and the aunt that she would plan adoption may have exerted pressure that prevented Grace from considering the implications and possibilities of parenting. Her aunt and her mother

wrote a script which Grace accepted as hers. "Well, I was told right away *(about adoption),* I really didn't . . . when I found out I was pregnant, I was told so I really didn't wonder." (Transcript #101, 1989, p. 6). Although she appeared to have made an independent decision, she seemed to reflect the decision which her mother and aunt had already made. (See Figure 6.)

Intrapartum experience. Although Grace reported steadfast determination during pregnancy to plan adoption, subsequent to delivery she deviated from that clarity of intention, becoming unexpectedly indecisive. During her week in the hospital (she had an abdominal delivery), she reviewed the options which had been discussed during pregnancy counseling sessions. "First I decided I was going to parent her, and then I decided I was going to put her in a foster home until I could take care of her and then I figured that wouldn't be right, pushing her to different people and I know that if I'm not ready now, I'm not going to be ready in a month so I just decided adoption would be the best thing." (Transcript #101, 1989, pp. 4-5). Her apparent empathy for the baby allowed her to consider the child's needs above her own immediate desires. " . . . it came down to the fact that I couldn't take care of her, no matter how much I love her, and no matter how much I wanted to keep her . . . I can't do that 'cause that'd be selfish. 'Cause I know right from wrong and it would've been wrong to keep her." (Transcript #101, 1989, p. 4). Again, these sentiments sounded like rehearsed lines, and may have been those of her aunt and mother rather

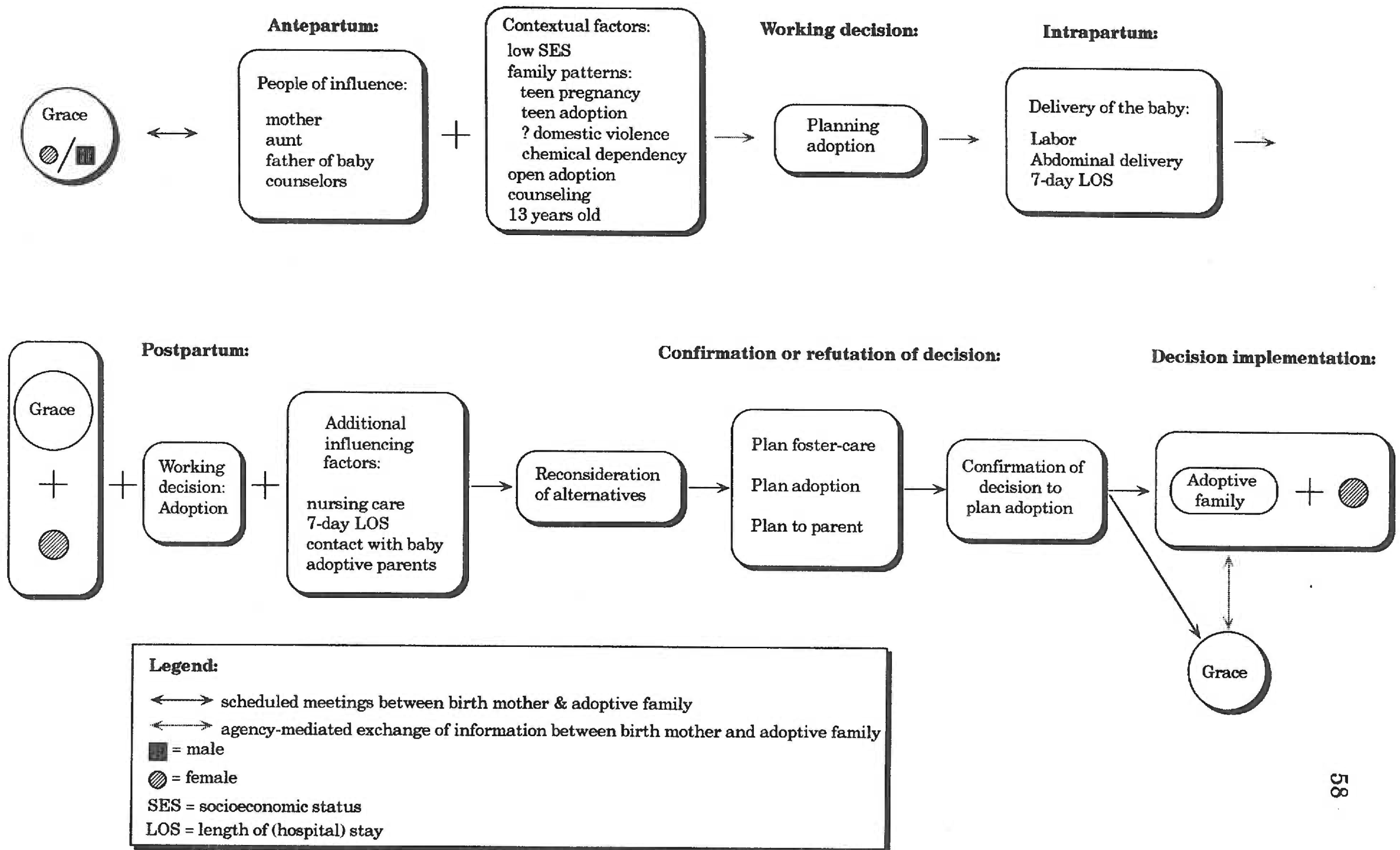

Figure 6. The event pathway of Grace's decision-making and the associated contextual factors.

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than her own independent conclusions.

Future plans. Grace's plans included finishing high school, and someday meeting someone and having a baby. She noted that she felt more mature about things as a consequence of this experience, and claimed that the associated pleasures outweighed the pain. " . . . it was really a neat experience even though it was really sad. It was really neat. I wouldn't have traded her for the world." (Transcript #101, 1989, p. 6).

Conclusion. It appeared that Grace had not made an autonomous decision. Agency staff reported that their impression of Grace's relationship with her mother was one of fusion. They also noted that Grace's mother was not consistently supportive of adoption planning, but rather vascillated between parenting and adoption, carrying Grace with her. She seemed to absorb the sentiments of her aunt and her mother rather than thinking through her alternatives independently and reaching a decision judged best for her and her child.

Valerie.

Background and family of origin. Valerie was a sixteen-year-old mixed-race (Black-Caucasian) American living with her all-white adoptive family in Jamaica. (See Figure 7.) Her affect was flat, and she spoke in a soft monotone with little facial expression. She presented as unattached, disconnected, yet reaching listlessly for human contact. Either mental deficiencies or emotional disorders appeared to cloud

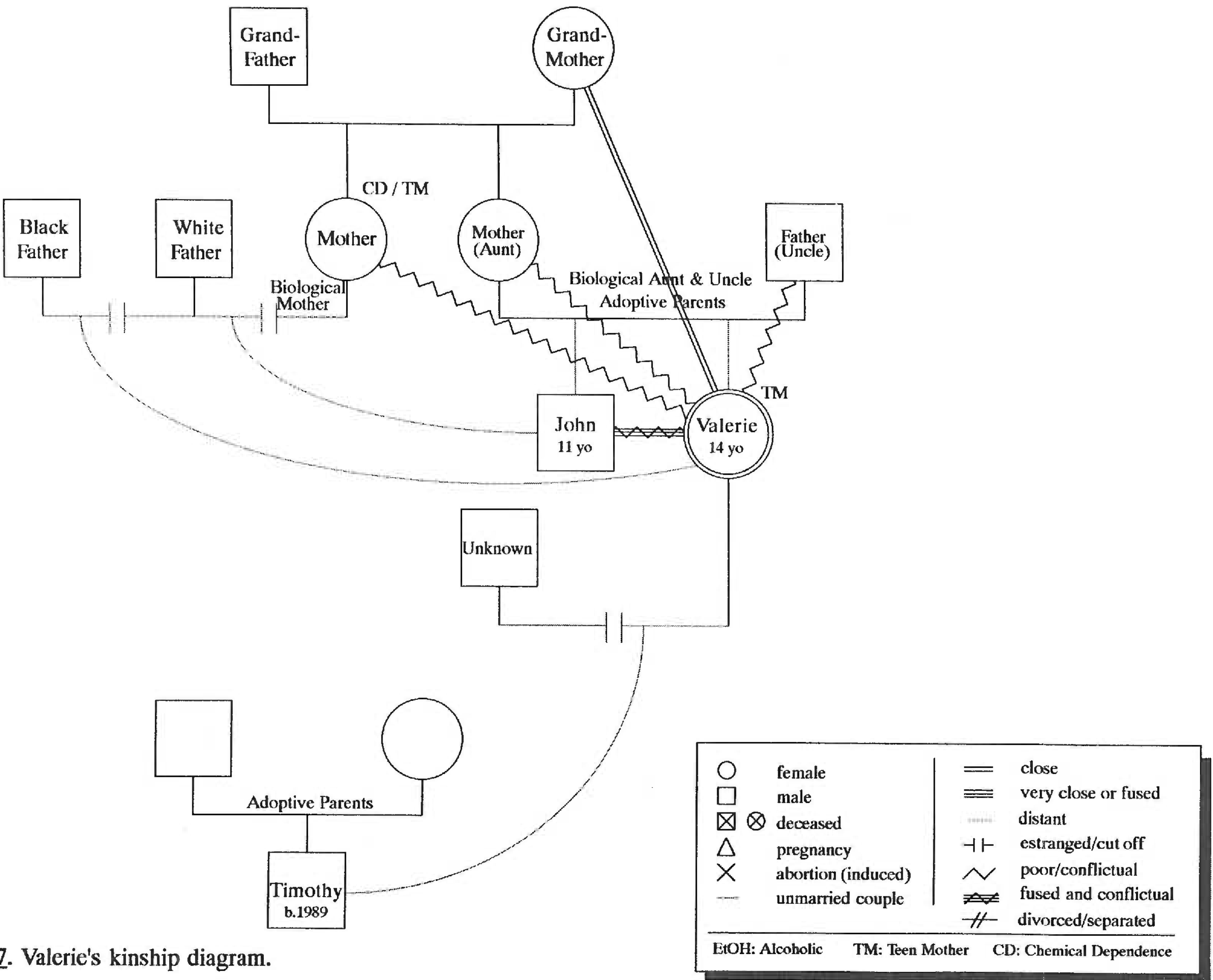

Figure 7. Valerie's kinship diagram.

mentation. Agency staff believed that the problem was emotional in origin, although her biological mother's known severe chemical dependency may have been responsible for mental deficits. Valerie herself denied drug involvement, and there seemed to be no apparent reason to question this assertion.

Valerie's mother had had two pregnancy losses, and subsequently she adopted the infants of her younger unmarried sister. These infants were 17-month-old Valerie and later her younger brother. "I have one brother - he's my natural brother, but we have different fathers. I have a black father, he has a white one, but we both have a white mother . . . my real mother is my adoptive mom's sister . . . so now, my real mom's my aunt." (Transcript #103, 1989, p. 16). Valerie's grandmother, the mother of both her adoptive mother and her birthmother, was Valerie's sole family support according to both her and agency staff. Although Valerie reported being close to her younger brother, staff indicated that this relationship was a product of Valerie's fantasies. Valerie's adoptive father was a construction worker, and her mother a waitress and bartender.

Valerie's anticipation of maternal support and concern after her delivery were frustrated. ". . . but my mom, see, right the day after I had my baby . . . my mom went skiing . . . I told her I didn't really want her going 'cause I wanted her with me, and so, she went anyway of course . . . 'cause I think this is a time a mother should be with a daughter, I mean she doesn't think about me at all, I think, because all the time she's out

with her friends and stuff like that." (Transcript #103, 1990, pp. 21 - 20).

Pregnancy history. Valerie had gotten pregnant in Jamaica, some months after her family's move from Weston, the Pacific Northwest city where she had grown up. Valerie could not identify the father of her infant, and suggested that unknown paternity was a factor in choosing adoption. "I think that just not knowing the father kind of pushed my mind over to planning adoption 'cause I want this kid to have a mother and a father, 'cause say it'd be better for them to have both parents rather than just one." (Transcript #103, 1989, p. 23). Her mother, according to Valerie, was noticeably upset that Valerie could not identify the father of her child. "I don't know exactly who it is. *(laughs)* That's what mom got mad about mostly, because she asked me who the father was and I told her I didn't know . . . and she called me a whole bunch of names, so from that day on she wasn't very supportive." (Transcript #103, 1989, p. 11).

Decision-making. When her pregnancy was diagnosed late in the second trimester, Valerie returned alone to Weston and lived with an older friend, Cecily, her husband and toddler. After spending several weeks with Cecily's family, Cecily introduced Valerie to the Children's Aid Society. Valerie moved into the agency residence for the duration of her pregnancy. Despite Valerie's expectation of phone calls and letters from her mother, there was apparently no communication until her mother arrived in Weston for the expected confinement. According

to Valerie's recounting, support came primarily from agency counselors, Cecily and her grandmother. Since that support did not emanate from her mother, however, it was discounted, and Valerie described herself as without support.

Valerie planned adoption for her male infant, having selected one of two mixed race families available through the agency. She insisted that during pregnancy she gave serious consideration only to adoption. "I didn't think about parenting at all . . . except when I was giving up, I said in the hall . . . I said, I should keep it." (Transcript #103, 1989, p. 14). Valerie reported an absence of maternal support. "My mom hasn't really been supportful at all either. My mom's been like, when I've needed her and stuff she's out with friends and stuff." (Transcript #103, 1989, p. 6).

Agency staff concurred that neither Valerie's mother nor her father were supportive or even kind to her. Valerie had instead turned to her counselors and an older friend (Cecily) for assistance. "I talked to her and she said that . . . I told her that I was planning adoption . . . and she said that would be a good idea, because, like I said, she said I was too young and stuff to have a baby, and she didn't think that I could, like, make it . . .and she said that I need to go through school and stuff and I agreed with her on that . . . but I did make the decision . . . I didn't have any help from anybody." (Transcript #103, 1989, p. 9). Perhaps the process of her decision-making did not reflect a well-thought decision on her part, but the absorption of values and considerations posed

primarily by agency counselors. However, Valerie believed that she made the decision to plan adoption independently of any outside influences. "I made the decision on my own!" (Transcript #103, 1989, p. 5). Agency staff reported that Valerie was under intense pressure from both her parents and her friend to plan adoption. Perhaps Valerie's assertion that she made her decision on her own was meant to be a disclaimer to any suggestion that she succumbed under pressure.

Valerie was influenced by her mother, who expected her to plan adoption; by her brother, who reportedly supported her plan; by Cecily, her 21-year-old friend who introduced Valerie to Children's Aid Society and pressured her to plan adoption; and by the agency counselors, who guided her decision-making. (See Figure 8.) Valerie believed, however, that she had made the decision to plan adoption independently of any outside influences.

Intrapartum experience. Valerie identified the days following delivery as times of indecision and regret, and considered reversing her plan to relinquish the child. She described a feeling of connectedness with him by her identification of shared physical traits, and also realized a certain status to be gained through her pregnancy and the delivery of a child. ". . .now I was coming out to be above it, because I was finally going to have a son or a daughter . . . which I have a son." (Transcript #103, 1989, p. 2). It is possible that Valerie's pregnancy and subsequent motherhood momentarily relieved the bleakness of her life. Ultimately, however, she implemented her adoption plan.

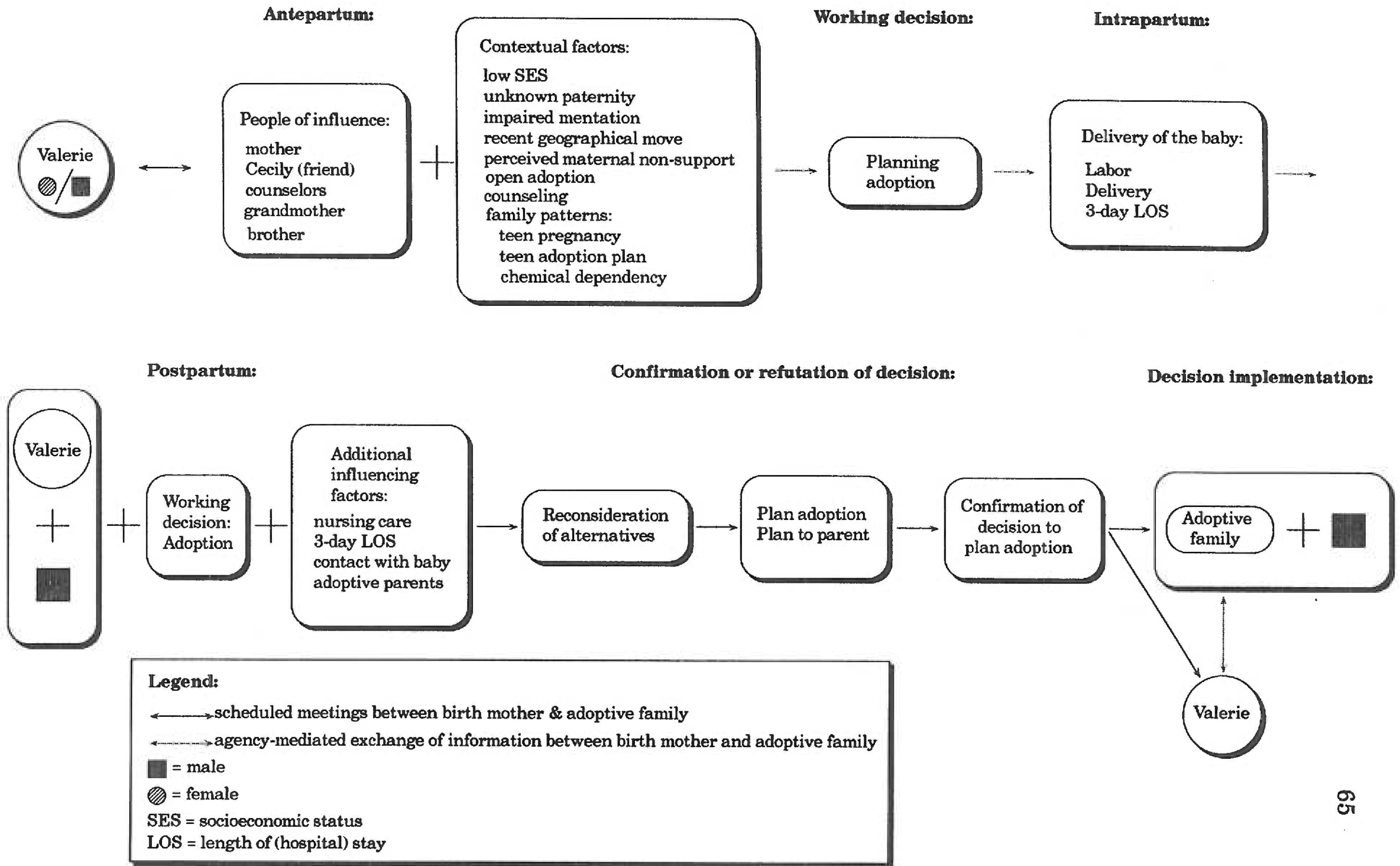

Figure 8. The event pathway of Valerie's decision-making process and associated contextual factors.

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She noted that meeting the adoptive parents helped her to honor her commitment. Since they had previously been disappointed by a birth mother who changed her mind after delivery, Valerie felt obligated to release her baby to them. "But the parents that were adopting him had already been through it once, and they . . . the girl they were going to adopt from last time changed her mind at the last minute . . . and so they didn't get that baby . . . but I couldn't do it to 'em again." (Transcript #103, 1989, p. 14).

Confidence in her decision. At the time of the interview, Valerie expressed confidence that she had made the best possible decision. She felt that her involvement in the selection of adoptive parents facilitated her decision-making, as did meeting them personally. She believed that she would have parented rather than considered a closed adoption. Asked how she might have responded to the option of a closed adoption, she replied, "I would have chosen to keep it. . . 'cause I would want to meet them before. You don't know what they're like." (Transcript #103, 1989, p. 8).

Future plans. Valerie stated that she planned to get her general equivalency diploma, after which she would like to be employed as a secretary. Planning to have another child in a year or two, Valerie seemed unrealistic about the financial obligations of childrearing, believing that she could support herself and a baby on $2,000 a year.

Conclusion. The challenge that no one really supported Valerie coupled with her contradictory statements of support from various

people suggests that she has emotional needs that were not met. Discussion with agency staff subsequent to preliminary data analysis revealed that Valerie's parents were entirely unsupportive of her, and that her mother had returned to Weston primarily to visit with friends rather than to be with her daughter during her labor, delivery and post-partum experiences. Further, staff reports indicate that Cecily was primarily Valerie's mother's friend, and that she had accepted the role assigned to her by the mother, which was to pressure Valerie to plan adoption. It is difficult to discern precisely what Valerie wanted and expected in terms of support, but it is possible that the one person from whom she wanted support, her mother, was the one person least able or willing to provide it.

Stella.

Background and family of origin. Stella celebrated her twentieth birthday eleven days before her delivery. She had bleached blonde hair with an inch of dark root at the scalp. She dressed in black, wore heavy boots, and slumped back on the sofa as she spoke. She had a tough masculine demeanor, with anger brooding just beneath the surface. Her speech was melodramatic. Many of her responses seemed to be calculated to either shock or please the interviewer. She spoke as if to introduce a sense of drama into the proceedings, yet her words echoed dully, without underlying conviction.

Stella's kinship diagram (Figure 9) displays her family

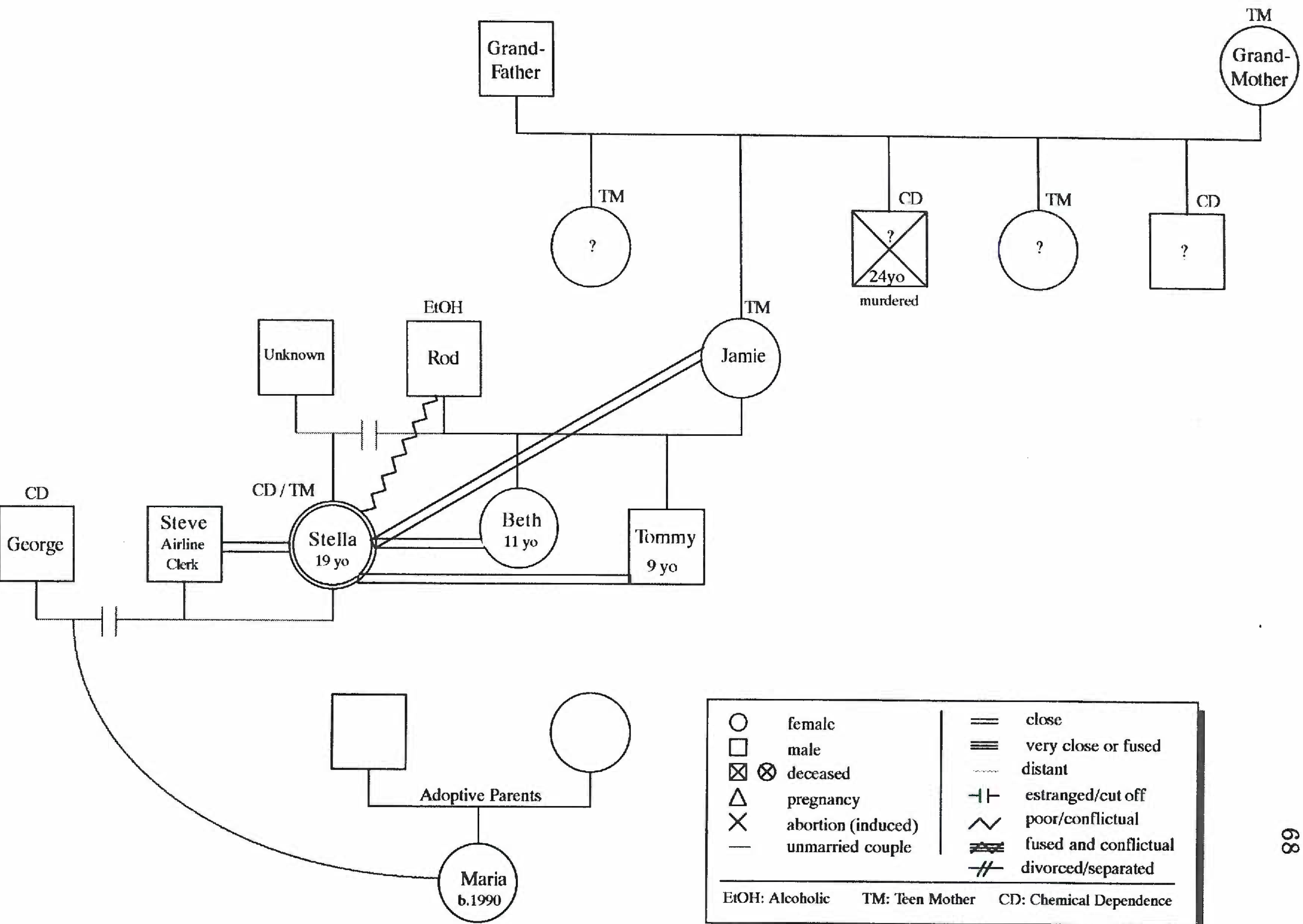

Figure 9. Stella's kinship diagram.

relationships. She was from a small rural town, where her mother worked as a hardware clerk and her step-father, an alcoholic, worked as a school janitor. She knew the name of her own biological father, but had never met him. She suffered physical abuse at the hands of her step-father since the age of nine, at which time she also began to suspect that she was not his child. Although Stella denied sexual abuse, it is possible that such did occur. Agency staff reported that Stella had a known history of sexual abuse.

Stella was a recovering drug addict. "I've been on drugs since I was nine years old . . . I was using drugs during my pregnancy: not . . . I was using some crank, and . . . I tried crystal meth a couple times, but it was mostly, umm, marijuana." (Transcript #105, 1990, pp. 3-8). There was a lack of emotional tone as Stella discussed extended family drug involvement. "My uncle's a recovering addict, my uncle was shot and murdered in Lapham Bay when he was twenty-four, over drugs . . . umm, I have cousins right now that just . . . one died, umm, in a coma recently because, uhh, of the new drug crack. Umm, another cousin is going through a rehabilitation center because of drugs." (Transcript #105, 1990, p. 6).

She was more expressive as she described her family's pattern of teen pregnancy. "My mom had me when she was eighteen, my aunt had my cousin when she was fifteen, my other aunt had my cousin when she was fifteen, so pregnancy in their teens is kind of . . . plus my grandmother had my mother when she was fifteen, so it's the "in thing"

in my family! *(laughing)* (Transcript #105, p. 5).

Pregnancy history. Stella's pregnancy was diagnosed at six weeks gestation. Given her extensive and long-term drug involvement, it is noteworthy that she even suspected pregnancy, and moreover, that she made a medical appointment to have her suspicions confirmed. Perhaps Stella had intended to get pregnant, and was therefore alert to any deviations in her menstrual pattern. Even though her pregnancy was diagnosed early, Stella delayed beginning the decision-making process. "I knew it was going to be emotional, and I knew it was going to change my life, and it was going to be there the rest of my life, so I was kinda trying to avoid it. But, towards the end, umm, with all the counseling, and my friends, and my family, I had to face it one way or another." (Transcript #105, 1990, p. 9). She identified a fellow drug addict as the father of the baby. Except for alleged impregnation, he was essentially uninvolved. Conflicting information from agency staff indicated that the father of the infant is a forty-year-old non-chemically dependent individual who urged Stella to plan adoption.

According to Stella, the pregnancy was the family crisis that brought everyone's resources into play. "It's brought the family closer together, which is amazing. Because my family, it's like, they feud over the stupidest things. One family against another family. But now, it's . . . since I've been pregnant, during the pregnancy, umm, it's a hundred and eighty degree turn. They're starting to pull together." (Transcript #105, 1990, p. 5). The reasons for which the pregnancy brought the

family closer together, if indeed it did, were unexplained. Agency staff, however, describe the family as highly dysfunctional, and as victimized by Stella's step-father's abuses. Stella's relationship with her mother was described as conflictual, and that with her step-father as hostile.

Decision-making. Stella was referred to Children's Aid Society by her local physician, and came to live in the agency residence from her twenty-sixth week of pregnancy. Stella considered the child's future as she weighed alternatives, and chose to plan adoption. "I didn't want to bring my child into the drug environment. Umm, I've had past experiences with family beatings and stuff when I was young, and I was scared to bring my child into that . . . I figured it would be best if she would start out in a new life with a better type family, someone that could give her more than what I could offer." (Transcript #105, 1990, p. 3). Stella reported that her mother and step-father rallied to her side, urging her to parent. "Well, the financing, they were willing to help finance it, they were willing to bring me into their home, and say, 'Hey, you can live here, and raise the child here. Uhh, we would help out with clothing, umm, your medical bills,' . . . ev- you know, it's like, umm, taking care of their daughter all over again, except it's me and the child." (Transcript #105, 1990, pp. 4-5). Agency staff report that Stella was actually under intense pressure, rather than encouragement, from her parents to parent her infant. (See Figure 10.)

Stella had few friends, but insisted that those she did have had been supportive. By her own description, Stella was involved in a life of

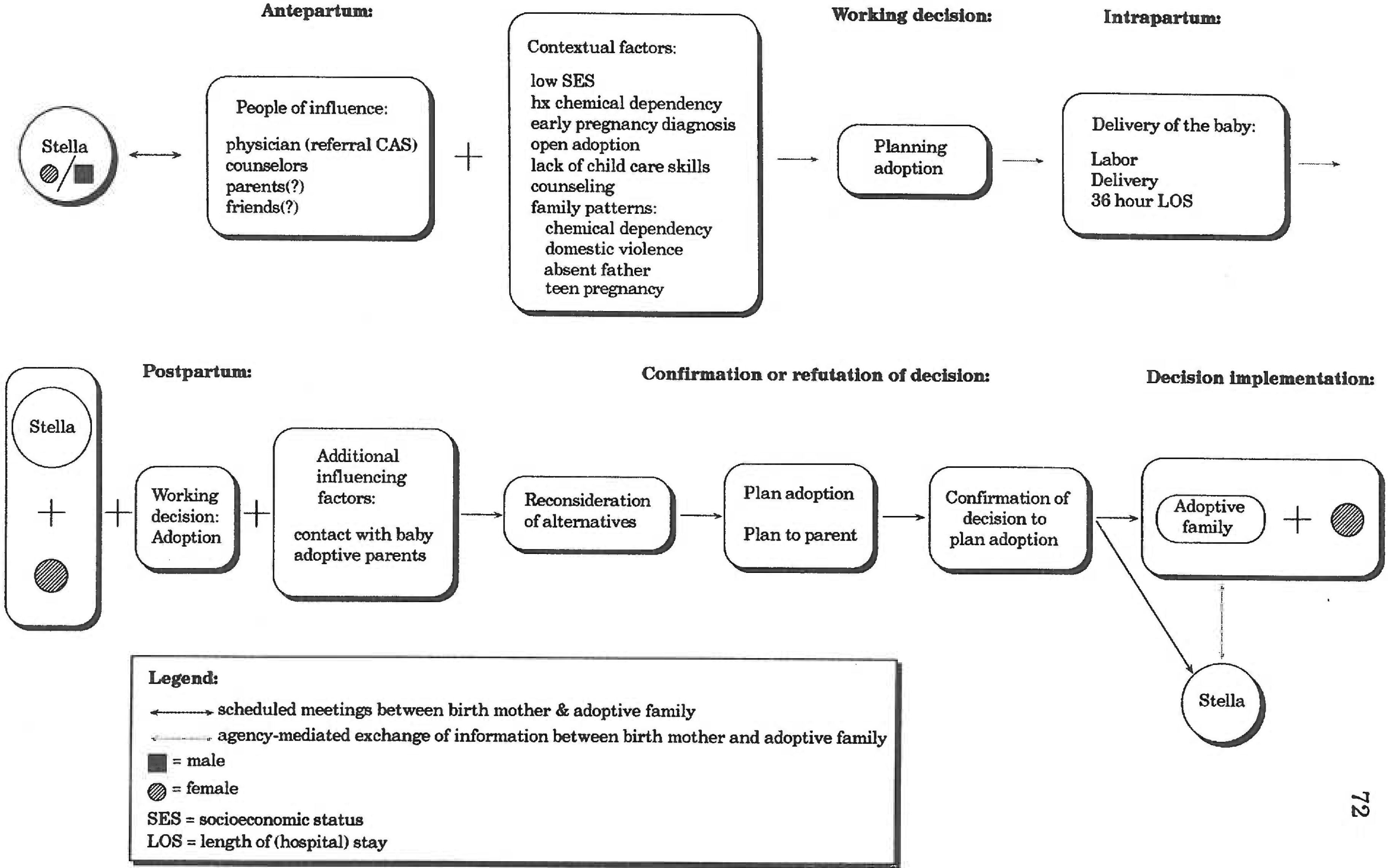

Figure 10. The event pathway of Stella's decision-making and the associated contextual factors.

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hard living and drugs that was too chaotic for the maintenance of close friendships. Two of Stella's friends had experienced teen pregnancies: one had planned adoption, and one was parenting. The latter friend proposed strategies which would allow Stella to parent. "Well, one of 'em gave me the opinion that I could have gone on welfare, and I could have got the father for this." (Transcript #105, 1990, p. 7).

Openness in adoption was apparently a major factor in Stella's choosing the adoption option. She expressed only positive feelings about the family by whom her baby was adopted.

Intrapartum experience. Stella experienced a post-partum indecisiveness and doubt. ". . .'cause when you see your own child being born, and you hold that kid, Hey! It changes your whole life! I looked down at her, and I was like, Oh man! Is this right or is this wrong? . . . I did flip-flop in the hospital . . . ." (Transcript #105, 1990, p. 9). Stella commented that choosing to parent the child would address the child's needs but not hers, that the decision to plan adoption was primarily for her own welfare. "I was almost tempted just to make . . . pick up the phone, call my parents, and say: I'm coming home! *(with the baby)* But I decided, No, 'cause once again, I'd be put back in that . . . I wasn't thinking. I was just thinking more of the child." (Transcript #105, 1990, p. 9). Stella apparently felt that the child's best interests would be served by remaining with her rather than being placed in an adoptive family, but that her own needs would be overshadowed by the responsibilities of parenthood. Stella was reassured by the adoptive

family's concern for her. "And, with the agency, they were asking how was I doing. I mean, it wasn't just: How's our child doing? It was also me. Which made me feel good 'cause I was feeling that these people weren't just after my child - they were want . . . they were concerned about my health also." (Transcript #105, 1990, p. 11). It perhaps did not occur to Stella that some of the adoptive family's concern for her health might have been generated by direct concern for their future child and the effects that Stella's drug use might have on the infant.

Confidence in her decision. She expressed confidence in the rightness of her decision. Relating her experience, she spoke without emotion, without the sadness or wistfulness that one might have expected when listening to a new mother recollect her experience of relinquishing her child. The emotional tone as she discussed her loss did not match her words. "I'm a little hurt, but yet I'll get over it with time. Time's the big factor." (Transcript #105, 1990, p. 16).

Future plans. Stella specified in her adoption plan that she will be provided with her child's photographs and general information in about three years. Stella did not plan future children. "Right now I don't want to have children, because of the adoption . . . it would make me feel guilty, having a child and keeping it, but yet, not too long ago, here I gaven one up . . . do I want to not have kids just because of the adoption making me feel guilty? Or just having a child there, to replace the one that I lost." (Transcript #105, 1990, p. 12).

Stella credited her pregnancy with enabling her to abstain from

drugs. She planned to complete a college education in law enforcement. "I've worked on both sides of the law already. I've had some experiences with the sheriff's department. I've been told that I'd be good with juveniles because of the . . . because of my past life with the occult, drugs, law . . ." (Transcript #105, 1990, p. 14). After completing her education, Stella intended to move to New Zealand with her current boyfriend, whom she planned to eventually marry.

Conclusion. Stella may have believed that her decision-making process was autonomous, but she appeared to reflect the biases of those people in her environment to whom she was momentarily attached. She spoke as if her sentences had been rehearsed. There was a perfunctory quality about her speech, and a sense of dissociation between her words and the emotional content a listener might expect to hear.

Only time will determine how this experience has impacted Stella's life. She has specified educational goals, abstained from drugs for ten months, and had a fiance who was apparently not from the drug world. Whether these changes and new relationships will last will perhaps be influenced by the quality and amount of support she receives during this time of transition. The pregnancy resolution decision which she claimed as her own may have been a mosaic of concepts to which she was introduced by others.

Mothers Who Chose to Parent

Dinah

Background and family of origin. Dinah was a fifteen-year-old dark-haired, sweet-faced gracious young woman, half Native- American and half Irish-American. Although she spoke clearly and articulately, the cadence of her voice was without variation: soft, sweet and monotonous. One of two sisters, she was from a small town in Clearwater Valley, where she lived with her mother, a registered nurse and her father, a logging truck driver. She identified a large extended family (Figure 11), some of whom lived nearby. She was close to her older sister who lived in Idaho with her husband and child.

Dinah was interviewed at her home on the seventh day after delivering a male infant. With Dinah's tacit approval, her mother had tried to be present for the interview, despite the researcher's request that only Dinah was to be present. However, the mother was too tired to stay awake, having just completed working the night shift, so the interview proceeded in privacy.

Pregnancy history. Dinah came to live at the agency subsequent to the diagnosis of her pregnancy at 28 weeks. The father of her infant denied paternity, and shortly after he learned of her pregnancy, he moved away. Dinah considered abortion before she realized that it was too late for a pregnancy termination. She stated, however, that she believed that God would not want her to end the pregnancy, and

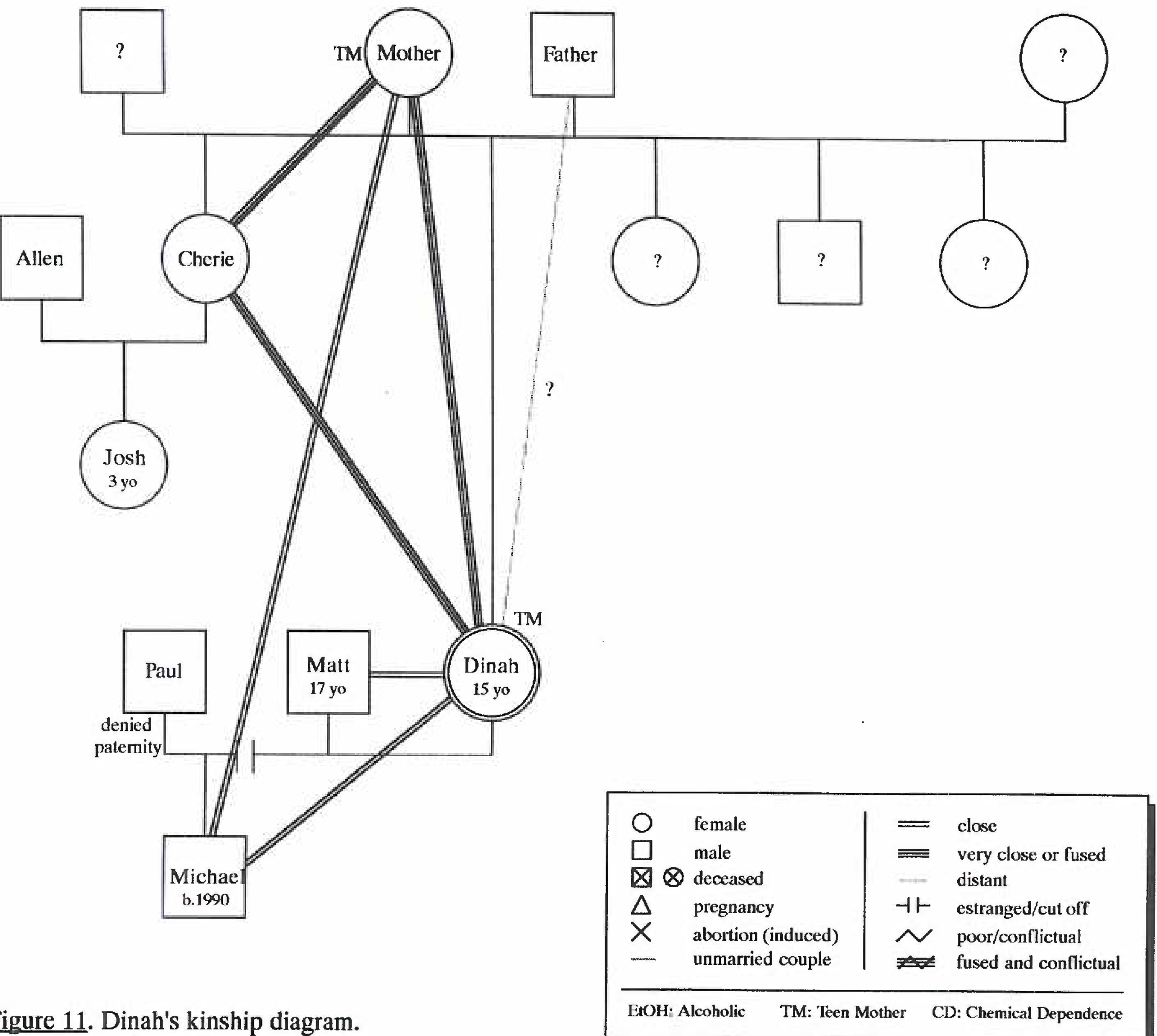

Figure 11. Dinah's kinship diagram.

therefore she probably would have chosen to complete the pregnancy even if termination would have been safe.

Decision-making. Shortly after the diagnosis of pregnancy, the family had arranged that Dinah's sister would adopt her child. Dinah abruptly changed her mind after a weekend at home. "And then it came to where my sister and my mom, her husband and I all sat down and talked. And they decided that it was best that they didn't adopt the baby and I had decided that it was best that I keep the baby, so it all worked out." (Transcript #104, 1990, p. 4). Agency staff reported that Dinah had told them that her adoption plan was reversed when the sister decided she was unable to take on the responsibility for another child. Dinah herself said that it was a decision made concurrently by both her sister (to not adopt) and herself (to parent). "My sister and I are really close, and my mom and my sister are really close, and it'd be kind of hard on me to keep seeing my baby and not say anything. And I think we did make the right decision, because that would be kind of hard on me." (Transcript #104, 1990, p. 4). When the sister decided against adopting, Dinah decided against pursuing another adoption plan, as her decision-making freedom was curtailed by the laws of her Native American tribe. According to tribal law, the adoptive family would have to be Native American, and would have to be personally approved by the tribal chief. Dinah stated that she probably would have made another adoption plan had she not had these legal constraints.

Dinah insisted that she had been entirely free to make the decision

that worked best for her. However, an analysis of the data that emerged from this interview suggests that Dinah did not make an autonomous decision. (See Figure 12.) The family enmeshment may have been such that Dinah's decision was shaped by the opinions suggested to her by her close family members. Her family, especially her mother, appeared to have made the choice for her family to "group-parent" the child.

Dinah spoke of her mother as both an ally and a source of emotional and practical support. She referred repeatedly to herself using the pronoun "we" when "I" would have been more appropriate, e.g. " . . . we had an ultrasound." (Transcript #104, 1990, p. 4). "And we went to the Children's Aid Society, and I really liked it there . . . and so we decided to stay there." (Transcript #104, 1990, p. 4). She expressed thoughts as group thoughts shared with her parents to the point that her ultrasound was her mother's ultrasound, that her interview was her mother's interview, that her baby was her mother's baby. The process of decision-making may have been her mother's process which Dinah adopted as her own.

Dinah's father did not get involved in the decision-making. "Umm, he's always left the decisions up to me and my mom . . . he really didn't know what to say, I mean, he was kinda shy about talking about those things." (Transcript #104, 1990, pp. 6 - 7). Yet he demonstrated warm and generous support once the decision was made. Dinah's speech and demeanor implied a comforting sense of being protected.

The specialness that motherhood conferred upon Dinah provided

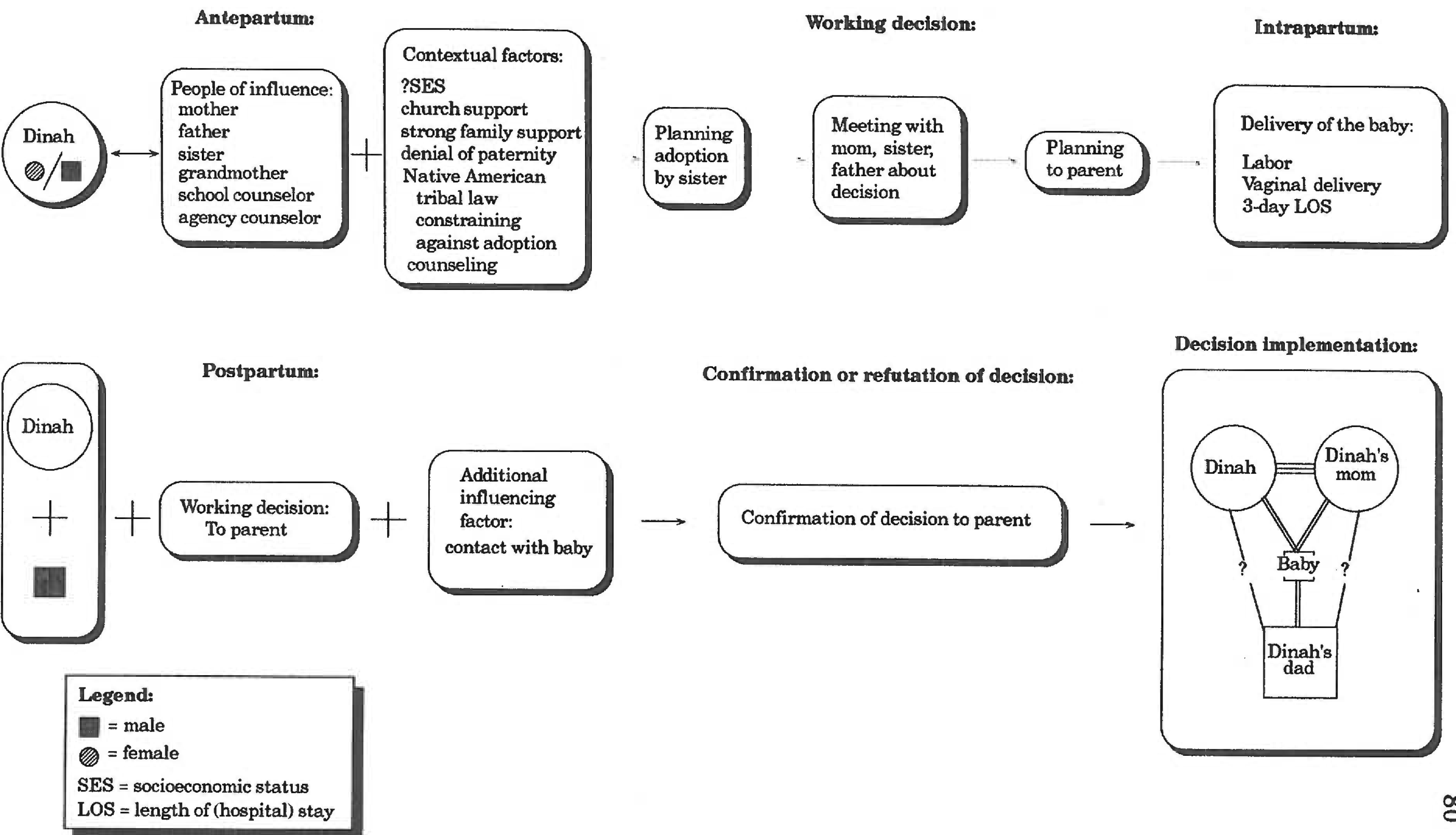

Figure 12. The event pathway of Dinah's decision-making process and the associated contextual factors.

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secondary gains. It allowed her to anticipate support from friends, her church, and her current boyfriend, most of whom had declared their unconditional loyalties. With two exceptions, her friends apparently offered no advice or counsel other than neutral support. "They're still . . . my friends are still behind me. There's one person that *(under her breath)* God! she was supposed to be my best friend . . .and I trusted her. She told the whole town that I did not know who the father was . . . I haven't spoken to her since!" (Transcript #104, 1990, p. 11). The father of Dinah's baby denied outright that this baby was his offspring. "The father doesn't even claim it. He says, 'It's not mine!'" (Transcript #104, 1990, p. 5).

Dinah expressed confidence and comfort in the support and counseling offered by the agency. "I think at the Children's Aid Society they have it where it's your decision, and they support you on that. And they just try and talk about: well, what if you do this? Other options, they give you that . . . they don't force you." (Transcript #104, 1990, p. 12). Her counselor, however, volunteered that Dinah had been repeatedly discovered lying to the extent that agency staff were unable to discern the truth. This created a lack of trust in Dinah by both residents and staff.

Confidence in her decision. Although Dinah stated that she might have chosen to plan adoption had she not had the constraints of tribal law, she also admitted that she could not imagine doing so once she had seen the infant. She appeared to be pleased with her family's group

decision and group responsibility for child care.

Future plans. Dinah plans to compete high school, and then obtain training in both practical nursing and computer technology. She chose two careers in order to assure a job regardless of the changing local career opportunities. Her parents will be sharing child care responsibilities as Dinah pursues her education. Matt, Dinah's 17-year-old current boyfriend, appeared to be providing the support and caring of a mate, although they each lived with their own families, and did not have plans for marriage in the near future. "I have a boyfriend that wants me to marry him . . . he loves my baby. And, he's been behind me ever since I told him I was pregnant. We were going out before that, and when I . . . I was kind of scared about telling him, since he's a church person, and all this . . . he said, 'That doesn't matter: I love you, and I'm going to love your baby just as much. Even though it may not be mine . . . but I want to be a part of it.'" (Transcript #104, 1990, p. 16).

Conclusion. Dinah might be expected to fare better than most teen mothers, as will her child. Although there may be the enmeshment as culturally defined by White western culture, the tribal meaning may be entirely different, and focus on the practical and emotional support proffered by Dinah's family. Given the participant's age, and the family involvement, this apparent fusion may represent a workable defense against the loneliness and isolation of single adolescent parenting. Dinah appeared to be benefitting from an extended family support network and a stable community involvement, both of which will be

especially important in times of stress.

Amy.

Background and family of origin. Amy was a tall, slender and attractive fifteen-year-old with a quick smile and an easy laugh. Her bleached blond hair stood straight up on end, fanning from front to back like a rooster's comb. She was one of two participants who parented her child.

Amy lived with her mother and the mother's boyfriend, one of several live-in father figures to whom she has been connected. (See Figure 13.) Amy was unable to remember precisely how many of her mother's boyfriends there had been. "My mom married another man, and he already had two girls, with his other wife . . . my mom's been married a lot of times! *(laughs)* . . . I don't remember all of them . . . OK, there's Tom's dad, my dad, George, Ben . . . well, three times, and then plus all her boyfriends, *(laughs)*, she's had a lot of boyfriends too, I don't even know how to keep track of them." (Transcript #103, 1989, p. 20). She identified both her mother and the boyfriend as alcoholics.

Amy appeared to be deeply connected to her mother, whom she perceived as having abandoned her. She covered her sadness with bravado, punctuating painful vignettes with "Who cares! . . . so . . . who cares!" In response to her mother's admonitions to plan adoption, Amy riccocheted between resigned compliance and utter defiance. She met her own father for the first and only time during her pregnancy.

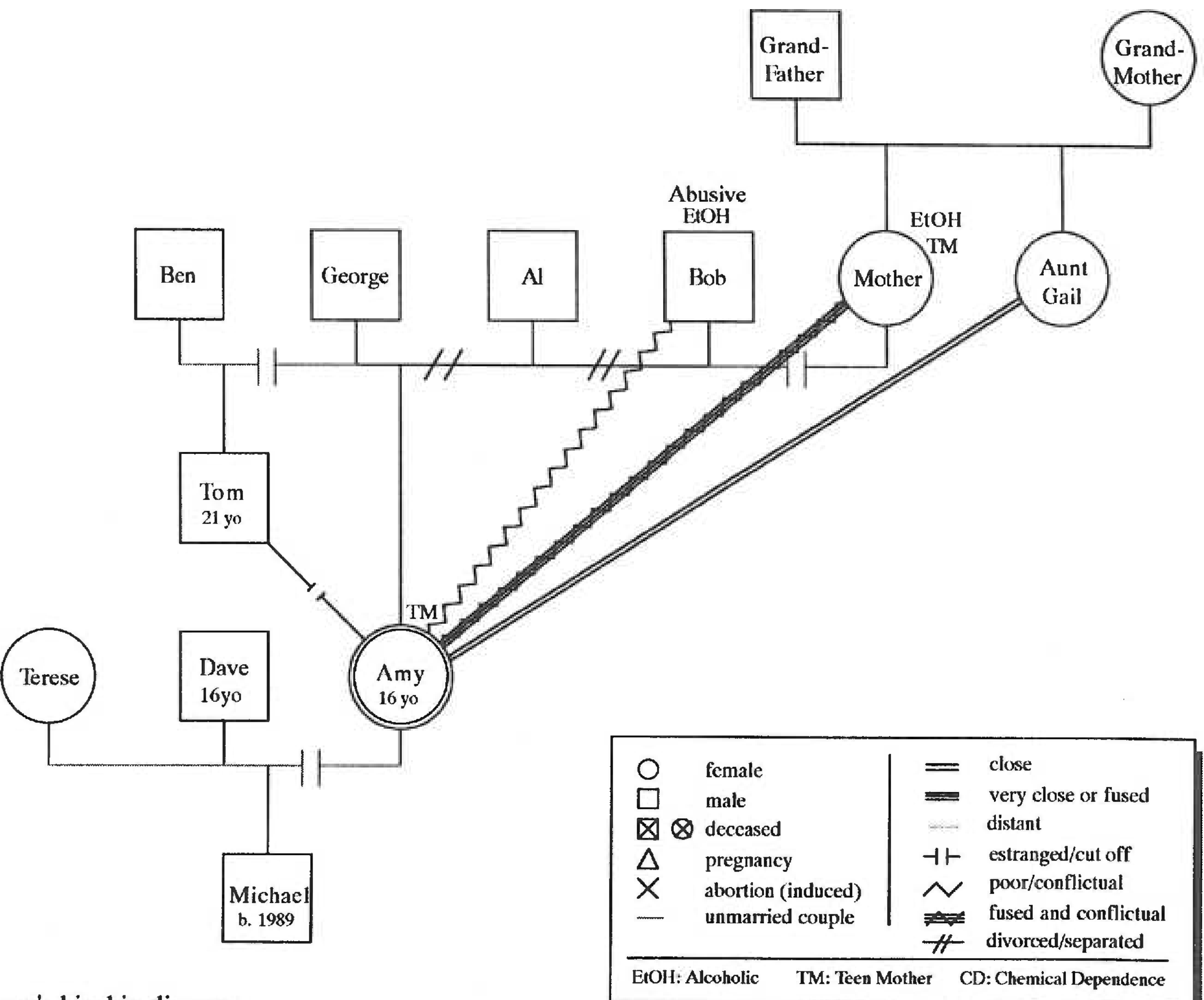

Figure 13. Amy's kinship diagram.

Amy's mother had herself become pregnant as a teen, and was thrown out of her home by her father. The product of that pregnancy was an older half-brother with whom Amy had no contact.

At the time of the interview Amy and her baby lived with her mother and the mother's boyfriend. Her relationships with them sounded painful and abusive. Amy related that one night, when the mother's boyfriend was apparently drunk, he and Amy, who was seven months pregnant, had a disagreement that ended with physical abuse. "And he picked me up and he threw me over his shoulder and he said, 'I'm gonna throw you out on the front porch if you don't leave right now . . .' and he took me and he dropped me on the yellow walkway . . . he just threw me down." (Transcript #102, 1989, p. 22). Amy's pain was amplified by her mother's unwillingness to support or protect her. ". . . My mom was sittin' here watchin it . . . she didn't even care . . . it's like my mom was watchin' all these things and she didn't even care." (Transcript #102, 1989, p. 23).

The mother and boyfriend seemed unable to tolerate either Amy's presence or the baby's. " . . . At night-time, I can't sleep in my own room, I have to sleep out here, 'cause I'll wake them guys up. They say that my room is too close and they'll hear him cry . . ." (Transcript #102, 1989, p. 28). Yet she was not allowed to be elsewhere in the house when they were home and awake. "When they come home, I can't watch something *(on TV)*, I have to go to my room, and sit there until I can figure out something to do the rest of the night . . . 'cause they don't want me

around." (Transcript #102, 1989, p. 24).

Pregnancy history. Amy had a poor school performance record, and had dropped out of high school prior to conception. She became pregnant by a boy with whom she had had a brief relationship. After her late second trimester diagnosis, he abandoned Amy and became involved with Terese, who was also known by the participant.

Decision-making. When Amy announced her pregnancy, Laura, her mother, threatened to throw her out of the home. Amy responded by locating and moving into a group home for teen parents and their children. (See Figure 14.) Her mother approved, believing that the constant exposure to children would push Amy to plan adoption. ". . . and she thought that if I was there long enough, then I would not keep my kid, because living with all these kids . . . it'd drive me crazy! and it did!" (Transcript #102, 1989, pp. 2-3).

Amy's aversion to children was expressed repeatedly throughout the interview. When living in the group home became intolerable, Amy bartered with her mother: she would plan adoption if her mother would take her back into their home. ". . . and then I kept on calling to her and crying to her and telling her how bad this place is . . . and I umm, would just rather, you know, give up my baby, 'cause I thought that was the only way I could ever get out of that place . . . if I told her that, which I meant it at the time, because I really didn't care . . . I just wanted to leave that place really bad." (Transcript #102, 1989, p. 2).

The mother was apparently mollified, and Amy moved back home.

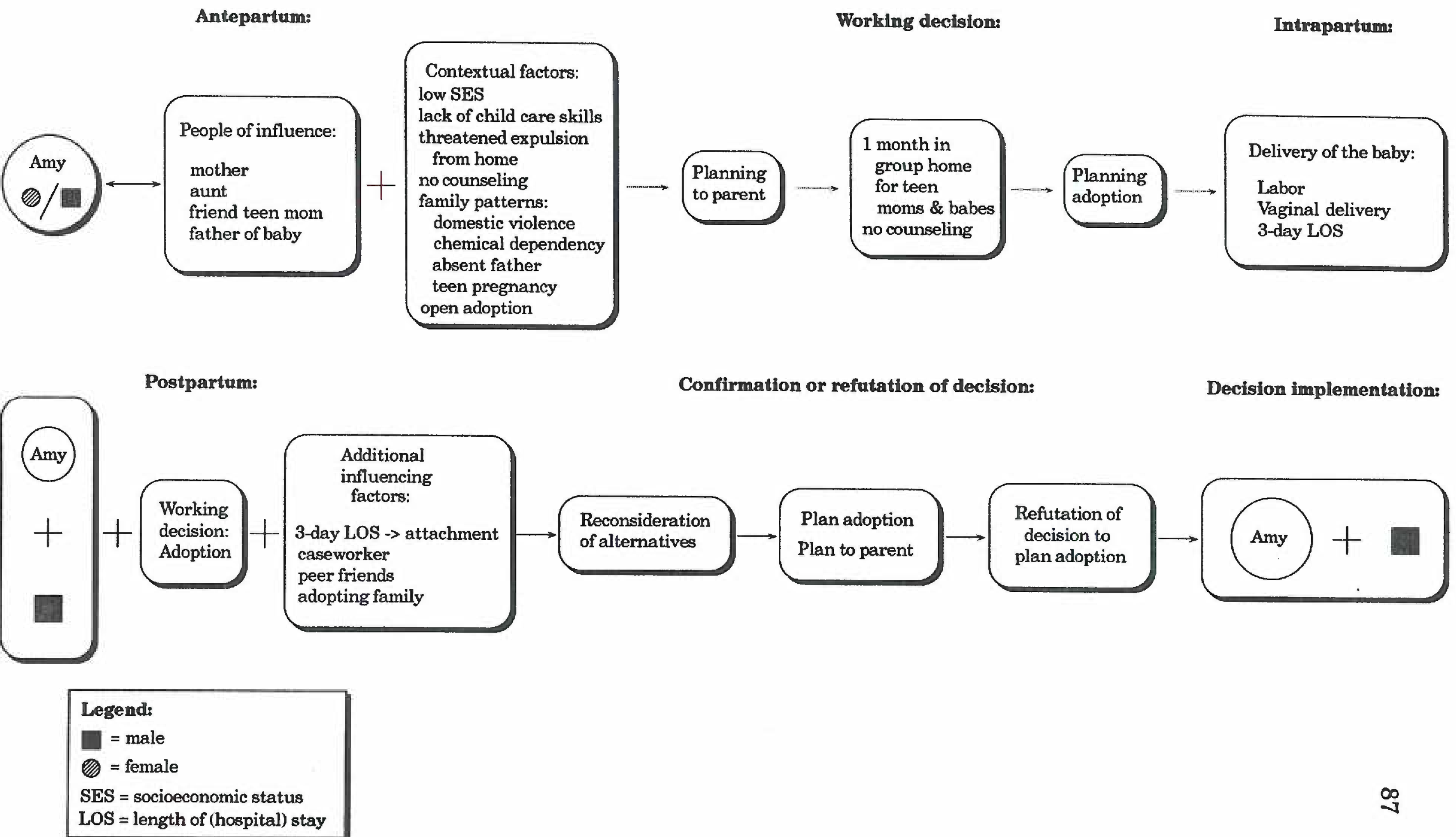

Figure 14. The event pathway of Amy's decision-making process and associated contextual factors.

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The mother believed that there was no need for counseling once Amy acquiesced to her wishes that the infant be released for adoption. "Since my mom thought I was agreeing to what she had wanted in the first place, to adopt, everything was fine with her, so she thought that I didn't need counseling, because . . . I'd already made up my mind." (Transcript #102, 1989, p. 4).

Home again, Amy was beseiged with phone calls from friends who had learned of her plan to adopt. One friend was a teen mother herself, and she pressured Amy to parent. Others called, all urging her to parent. Although Amy claimed autonomous decision-making, it is unlikely that she was not influenced by both her mother and her friends. Perhaps she chose her friends' recommendations and rejected her mother's counsel as a way to even the score with her mother, whom Amy perceived as having abandoned her.

Intrapartum experience. Selection of the planned adoptive family was done hastily at the hospital due to late agency contact and labor at 38 weeks. On her third post-partum day, when the selected family came to the hospital as planned, Amy sobbed uncontrollably. The room was emptied, and the case-worker also left in order to give Amy some privacy to "rethink her decision." When the caseworker returned in an hour as promised, the room was full of Amy's friends who were congratulating the new mother and admiring the infant. Adoption plans had been abandoned.

Amy appeared not to have had the chance to feel uncertain during

pregnancy, as external events directed her behavior before she had time to consider the implications: her mother threatened to throw her out of the house, so Amy found a group home. When the home became intolerable, Amy bartered with her mother: she would plan adoption providing her mother would take her back into their home. It is possible that, had Amy had the weeks and months of counseling that other agency clients had, she might have followed through with her adoption plan. It is also possible that, had the implementation of the adoption plan been handled differently, she might have released her baby as planned. Perhaps she interpreted the caseworker's departure as an abandonment, and the arrival of her peers as support. When asked to contemplate what her life would be like had she planned adoption for the baby, her eyes welled with tears and she said, "I would hate myself . . . umm, I can't think about that." (Transcript #102, 1989, p. 29). She was unable to imagine her life had she chosen the alternative.

Life changes. Amy cited life changes attributable to this experience which were immediate and concrete. She noted the need to plan ahead and the need to care for someone else's needs before attending to her own. "I'm really busy all the time now, I never used to be. Umm, I never had plans, I just made 'em as I went, but now I always have to have plans. . . I can never get ready when I want to get ready. I have to make him satisfied before I take a shower and get ready." (Transcript #102, 1989, p. 16). She proudly stated that the baby gave her a focus, something to talk about to her friends that also have

children. "I never used to get along with my friends who have kids . . . and (now) I can talk to them more, ‘cause, you know, I have him *(laughs)* . . . so I can talk to them and they can relate to what I’m saying, so . . . we have a conversation now instead of just, ‘Hi! what’re you doin?’ I have something to talk about.” (Transcript #102, 1989, p. 17). The baby's presence in her life provided a structure for her time, a marker for beginnings and endings, and most importantly, a role: she was somebody's mother now, and consequently had obligations. Mothering provided a definition for her life. However limited that might appear to the observer, it gave a certain shape to her days.

Future plans. Amy would like to get a job, primarily so that she could move into her own house within a year. "I just want to be in a little place . . . I don’t want to have to deal with someone else’s happenings . . . I don’t want to have to move everytime someone wants me to.” (Transcript #102, 1989, p. 28). She had no education or career goals beyond obtaining a general equivalency diploma.

Conclusion. Although she denied influence and claimed autonomy in decision-making, Amy's vascillation may have been influenced by emotional shifts and/or a need for immediate gratification. Her ultimate choice to parent may have been an attempt to hold on to that part of her which the baby represented. Perhaps the child symbolized the potential for a gentler connection with another human being, thus providing the counterpoint to the only other connection she has, a painful bond with her mother.

Although Amy and her mother found each other difficult to tolerate, they appeared unable to separate. Amy may have satisfied a need to repudiate what she needed by choosing the antithesis of what her mother wanted: if her mother was deeply invested in planning adoption, Amy defied her by choosing to parent. This decision aligned her with her friends and placed her in opposition to her mother. In any case, the participant's decision was not a process of discrete steps taken toward reaching a responsible decision On the contrary, her decision was determined by external forces. It depended not upon her careful consideration of the alternatives, but upon the people in her environment at strategic moments, and the emotional charge of her relationships to those people.

Interpretation

The process by which these adolescents decided to parent or plan adoption appeared to be intimately related to the people in their environments with whom they were most connected at the time of the decision-making. Their power over and control of the participants, balanced against the adolescent's tendency to defy or yield to their wishes, appeared to determine, to a great extent, the final decision to parent or plan adoption.

The circumstances surrounding the two parenting participants' lives suggested that they might have chosen adoption had one

participated fully in the decision-making counseling, and had the other not been hampered in her decision-making by legal constraints. The remaining four participants, whose family relationships appear to be no less complex or dysfunctional than the parenters, planned and implemented adoption.

Research Question Two: Influences

What are the influences that impinge upon the adolescent mother's pregnancy resolution decision? It was assumed by the researcher that certain contextual factors would influence to varying degrees the adolescent's pregnancy resolution decision-making. The researcher made these factors explicit in the conceptual framework for the study. (See Figure 1.) The anticipated influencing factors which were confirmed by data analysis included 1) family socioeconomic status, 2) family of origin (including extended family relationships), 3) peer relationships (including the father of the baby), 4) education and career plans, and 5) experience with counseling. The influences of the media and obstetrical or midwife care were expected to be supported by the findings but were not.

Contextual factors which were not anticipated and which emerged from the data analysis included 1) family patterns, 2) the participant's perceived lack of child care skills, 3) the participant's youth, 4) the availability of open adoption, 5) the participant's response to the

adopting family, 6) contact with the infant, and 7) the care of post-partum nurses. For one participant, an additional factor was the impact of a two-month stay in a group home for parenting adolescents. Each of these thirteen factors will be discussed on the basis of interview data.

Anticipated Factors

Contextual factors which were anticipated by the researcher and which were supported by the analysis of data included family socioeconomic status, family of origin, peer relationships, education and career plans, and experience with counseling. Each of these factors and specifics particular to them will be discussed.

Family Socioeconomic Status

With one exception, all participants came from families of low socioeconomic status as determined by the occupations of the parents. The one exception to this occupational criteria was a family who might have been considered lower middle class. The mother was a registered nurse and the father was a logging truck driver.

Family of Origin

The family dysfunction formed the background against which the participants chose to either parent or plan adoption, and the agency staff and counseling program provided the basic context in which

decisions were made. Although participants spent weeks and often months in the agency residence receiving the customary decision-making counseling, the families of origin were potent forces in the participants' lives.

The participants' mothers were powerful influences upon their lives. They were identified as primary supports by four participants, and as objects of intense anger by the remaining two, who expressed feeling rage against their mothers for having abandoned them. It is very likely that one participant's abrupt decision to parent was due in part to her mother's pressure to plan adoption. The destructive but nevertheless potent connection between mother and child prohibited this participant from making an independent decision. The other participant claiming abandonment appeared not to have made an initial attachment with her mother. She seemed disconnected from her environment, yet she was perceived by the researcher to be tentatively reaching for human contact.

The timely recognition and acknowledgement of pregnancy is indicative of a family attitude toward pregnancy, and therefore a potential influence in the decision-making. One participant suspected pregnancy two weeks after her missed menses. By her own report, this participant was a heavy polysubstance abuser well into her 22nd week of pregnancy, which suggested a lifestyle in which it might be unusual to note one's menstrual pattern. The researcher wondered if this participant intended to get pregnant, and was alert to signs of conception.

The remaining five pregnancies were diagnosed late in the second trimesters. The professed late diagnosis meant ignoring a fetus that would have been moving perceptibly for approximately twelve weeks, and likewise ignoring many body changes, including weight gain, breast enlargement and the common discomforts of pregnancy. The participants' disregard of obvious physiological changes suggested that not only the participants, but also their family members relied heavily upon denial as a mechanism to defend against the unpleasant or the inadmissable.

The five late discoverers were in a state of relative panic when confronted with the problem of telling family members. One asked her mother's friend to tell her mother about it. Another moved in with her aunt and kept it a secret from all except her mother and the aunt, with whom she formed an alliance against the world.

Four of the five late discoverers also chose to hide their pregnancies, some admitting that that was their intention, and some simply behaving in a secretive way. ". . . during my pregnancy, I could walk down the streets, you know, through the pregnancy, and nobody ever knew I was pregnant . . . I could wear my jeans and stuff - nobody knew." (Transcript #105, 1990, p. 13). When asked about attempts to avoid disclosing their pregnancies, several said that they simply chose not to announce it, even though they also denied actively hiding it.

Only one participant admitted to pride in her pregnancy. "I was kind of happy that I was pregnant." (Transcript #103, 1990, p. 1). She

indicated that she felt it imbued some kind of elevated status upon her. ". . . now I was coming out above it, because I was finally going to have a son or a daughter." (Transcript #103, 1990, p. 2). This was also the participant, herself adopted, who appeared to be connected to no one. In her eyes, the child may have represented her first potential connection.

Extended family relationships. Two participants had maternal aunts to whom they were close. Three cited their grandmothers as being supportive, and two volunteered that they were close to their younger brothers.

Peer relationships

Biological fathers of infants. Barriers to fathering included denial of paternity, geographical distances, lack of concern, and incarceration. Only one of the infants' biological fathers maintained a connection with the mother. One participant's decision to plan adoption was influenced by her inability to identify the father. She was the only participant who admitted not knowing the father. Two alleged fathers denied paternity. Of the infants they reputedly sired, one was being parented by his biological mother and one had been placed in an adoptive family. Another father was chemically dependent, and was incapable of becoming involved with the mother and child. The father of one infant pleaded with the mother to parent the child, with the promise that he would help and support them.

The single participant who remained involved with the baby's father was maintaining her distance for fear of entrapment in what her counselor termed a co-dependent relationship. She had been through the agency counseling program three times during her three term pregnancies. According to both her and agency staff, she was beginning to explore some of the issues underlying her problems, including a pattern of destructive relationships that were patterned after those of her mother.

Current boyfriends. Two participants announced that they were planning to marry men who were not the fathers of their infants. One was parenting, one planned adoption. The participant who planned adoption intended to obtain an education in law enforcement and then marry her boyfriend, who worked as an airlines clerk. According to agency staff, the boyfriend was about twenty years older than the participant, consistent with this participant's pattern of seeking out older men. Her counselor interpreted that behavior as a search for a father figure. The participant's father was unknown to her. The participant stated that she and her boyfriend planned to relocate in New Zealand, where she anticipated good job opportunities and inexpensive living.

The parenting participant reported that her seventeen-year-old boyfriend was planning to marry her when they both finish school. According to the participant, the boyfriend intended to assume

responsibilities for the infant as well as the participant.

Teen mothers. One of the participants who chose to parent had a close friend who was herself parenting a little girl. This friend urged the participant to parent, applauding her when she tended toward parenting, and reproaching her when she tended toward adoption. Other friends of this participant also urged her to parent, and exerted verbal pressure to repudiate the planned adoption. "But then when I told her I was going to adopt out, then it's like, ya know, 'Oh no, you can't, ya know,' and then it was like, she just told everybody, and everybody was callin' me up 'n' sayin', 'No! you can't! you know . . .'" (Transcript #102, 1989, p. 19).

Another participant also had a friend who had parented, and was pressed by the friend to explore ways in which she could have avoided relinquishing her infant. "Well, one of 'em gave me the opinion that I could have gone on welfare, and I could have got the father for this, and dah, dah, dah, dah . . . " (Transcript #105, 1990, p. 7). A third participant felt that her friend who had relinquished her child for adoption had been forced into the decision by her parents, but insisted that this was not a factor in her own decision.

Friends. Of the three participants who said they had not known other teen mothers, two declared that their friends supported them. One participant hid her pregnancy from her friends. The third participant had a single older woman friend who encouraged her to carry out the

planned adoption as intended. "I told her that I was planning adoption . . . and she said that would be a good idea, because, like I said, she said I was too young and stuff to have a baby, and she didn't think that I could, like, make it . . . she said that I need to go through school and stuff." (Transcript #103, 1989, p. 9).

One participant insisted that, with one exception, her friends had been entirely neutral without proffering opinions. She also identified her church as a source of support. She also reported divine communication when she was contemplating an abortion. "I'd prayed hard and long about it, and decided that's not what God would want." (Transcript #104, 1990, p. 3). (Since her pregnancy was not diagnosed until the 28th week, an abortion was not an option.)

Education and career plans

Five participants appeared to have had fair to poor school performance records, and four out of five demonstrated below average basic skills. Four participants planned to complete their high school educations with a general equivalency diploma, but only two participants, one a recovering drug addict, had plans beyond high school. One stated that she planned to attend college and major in law enforcement.

The participant whose school performance was adequate said that she intended to get training as both a computer technician and a licensed practical nurse. She explained that she wanted training in two

distinct areas as a way of guaranteeing herself a job despite fluctuations in the economy. Whether either of these young women will complete their career preparations as stated is open to question given the level of fantasy at which they operate, and the attainments thus far in their lives.

Financial independence appeared to be a remote possibility for at least four participants, and is certainly not a foregone conclusion for the other two. Unless these young women complete their educations and job training, they look ahead to futures on the welfare rolls. Although each participant claimed that she planned to find a job as soon as possible, only two had ever held regular jobs: one as an aide in a group home for mentally impaired patients, and one as a cashier in a fast food establishment.

Experience with Counseling.

Agency clients receive counseling in three forms, including two weekly individual sessions, two weekly group sessions, and "Choices," a 3-session decision-making workshop. The counseling which the participants received from agency staff was comparable for four of the six girls. One participant was an agency client for the third time, and had therefore received more counseling than anyone else. Another participant had only two counseling sessions during the last two weeks before delivery, and these were for the express purpose of selecting an adoptive family.

The usual program of counseling included twice weekly group meetings at the agency residence and weekly individual sessions with counselors. Each girl was assigned two counselors, one from the residence staff and one from the agency staff. Participants were encouraged to schedule additional counseling sessions as needed. They also had impromptu sessions with both agency and residence staff. Residence staff were particularly available to participants.

The counseling program also included a series of three weekly planning meetings called "Choices," in which participants were taught decision-making skills. They were given information describing the decision to be made, stating and weighting the alternatives, projecting future consequences, and making choices. Ample time was available for discussion and questions. Community individuals who themselves had been part of the adoption triangle (birth mother, adoptive parents, adoptee) in their pasts spoke with the participants, describing their experiences from the birthmother's perspective, the adopting family's perspective, a single parent's perspective, and the adopted person's perspective.

The agency also provided childbirth classes which were specifically tailored for teens. Trained volunteer birth coaches were supplied for any agency clients without friends or family available or appropriate to fill that role. Participants who had not completed high school attended the agency-run school.

Contrary to the researcher's anticipation, school counselors rather

than teachers assisted the participants in obtaining information helpful to their decision-making. Two participants, one who parented and one who relinquished, cited the assistance of school counselors from whom they had solicited help. One of these counselors gave the participant information about the Children's Aid Society.

Summary

The expected factors which emerged from the data included socioeconomic status, family of origin including extended family, peer relationships, education and future plans, and experience with counseling. Data from at least four of the six participants supported the anticipated findings. (See Figure 15.) Factors which were expected but not supported by the study findings included the media and obstetrical or midwife care.

Unexpected Factors

Those factors which the researcher did not anticipate but which emerged from the data analysis included family patterns, perceived lack of child care skills, youth, experience with another agency, the availability of open adoption, response to an adopting family, contact with the infant, and the care of post-partum nurses. (See Figure 15.)

Shared Family Patterns

Five shared family patterns were identified, including teen

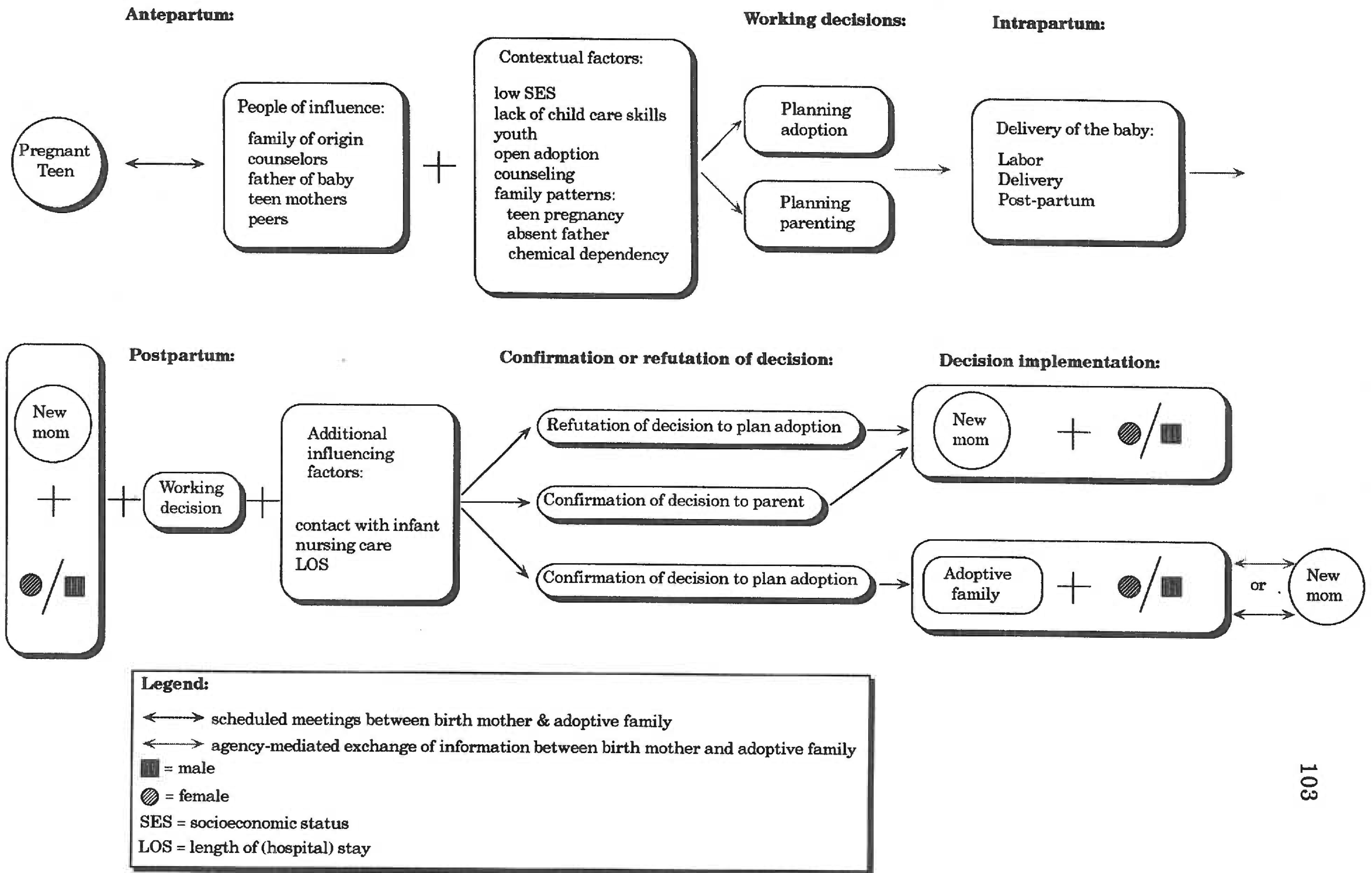

Figure 15. Contextual factors and events in the decision-making process shared by at least four of the six participants.

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pregnancy, chemical dependency, domestic violence and absent fathers. Some of these patterns spanned three generations, and many spanned two. It is possible that there were additional transgenerational patterns which were not disclosed to the researcher.

Teen pregnancy. With one exception, teen pregnancy was found in all families, either by mothers, aunts, sisters or a combination of these relationships. "My mom had me when she was eighteen, my aunt had my cousin when she was fifteen, my other aunt had my cousin when she was fifteen, so pregnancy in their teens is kind of . . . plus my grandmother had my mother when she was fifteen, so it's the "in thing" in my family!" (Transcript #105, 1990, p. 5). Another participant was herself adopted at the age of seventeen months by her teen biological mother's sister. " . . . my real mother is my adoptive mom's sister . . . so now, now my real mom's my aunt." (Transcript #103, 1989, p. 15). She alluded to feelings of resentment toward her biological mother who physically abandoned her, and likewise to feelings of fury toward the adoptive mother who emotionally abandoned her.

Another participant's mother had her first child when she was nineteen and single. At the time, she had been threatened with being cast out of her house. When her daughter also became pregnant as a teen, she in turn threatened her with expulsion from the family home. One participant's aunt had become pregnant at fourteen, and had planned adoption through the same agency caring for these research

participants. For one nineteen-year-old participant, it was her fifth pregnancy, her third carried to term. The participant who denied a family history of both drug involvement and teen pregnancy likewise denied anything negative or unpleasant about her environment or the people in it, instead portraying them all as ideal.

Chemical dependency. Common to five of the six families were pervasive patterns of chemical dependency. Alcohol and illegal drugs were apparently used by at least one member of each family, and the death of one participant's mother occurred during a drunken fight with her mother's boyfriend. This latter participant stated that her mother and other peripheral household members (uncles, a step-father and her mother's boyfriends) were alcoholics. Another participant also claimed alcohol abuse by her mother and the mother's boyfriend, but denied any alcohol or drug use of her own.

Of the participants themselves, one acknowledged extensive drug use for ten years, from the age of nine until her 26th week of gestation. The remaining five participants did not disclose information regarding either their use of or abstinence from drugs. One of these five participants volunteered that she occasionally smoked marijuana and drank alcoholic beverages. Agency staff reported that they believed that that participant's drug use was infrequent if not rare, and were unaware of a problem with chemical dependency. Another participant was known by agency staff to be a substance abuser. She also appeared

to have been under the influence of drugs at the time of the interview.

Another participant, raised by parents who reportedly used neither alcohol nor other drugs, admitted a ten-year history of polysubstance abuse from age nine through her fifth month of pregnancy. However, she did relate extended family involvement in drug abuse, including one cousin dead of an overdose, an uncle currently abusing, another uncle dead of a drug-related murder, a cousin in a drug-induced coma, and another cousin in a drug rehabilitation facility. At the time of the interview, the researcher doubted the participant's report that her parents were uninvolved with drugs. Subsequent to data analysis, agency staff reported to the researcher that this participant's step-father was an alcoholic.

Two other participants, according to agency staff, had chemically dependent mothers. Only one participant reported no substance abuse in her family. However, agency staff reported that this client consistently manipulated and reshaped the truth until it became impossible to distinguish fact from fantasy in her statements. Because no direct questions were asked concerning chemical dependency, it is possible that the remaining three participants were also involved in the use of illicit drugs.

Domestic violence. Three participants stated that they had been physically abused by family members, and one reported that she had also been sexually abused by her mother's boyfriends and an uncle. One

participant acknowledged physical abuse but denied sexual abuse. "When I hit nine, it was like someone pushed a button. And, so I was . . . physically, I wasn't, umm . . . you know, sexually abused or anything like that, but I was physically abused by my (step)father . . . and emotionally too." (Transcript #105, 1990, p. 5). Agency staff later reported that this participant had a known history of sexual abuse. This participant was one of two who repeatedly reconstructed their realities until they were tolerable. The defense mechanism of denial operated pervasively in all these participants' lives. Since no direct questions concerning abuse were asked during the interview, it is possible that additional instances were unreported. Agency staff reported known histories of sexual abuse in two instances which were not disclosed to the interviewer.

Absent fathers. Fathers of the participants were largely absent, and, for two informants, unknown. Two of the participants live with both parents. For one of these participants, she was the only offspring of her parents' second marriages.

One participant had never met her father, but recently discovered his name and the area of the country where he is reputed to live. She was brought up by her mother and step-father, who abused her from the age of nine. Another participant who lived with her mother and the mother's serial boyfriends, met her biological father for the first time at the age of sixteen. Weeks after that meeting, she called him for

assistance when living in a group home from which she was trying to extricate herself. His assistance was promised but never materialized. To another participant, her father was unknown. She lived with her mother and a series of the mother's boyfriends and at one time a step-father. Several of the boyfriends and an uncle abused her both physically and sexually.

Perceived Lack of Child Care Skills

Three participants who planned adoption expressed concern that they did not have the child care skills which they believed were necessary for raising a child. A fourth participant did not cite this lack of information and experience in child care as a deterrent to parenting. On the contrary, she reported feeling very successful caring for her infant during the three post-partum days they were together in the hospital.

Youth

Participants who chose to plan adoption cited issues related to their youth as factors dissuading them from parenting. They were particularly concerned about their inability to live independently, and cited concerns such as not having a place to live and being unable to provide the basic necessities such as food and clothing.

Experience with Another Agency

One participant was influenced in her decision-making by a two-

month stay in a group home for parenting adolescents and their children. The childrens' behavior became so disturbing to the participant that she bartered her baby for her freedom. "I kept on calling to her *(the participant's mother)* and crying to her and telling her how bad this place is . . . and I, umm, would just rather, you know, give up my baby, 'cause I thought that was the only way I could ever get out of this place . . . if I told her that, which I meant it at the time, because I really didn't care . . . I just wanted to leave that place really bad." (Transcript #102, 1989, p. 2).

Availability of Open Adoption

Five study participants maintained that the availability of open adoption was a critical factor in their consideration of adoption as a viable option. One participant did not consider adoption at all in the beginning of her deliberations because she was unaware that open adoption existed. "I didn't think anything about adoption, because the impression I got from anybody that I've heard about adoption is that when you give your baby up you don't see your baby. It's like they just take your baby away and give it to the parents and that's it. You know, you have your baby and you don't even have any part of it, any rights, or, anything." (Transcript #106, 1989, p. 1). Most participants said that they would choose to parent rather than relinquish through a closed adoption, expressing an anticipated anxiety in releasing their children to strangers whom they had never seen. "I would be very, very

uncomfortable. And I probably would have parented. . . . if it (adoption) was anything like before, I don't think I'd really like it, 'cause just knowing . . .that you're giving your child over to some family you never, you'll never . . . you don't know anything about 'em . . . I mean, they could be a bunch of psychos!" (Transcript #105, 1990, pp. 11-12).

Only one participant (who was believed to be on drugs at the time of the interview) was unable to imagine how she would respond to a traditional closed adoption. She was unable to orient herself to an abstract situation, and could relate only to the events she had actually experienced. "I don't know, I wasn't faced with that, so I really don't know, I never thought about that or anything so I don't know." (Transcript #101, 1989, pp. 5-6).

Response to Adopting Family

The response to the adoptive parents was identified as an important factor in facilitating relinquishment. " . . . I felt really comfortable when I first saw 'em . . . I was really happy, with the way they were, their appearance and their personality. You can just tell, by when they walked in, umm, what type of personality they had, and how caring they were." (Transcript #106, 1989, p. 4). Another participant expressed enthusiasm for the family in which her child was to become a member. "They're a great family, and I'm very happy about it. I mean, that's probably what makes me feel more comfortable about the adoption, is the family. They're just great!" (Transcript #105, 1990,

p. 11).

Two participants cited the adoptive parents' concern for their welfare as indications of the parents' good will and selflessness. " . . . they were asking how I was doing. I mean, it wasn't just: 'How's our child doing?' It was also me. Which made me feel good 'cause I was feeling that these people weren't just after my child . . . they were concerned about my health also. So it wasn't a selfish thing at all." (Transcript #105, 1990, p. 11).

Only one participant stated that she felt an obligation to the waiting adoptive parents to go through with her adoption plan. ". . . the girl they were going to adopt from last time changed her mind at the last minute . . . and so they didn't get that baby . . . they've been trying for like five years or six years to have a baby . . . but I couldn't do it to 'em again." (Transcript #103, 1989, p. 14).

One participant who was tempted to reverse her adoption plans expressed feelings of anger at the adopting family for being able to give her child what she herself was unable to offer. "I felt mad at them, kind of, because when they came, they could take care of her and I couldn't and she was mine." (Transcript #101, 1989, p. 5). She subsequently reconsidered her options, and released the baby to the adopting family, stating that she had been reassured by meeting them.

Contact with the Infant

Five of the six participants reported being nearly overwhelmed

with the emotions associated with becoming a mother. They referred to the days they spent caring for the infant, the emotions as they held them in their arms, and the pain of relinquishment. The sixth participant had planned parenting prior to delivery. She said that she might have planned adoption had her circumstances been different, and if she had been able to do it prior to seeing and holding her infant. One of the five participants who had planned adoption reversed her plan on her third post-partum day, saying that after three days, her attachment to him had become too strong. The participants spoke of an attachment that grew stronger with the passing days, and those who were in the hospital for 7 days following abdominal deliveries cited that time span as having exacerbated the pain of an already difficult separation.

Nursing Care

Although nurses were not identified as being a direct influence on decision-making, respondents reported support by post-partum nurses in whatever decision they made and implemented. One participant also reported support from her birth coach. Agency staff reported that the nursing staff of the particular hospital where these six adolescents delivered were experienced in caring for this agency's clients, and supported decision-planning and implementation without themselves intruding upon the process.

Research Question Three: Meaning

What meaning does this experience hold for the adolescent mother? With one exception, no data emerged which indicated that the participants had undergone a significant transformation as they negotiated the event pathways of their decision-making. Although two participants reported that they felt more mature as a result of the experience, their reports were not substantiated by any indications that they had actually achieved the maturity to which they alluded. They gave no indication that they themselves had pondered long-term consequences to their alternative choices. Instead, they appeared to accept the sentiments of those in their environments, and decide accordingly.

One participant who had been through the counseling program three times with three pregnancies, appeared to be searching for meaning to ascribe to the events in her life, and exploring ways in which she might learn to change her behaviour patterns to a healthier model. With the guidance of the counselors, she seemed to have thoughtfully contemplated her alternatives, and her choice seemed determined by her judgement of what seemed most appropriate to her situation. It is unknown whether she received counseling regarding her pregnancy terminations.

Confidence in Decision

Both the participants who chose to parent and those who planned

adoption expressed confidence in their decisions at the times of the interviews. Those who planned adoption sounded especially clear in affirming their choices. "I'm not sorry for what I did, I knew it was a good decision . . . I feel good about it." (Transcript #105, 1990, p. 9).

Lifestyle Changes

The two parenting teens cited immediate and practical life changes. One participant who had extensive support and assistance from her family discussed the need for planning child care as she pursues her education. Other than that, her life was proceeding as usual due to childcaring responsibilities being shared among herself and her parents.

The other parenting teen, who had meager family support, spoke of the demands made upon her time and energy in her new role. She identified immediate and tangible changes brought on by parenting, such as needing to plan ahead, having less time to herself, and having to think of somebody else's needs before her own. She also noted the shape that parenting has given to her life: her aimless unplanned existence became of necessity one of more purpose and direction.

Positive Outcomes

Two participants mentioned feeling that they had attained greater maturity. However, these two participants also implied an enhanced status as a consequence to motherhood, so the assumed maturity may be part of that belief. The participant with a history of chemical

dependency cited her pregnancy and the consequent concern for the infant as the situation that compelled her to address her problem with substance abuse. "It's changed my attitude of life now. 'Cause like I say, being a drug addict, you don't think of anything but yourself . . . it's definitely changed my drug problem, I'm not using drugs, and I feel good about that." (Transcript #105, 1990, pp. 13-14). This participant's pregnancy was diagnosed at six weeks, and her daily substance abuse continued through the 22nd week of her pregnancy. Agency staff concurred with the participant's report of chemical dependency and the timing of her diagnosis of pregnancy.

One participant, the only one with a stated religious afiliation, expressed a deepening of her religious convictions. "I think it's made me grow up a lot more. It's made me look upon life more as a Christian, and it's brought me more closer to the Lord." (Transcript #105, 1990, p. 16). Another participant reported that the repeated contacts with the agency's counseling services enabled her to explore personal issues other than pregnancy decision-making.

Conclusion

Profound changes in orientation to life and philosophical outlook were not observed. The only changes which were clearly articulated were those of one of the parenting teens. She identified those changes as immediate and practical, related to time allocation and energy demands necessitated by caring for her child. It is possible that mere

survival provides a challenge which obscures issues that are not directly related to meeting that challenge. These experiences were not identified by the researcher as growth experiences. The two participants who said they felt that they had matured had nevertheless demonstrated no discernable evidence of maturity or growth.

Summary

Subsequent to the interpretation and analysis of participant's self-stories, the researcher obtained pertinent information from agency staff with the intent of corroborating, opening to question, or adding to specific aspects of their stories. Data obtained through study interviews were not disclosed to agency staff during this process. The majority of the participants' data was validated by staff report. Kinship diagrams were altered to reflect additional data from staff, as were the category charts. The self-stories were left intact, and additional or conflicting information from agency staff was duly noted when deemed appropriate.

Most of the questions that were raised concerned the story of Stella, parts of which were not validated by her counselor's report. New information included sexual abuse by a neighbor, and her step-father's chemical dependency which Stella had chosen not to disclose. Stella had also described the father of her infant as being a chemically dependent peer, yet she told agency staff that the father was a forty-year-old

apparently drug-free jockey. These discrepancies were unexplained.

Valerie had also not disclosed a history of known sexual abuse by her uncle. Most reports by the agency staff not only validated the self-stories, but indicated that these stories were not exaggerations.

The personal influences and contextual factors in which these adolescent mothers made their pregnancy resolution decisions emerged as being more potent than anticipated. In most cases, the participant's fragile sense of self left her incapable of making an autonomous decision. Instead, she was dependent upon the judgement of those in her environment. It is possible that the participant's day to day survival was so precarious that thinking in terms of an abstract future was impossible. Contextual factors in the event pathways shared by at least four of the six participants produced a synthesized event pathway which can be compared to the initial conceptual framework. (See Figures 1 and 15.) Thus the conceptual framework with which this investigation began has been modified to reflect the data that emerged from this study.

CHAPTER FOUR: DIALOGUE WITH THE LITERATURE

Introduction

The discussion of the results of this study will include findings which, on the basis of the review of the literature, were anticipated and those which were not. The dialogue with the literature will be followed by a discussion of the clinical significance of this study.

The basic assumptions discussed in the proposal were that 1) the adolescent will make a decision, and 2) a better understanding of how the pregnant adolescent decides whether to parent or adopt will help nurses facilitate more thoughtful and responsible decision-making. In order to discuss the first research question, the initial assumption that the teen will make a decision, needs to be addressed. Although the teen does indeed make a decision, five participants in this study made decisions that strongly reflected the influences of the people in their environments. They themselves had not reached an individuation that allowed autonomous decision-making, nor were they capable of independently exploring the future consequences of each alternative. Instead, they accepted the agendas of those around them, and acted accordingly. The most striking example of this reflection was seen in Amy, whose planned adoption was overturned on the third post-partum day when her caseworker left the room for an hour and a large group of peers came to visit and admire the baby. There was a sense of an

immediate and emotional response to the peers urging her to parent. The reversal of her decision seemed to evolve less from a careful consideration of alternatives and more from an absent sense of self that forced her to take as her own the opinions of the people in her environment at that time.

Through the Existential Lens

When examined through the existential lens of responsible decision-making (Yalom, 1980), the participant's decision-making process, with one exception, was revealed to be neither autonomous nor responsible. The transcendence of the immediate situation and the subsequent orderly examination of long-term consequences was not experienced by these participants. They appeared to be unaware of their personal responsibility in decision-making, and subsequently their personal power in shaping their lives. Their expressions of concern for their infants sounded more like echoes of those in their environments than their own independently reached conclusions. The one exception to this assessment of non-responsible decision-making was nineteen-year-old Kristi, who had been through the agency's counseling program three times for three pregnancies, and was therefore beginning to understand some of her inner dynamics and her own responsibility in shaping her life.

The pain of renunciation described by Yalom (1980) was

demonstrated by five of the six participants. Amy's eyes welled with tears when asked to imagine her life had she implemented her adopotion plan; she was unable to contemplate that loss. Four other participants expressed their pain at renunciation as they described their wavering after delivery as they held the infant they were to renounce. The sixth participant did not allude to the pain of renunciation, but weeks before her due date reversed her adoption plan. It is possible that the anticipated pain of renunciation was one of the several factors that dissuaded her from adoption.

Anticipated Findings

The findings of this study were in agreement with many of the characteristics and circumstances of adolescent mothers and their decision-making processes cited in the review of literature. Amy, whose circumstances included isolation, poverty, dysfunctional family patterns, and inadequate education can be assumed to be at risk for child abuse (Gelles, 1986; Gil. 1970; Kinard and Klerman, 1980; Klerman and Jeckel, 1973; Wicklund, Moss, and Frost, 1984; Rothenberg and Varga, 1981).

Both Amy and Dinah, two participants who elected to parent, were presumed to be thwarted in completing the adolescent tasks of separation and regeneration (Levin, 1985). Their yearning for independence was complicated by their pregnancy-related financial

dependence upon their parents, and the role of mother was not always consistent with that of adolescent seeking an independent identity. To both Amy and Dinah, and perhaps to other participants as well, the pregnancy may have represented an attempt to meet the need for unconditional love that was not satisfied during infancy.

For several of these girls, the pregnancy intensified the personal fable (Elkind, 1985) which suggests that the adolescent is special. Related to the specialness of the personal fable, the perception of enhanced status due to childbearing was expressed by three participants. Ooms' (1981) study suggests that there are adolescent mothers who appreciate secondary gains from childbearing such as being treated as older by their families, and being given privileges and responsibilities not previously extended to them.

Janis and Mann (1977) suggested that the adolescent's decision-making is constrained by a perceived narrow range of alternatives. The participants in this study discounted the possibilities of adoption until they learned from others of the existence of open adoption. Hamburg (1986), using Janis and Mann's (1977) data, concluded that the adolescent's balanced decision-making is bound to be compromised when faced with emotionally charged issues. This phenomena was illustrated in this study by Amy who, subsequent to the delivery of her infant and the urgings of friends to parent, reversed her decision to plan adoption.

The findings of this study did not support those of Leynes (1980), Grow, (1979), and Vincent (1961), who posited that adolescents who

chose to parent were most influenced by their male partners, and that those who chose adoption were most influenced by their mothers. This study's findings support those of Rosen (1980) and Grow (1979), who found a preponderance of broken homes in their samples. Dinah came from the only intact family among the participants, and even in her case, both her parents had had other children through previous marriages.

Abrahamse, Morrison, and White's (1988) study findings suggest that specific risk-taking is associated with problem behavior including alcohol and drug use, lying and stealing. The findings of this present study, in which at least two participants were drug users themselves, and in which at least two participants were described by ageny staff as having lied repeatedly, partially support the work of Abrahamse, Morrison, and White (1988). Because there were no direct questions regarding personal drug use, it is possible that additional participants were drug users. Grow's (1979) description of characteristics of "keepers" versus "placers" is inconsistent with the findings of the present study.

Palmore and Shannon's (1988) statistics regarding risk factors of pregnant adolescents were supported in part by this study's findings. Sixty-one percent of the mothers in their sample were themselves the offspring of adolescent mothers, whereas in this study 100% of the participants had adolescent mothers. Forty-four percent of Palmore and Shannon's (1988) subjects reported domestic violence, compared to an

incidence of 50% known domestic violence among the participants of this study. Domestic violence was suspected but not confirmed in the families of two more participants. Fifty four percent of the adult male figures in the homes of Palmore and Shannon's subjects were reported to be substance abusers, compared to 50% in this current study. Palmore and Shannon did not discuss the chemical dependency patterns of other family members. The present study found chemcial dependency in all but one family, and specifically found that five of the six mothers of the adolescents were chemically dependent.

The researcher anticipated that the participants might make passive non-decisions by procrastination. Five of the participants did so by denying their pregnancies, not diagnosing them before the 28th week of gestation. The sixth participant's pregnancy was diagnosed at six weeks, but following that diagnosis, she chose not to deal with its reality until approximately 22 weeks of gestation. This procrastination put all the participants into positions of having little time in which to make their pregnancy resolution decisions. They had approximately ten weeks rather than a possible 36 to 38 in which to make an important decision requiring information gathering and planning.

Two participants mentioned the alternative of a foster home. One of these participants alluded to it as an unacceptable solution. The other participant considered it, and subsequently rejected it, when faced with a post-partum uncertainty that made her question her adoption plan.

Prior to data collection, the researcher was aware that the adolescent's working decision would be evolving and subject to change until the legal and physical transfer of custody occurred. The five participants who had planned adoption were thrown into uncertainty when faced with the emotional charge of childbirth. One participant actually reversed her decision. Although the others implemented their plans to place their children, they reviewed their options and their previously stated reasons for deciding not to parent.

Unanticipated Findings

On the basis of the literature, family patterns were not predicted as major influences on pregnancy resolution decision-making. However, they emerged as strong contextual factors in each participant's family. The family patterns included domestic violence, adolescent pregnancy, chemical dependency, absent fathers and extended family. The prevalence of these transgenerational family patterns, and the current national trend toward increasing numbers of adolescent pregnancies, suggest that these participants, with their extended family groups, peers, and others in similar situations, form a distinct sub-culture in which adolescent pregnancy, chemical dependency, absent fathers and domestic violence are behaviorial norms to which they subscribe, and which are within their expectations.

During the course of data collection, the researcher was struck with

a persistent sense of the absence of resolution of separation and individuation, apparent in the participants' characteristics of denial, splitting, and intense clinging relationships. This pattern is often found in those individuals diagnosed with a borderline personality disorder. The participants also described intense and stormy relationships with males, including step-fathers and both their and their mother's boyfriends. Although there was inadequate information for making a definite clinical diagnosis, interviews were strongly suggestive of both anti-social personality and borderline personality characteristics in several of the participants. The unexpected results sent the researcher back to the literature looking for similar findings in other research.

Soth, Levy, Wilson, and Gimse (1987) reported that a significant majority of their study's hospitalized patients with borderline personality disorder diagnoses had been born to adolescent mothers. These patients had been raised primarily by their mothers, and all fathers had been absent. The authors predicted that their subjects were at extreme risk of repeating their mother's pattern of adolescent childbearing. Dell and Applebaum (1977) described a "trigenerational enmeshment" in which 1) the mother-daughter relationship is fused, 2) the daughter's premarital pregnancy is an attempt to escape the enmeshment with her mother, and 3) the failure of the emancipation anticipated through childbearing and early marriage compels the daughter to return to the family home. This cycle of trigenerational

enmeshment is one that might be applied to some of the participants in this present study. Amy, whose relationship with her mother appeared fused, may have chosen parenting partially as an escape from the fusion and as a step toward independence. However, the financial and emotional dependency associated with premature childbearing became an impediment which prevented her from achieving the independence she thought she wanted.

The possibility that a participant may have been adopted herself was not anticipated. However, the sample included Valerie, an adoptee who was herself the child of a chemically dependent adolescent mother. Sorosky, Baran and Pannor (1988), in a panel presentation, suggested that the adopted child may feel an urgent need to procreate in order to have a known blood relative. The same researchers suggested that a pregnancy allows the adolescent to achieve something her adoptive mother could not, and thus succeed where the mother failed. In Valerie's case, this may have been a factor in her pregnancy.

As has been previously stated, the adolescents were expected to make independent decisions, but with one exception, they did not. The researcher believes that, common to five of the six participants in this study, a primary obstacle to the adolescent's ability to make responsible autonomous decisions was her deficient initial infant-mother attachment, and the consequent impaired separation and individuation. Bolton (1986) identified a cyclical pattern of transgenerational adolescent pregnancies in which the absence of the

adolescent's attachment to her mother propels her to seek attachment by becoming a mother herself. The adolescent mother in these circumstances tends to restrain the child's moves away from the mother, thus stifling normal childhood explorations and investigations. The message to the child is that the price of attachment is staying close to the mother, and never establishing autonomous boundaries. This type of mother-child interaction encourages fusion, which appeared to be a potent force in the relationships which five of the six participants experienced with their mothers.

Clinical Significance

The results of this study suggest that a redefinition of this population is necessary. As discussed previously, data analysis indicates that these young women and their families are members of a sub-culture in which their behaviors are experienced as normal by members of the sub-culture. It is essential that the care provider recognize adolescent mothers such as those in this study as members of a sub-culture in which they conform to the norms rather than as deviants from the larger culture. In order for them to initiate change and break the patterns and traditions of this sub-culture, they must deviate from their expected roles.

The findings of this study also suggest that there are several intersections of the adolescent's decision-making process during which

the adolescent is susceptible to the suggestions of those with whom she comes into contact. At each of these intersections, it is incumbent upon the health care provider to ask specific questions regarding the client's family history of chemical dependency and physical, sexual and mental abuse. It is also incumbent upon the health care provider to proffer specific information regarding open adoption. It is important that the care provider not presume that the adolescent client will volunteer information which is essential to providing comprehensive care. Rather, the provider needs to skillfully elicit information about the family's circumstances, and carefully impart information about alternatives. The care provider also must repeatedly assess the client's ability to receive and integrate information as the counseling progresses.

This study suggests that the adolescent is vulnerable to the opinions of the people in her environment. The care provider for the adolescent mother must therefore explore her own beliefs and ethics regarding her consequent ability to influence the adolescent's pregnancy resolution decision. Rather than simply present the teen with the possible decision-making alternatives, the care provider must also discuss with her the factors which are likely to influence her decision. This would include a discussion of the people whom the teen identifies as likely to be influential to her choice. The counselor could help the teen to explore her involvement with individuals such as peers and family members, and examine their potential and actual influence upon her decision-making. The care provider could also help the teen recognize

and articulate the difficulty inherent in the adolescent's attempt to make an independent, autonomous decision when she is emotionally and financially dependent on others.

Summary

This discussion chapter was a dialogue between the literature and the findings of the study. Rather than independently arriving at responsible decisions, participants appeared to have reflected the opinions and sentiments of people in their environments to whom they were either historically or momentarily connected, and accepted their decision biases as their own.

Expected influences such as family socioeconomic status, family of origin, peer relationships, education and future plans, and experience with counseling were supported by the study's data analysis. Contextual factors which were not anticipated by the researcher emerged from the data, and included family patterns, the availabilty of open adoption, response to the adoptive family, contact with the infant, and nursing care.

CHAPTER FIVE: FROM HERMENEUTIC SPIRAL TO KALEIDOSCOPE

Summary of the Study

This descriptive study examined the adolescent mother's decision-making process regarding parenting or planning adoption for her infant. Currently, the majority of adolescent mothers choose to parent their children, with less than 4-5% planning adoption. Premature parenting levies an economic burden on society and puts the teen at an economic and educational disadvantage which has lifetime and sometimes transgenerational consequences.

The investigator believed that the decision-making process of the adolescent is a consequence of her own values, attitudes and beliefs, and is also affected by her environment, specifically, the persons to whom she turns for guidance. Thus this study was an attempt to answer three research questions: 1) what is the process by which the pregnant adolescent decides to either parent or plan adoption for her child? 2) what are the influences that impinge upon her decision? and 3) what meaning does this experience hold for her?

A descriptive design was selected because of the paucity of research in the area of adolescent decision-making regarding parenting versus planning adoption. A hermeneutic approach was employed in the belief that it could increase the researcher's understanding of the

adolescent mother's experience to a greater extent than would either a quantitative study, or a qualitative study using other methods of data analysis. The results of the study were expected to be useful in designing future qualitative and quantitative studies about the topic.

Data were collected through unstructured, tape-recorded interviews from six newly-delivered adolescents, five of whom resided during pregnancy in a maternity home where they received supportive pregnancy and decision-making counseling. Although the sixth participant planned adoption through the agency, she chose to forego counseling, and did not live in the residence.

Concurrent with ongoing data collection, the researcher identified themes and patterns that emerged through hermeneutic analysis of the transcribed narratives of the interviews. The researcher and the reflecting team discussed, validated, and examined the themes and patterns through different lenses in order to appreciate the participants' experiences in as many dimensions and from as many perspectives as possible. The resulting interpretations were examined through an internal dialogue with the literature and conceptual framework which had been based on the researcher's assumptions that had been explicated prior to data collection. A general pattern of decision-making emerged, and six (6) anticipated and seven (7) unanticipated contextual factors were identified as influential in the decision-making process. (See Figure 15.) The analysis of the data failed to confirm several assumptive factors in the researcher's initial

conceptual framework.

The data identified several contextual factors as being influential in the adolescent's decison-making process, including the availability of open adoption, low socioenconomic status, a percieved lack of child care skills, and poor basic skills with an associated lack of educational and career expectations. Factors related to family of origin included shared family patterns such as teen pregnancy, chemical dependency, domestic violence, and absent fathers.

Contrary to the expectations of the researcher, the data strongly supported the interpretation that five of the six participants did not make autonomous decisions to parent or plan adoption, in spite of a supportive counseling program available to them through the agency. Rather, their decision reflected the opinions and sentiments of significant people in their environments. Thus the adolescents' decisions evolved not from thoughtful consideration of alternatives and associated implications, but rather from absorbing as their own the apparent decisions of others. The most important of these individuals was the adolescent's mother. When examined through the lens of responsible decision-making (Yalom, 1980), the participant's decision-making process, with one exception, was shown to be neither autonomous nor responsible. Because of failures in individuation, the adolescents apparently were unable to transcend their immediate situations in order to engage in an orderly examination of the long-term consequences of their decisions.

Implications for Nursing and Other Disciplines

It was anticipated that an understanding of the decision-making process and associated contextual factors which impact the teenager and her infant would enhance the care provided by nurses and other care givers. By understanding the decision-making experience, nurses would be better prepared to help the teen make choices that were informed, thoughtful and responsible. In so doing, they could assist the adolescent to assume the power to make the decisions that shape her life.

These clients present a dilemma to professional helpers. There is an inherent difficulty in balancing the needs of the adolescent with the needs of her infant, who may be in danger of becoming a means to meet the mother's needs without adequate consideration of the child's long-term development. The review of the literature revealed that health care providers who may influence decision-making tend to focus narrowly on the current needs and wishes of the adolescent mother (Musick, Handler, and Waddill,1984), while ignoring the implications for the infant. There is also potential danger in taking the opposite stance of concentrating solely on the needs of the infant while discounting those of the adolescent mother. This phenomenon requires the nurse's evenhandedness in simultaneously attending to the needs of both the mother and the infant. Not only may the needs of these two individuals be in conflict with each other, they may also be contrary to the wishes of

the people in their kinship network, thereby presenting the nurse with a multitude of conflicting factors with a potential for influencing the adolescent's decision-making process.

Multidisciplinary Multisystem Approach

Addressing the problem of adolescent pregnancy resolution decision-making requires a multidisciplinary approach, with the collaboration of nursing and other disciplines. The results of this study suggest that programs of intervention which focus solely on the improvement of the adolescent's decision-making or parenting skills are insufficient to meet the complexities of life which the pregnant adolescent experiences. The interviews revealed that multiple factors were potentially significant in determining the adolescent's life course. While helpful, counseling during pregnancy is too circumscribed to impact the many factors that influence the adolescent's life. Neither is long-term reconstructive therapy a practical solution for the million teenagers who become pregnant each year, or even for the 500,000 teenagers who carry their pregnancies to term. In addition, the influence of the participant's family structure and dynamics would probably make it futile to treat these adolescents in isolation. What seems very clear is that there are no simple solutions to the dilemmas created by premature parenthood.

Given the complexity of the adolescent's situation, a multisystem

ecostructural approach proposed by Boyd-Franklin (1989), may offer an effective treatment method, one which would as a matter of course deal with the family dysfunction and the multiple systems with which the adolescent and her child are involved. An ecological orientation acknowledges the futility of working with any human being in isolation without regard for the context in which he or she exists, while a structural approach focuses on the multigenerational patterns of the adolescent's family of origin. Such a program recognizes the potential importance of and attempts to engage in the treatment process the family, peers, schools, churches, health care providers, and social service agencies relevant to the client.

Suggestions for Future Practice

The problem of adolescent parenting remains a major one in terms of both human and economic costs. An essential piece of information in studying this problem was the discovery of how some teens make the decision to parent at this early age. The nurse, by virtue of her comprehensive and holistic orientation, is in a position to provide guidance along the adolescent's continuum of decision-making. Adolescent clients may have so little sense of self that they will reflect the opinions of those around them. The nurse who helps the adolescent learn responsible decision-making strategies also empowers that adolescent to make the decisions that shape her life.

There are several opportunities for nursing intervention: the adolescent is likely to seek the assistance of the school nurse when she suspects pregnancy, to seek the care of the women's health care nurse practitioner in either getting confirmation of the pregnancy or securing a family planning method, and to seek a nurse-midwife for antepartal and intrapartal care. Whether a nurse-midwife or a physician attends her birth, she will be cared for by labor and delivery nurses and post-partum nurses during her hospital stay. Thus, nurses are strategically placed to have a profound effect upon the adolescent, in making not only the pregnancy resolution decision, but also in teaching her strategies for conscious decision-making. By beginning to understand her decision-making experience, the nurse is better able to help the teen to make choices that are informed, thoughtful and responsible.

The decision whether to parent or plan adoption for her infant is a decision which the adolescent makes subsequent to previous critical decisions such as whether to become sexually active, whether to contracept, whether to get a possible pregnancy diagnosed, and whether to terminate or complete the pregnancy. In all these instances, she also decides whether to involve family, friends, or professionals in her decision-making process. Even if she avoids actively involving people in her decision-making, she is still influenced by the contextual factors previously discussed.

At whatever point of need the nurse intersects with the adolescent, the displays used in this study may be of assistance. Constructing a

kinship diagram with the adolescent illustrates her position in the family, and her perception of her relationships with each family member. Through this exercise, the adolescent's attention may be drawn to transgenerational family patterns that appear in the diagrams that she herself has made explicit under the guidance of the care provider. The kinship diagram also introduces the care provider to significant family members whose involvement may be appropriate to request during the course of treatment. An ecogram identifying connections beyond the kin, such as church and community, may be useful in placing the individual within her community. Through the ecogram, the adolescent could be helped to evaluate her relationships with various people, agencies and institutions. With the guidance of her care provider, the understanding of her contextual circumstances and her relationships to others would form the fulcrum from which the adolescent client could begin to intitiate positive change in her life.

Suggestions for Further Research

Although this study was based upon a small sample, the findings that emerged can serve as a basis for future research. Further qualitative investigations could deal with larger samples of pregnant adolescents or with adolescents who were making their decisions under very different circumstances, for instance, without the benefit of the agency's counseling program. The influential contextual factors

identified in this study could serve as the basis for the development of an instrument to survey a large populations of pregnant teenagers concerning the factors which influence their decisions to parent or to plan adoption. Finally, an intervention study could be devised to test the effectiveness of a multisystem, ecostructural approach to empowering the pregnant teenager in her decision-making process.

Limitations of the Study

The author chose the hermaneutic design in an effort to understand the total experience of the adolescent's decision-making, and to become aware of the potential influence of her own preconceived expectations. This particular design and the circumstantial limitations of the researcher demanded a small sample size. The results of this study are known to be descriptive of only the six adolescent mothers who, subsequent to delivery, recalled their decision-making experiences regarding parenting or planning adoption for their infants. Five of the six participants had received intensive supportive and decision-making counseling from the same agency. The researcher acknowledges that the counseling context within which the participants made their decisions was not typical of the general population of pregnant adolescents. Also, it is possible that the truthfulness of the participants' disclosures varied and that some participants chose to volunteer incomplete descriptions of the decision-making experiences. All of these factors

limit the generalizability of the results of this study.

Envisioning the Process

This study broadened the researcher's understanding of the teen's decision-making experience and deepened her empathy for the adolescent mother. Concern for the infant and awareness of family dysfunction become challenges to the researcher seeking to maintain an objective stance. The process of identifying and working through one's own biases and values prior to and during the investigation elicited the researcher's further understanding of the participants' experiences. The analysis of the data mirrored the experiences of the adolescents, culminating in the discarding of some preconceived factors, the support of others, and the generation of a new set of unanticipated factors.

The process of data analysis was envisioned first as a circle (Dilthey, 1976) for working back and forth within the data, and subsequently as a spiral (Polkinghorne, 1983), suggesting a deeper understanding, and a more consistent working back and forth from part to whole to part to whole. As data analysis continued, the researcher began to see the interpretation in terms of a kaleidoscope. (See Figure 16.) With the tiniest shift in point of view, or the reinterpretation of some piece of data, there was a subsequent shift in the total picture, the whole story. This kaleidoscopic shift also occurred when re-examining certain portions of the narratives in the light of others that preceeded

them. These shifts sometimes required reinterpretation, and always reexamination. The kaleidoscope constellations were effective in drawing the researcher into the experiences being described, and deepening her understanding of them. Although the concept of the spiral was not discarded, the kaleidoscope was added as an image describing the dynamics of this type of interpretation. Through the hermeneutic process, the researcher appreciated the problem of adolescent pregnancy resolution decision-making in increasing degrees of complexity.

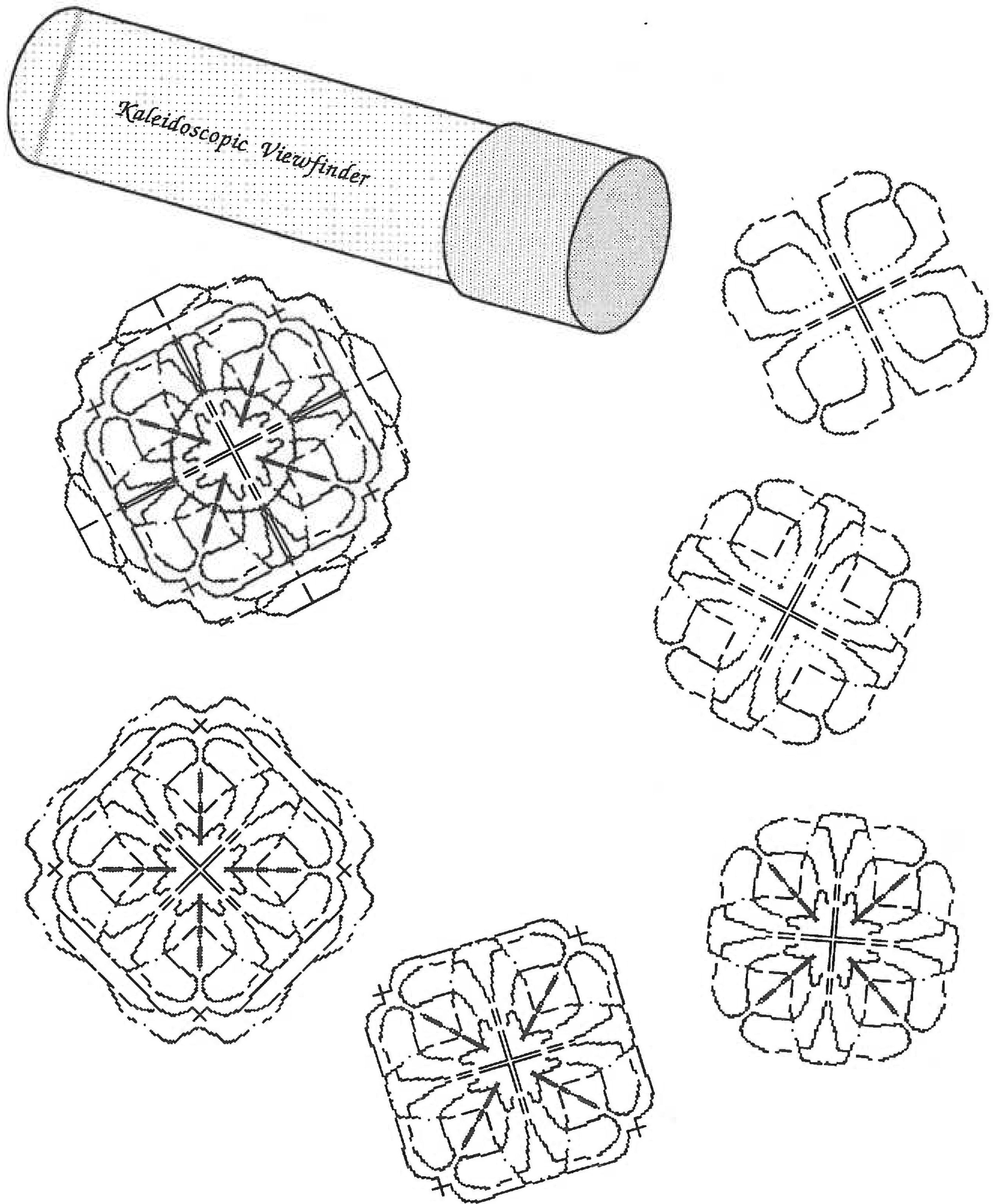

Figure 16. The kaleidoscope as metaphor for shifting interpretations of data.

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APPENDICES

Appendix A

THE OREGON HEALTH SCIENCES UNIVERSITY

3181 S.W. Sam Jackson Park Road, L106, Portland, Oregon 97201 (503) 279-7784

Office of Research Services

DATE: May 10, 1989

TO: Lisa Livingston, BSN EJSN
c/o Joanne Hall - Advisor

FROM: Committee on Human Research, L-106 nwhite
MacHall Rm. 2160, Ext. 7887,

SUBJECT: Review Status of Your Project, ORS# 2424
TITLE: The Adolescent's Experience of Decision-making Regarding Parenting or Planning Adoption of

Date of Review: May 5, 1989

Type of Review: _✓_ Initial _____ Annual _____ ReReview

The Committee reviewed your protocol and/or consent form at its meeting on the above date, and its decision was as follows:

_✓_ 1. To approve the protocol and consent form as presented.

_____ 2. To approve the protocol with the following revisions to the consent form:

_____ 3. To disapprove the protocol/consent form for the following reasons:

_____ 4. To defer approval of the protocol/consent form for the following reasons:

The Institutional Review Board is in compliance with the requirements in Part 56, Subchapter D, Part 312 of the 21 Code of Federal Regulations published January 27, 1981.

If the protocol and consent form are both approved, the Committee suggests that the date of review be put on the top right corner of the consent form.

If consent form changes have been requested, please submit the revision with the changes highlighted. A formal letter of Committee approval will be issued to the Investigator upon receipt of a consent form which conforms to Committee recommendations and requirements. Please note that it is a violation of Federal law to enter patients into this study prior to receipt of formal approval by the Committee.

If this project involves the use of an Investigational New Drug, a copy of the protocol and consent form must be forwarded to the Pharmacy and Therapeutics Committee, Dr. Emmet Keeffe, Chairman.

Please contact the Human Research Committee Chairman, Dr. Bernard Pirofsky (x4203) or Nancy White (x7887) if you have any questions.

Rev_stat NW:2/89

Appendix B

The Children's Aid Society
Number, Street
City, State, Zip

March 17, 1989

To Whom It May Concern:

Lisa Livingston has presented her proposed Master Research Project "The Adolescent's Experience of Decision-making Regarding Parenting or Planning Adoption for her Child."

We believe that her design is feasible within the framework of our agency services. I have reviewed the methodology with the Manager for Statewide Pregnancy Counseling Services, and we do not believe that the methodology nor the questions will be detrimental to the young women involved.

The agency will offer the facilities and back-up clinical services as described.

This subject is of great interest to us. Adolescent decision-making, especially as it relates to an unplanned pregnancy, is an area that we would choose to explore if we had the manpower and expertise. We welcome this opportunity.

Please contact me if you have any questions.

Sincerely,

Director of Program Services

C. Informed Consent for Subject Participation
Appendix C

Oregon Health Sciences University

Consent Form

I, ______________________________ agree to participate in a research study entitled ."The Adolescent's Experience of Decision-making Regarding Parenting or Planning Adoption for her Child." This study is being conducted by Lisa W. Livingston, RN, BSN, a graduate student in the Departments of Family Nursing/Nurse-Midwifery and Mental Health Nursing at the Oregon Health Sciences University, under the direction of Joanne E. Hall, RN, PhD. The purpose of the study is to understand the process of the adolescent choosing to either parent or plan adoption for her child.

I understand that my participation will involve one interview of approximately 45 minutes, and the possibility of a second interview of similar duration. The first interview will be conducted within 45 days of my delivery, and will be held in an office at Children's Aid Society. The second interview, if needed, will occur within 90 days of the first interview. The interviews will be recorded and kept in locked storage until they are erased at the end of the study.

I understand that I may be inconvenienced by the time required for these interviews. Further, I understand that there is a possibility that these interviews could cause some psychological discomfort. If that should happen, I understand that counselors from the Children's Aid Society will be available to me for counseling and support.

I understand that my participation in this study may benefit be by offering me an opportunity to discuss the process of my decision-making, and by giving me the opportunity to present my opinions and beliefs regarding this topic. I realize that even if I do not personally benefit by participating in this study, my participation may contribute new information to the area of adolescent decision-making regarding parenting or planning adoption.

All information will be handled confidentially. My anonymity will be maintained on all documents, on which I will be identified by a code number and / or substitute first name. No identifying information will be shared with other persons or institutions. Neither my name nor my identity will be used for publication or publicity purposes.

I understand that there are no costs to me for participating in this research study. I understand that I may refuse to participate, or I am free to withdraw from this study at any time without affecting my relationship with or treatment at either the Children's Aid Society or the Oregon Health Sciences University.

I understand that I may not personally benefit from participating in this study, but by serving as a participant I may contribute information which may benefit other persons in the future. I also understand that my counselors are available to me to address any concerns that may develop as a result of the interviews.

The Oregon Health Sciences University, as an agency of the state is covered by the State Liability Fund. If I suffer any injury from the results of the research project, compensation would be available to me only if I establish that the injury occurred through the fault of the University, its officers or employees. If I have further questions, I can call Dr. Michael Baird at (503) 279-8014.

Ms. Livingston, RN, BSN, has offered to answer any questions I might have. She may be reached by telephone at (503) 223-5800.

My signature below indicates that I have read the foregoing and agree to participate in this study. I understand that I will receive a copy of this consent form.

Date:______________________________

____
(Participant's signature)

____
(Witness' signature)

Appendix D

Interview Summary Form for Recording of Initial Impressions
Adolescent Decision-making Regarding Parenting or Planning Adoption
Oregon Health Sciences University School of Nursing

Participant's Code #:__________
Date:____________________
Genogram?________________
Interview Length______________
Days Post-partum:__________
Adoption/Parenting?

1. General impressions:

1a. Interviewer's direct emotional response:

2. Major Themes & Issues:

3. Sources of Support/Influence:

4. Predominant Feeling Responses:

5. Information from Staff:

6. Interview Circumstances / Environmental Pressures:

7. Additional Comments:

Appendix E

Support Sub-categories

Support Sub-Categories	**#101**	**#102**	**#103**	**#104**	**#105**	**#106**
family:						
supporting family members	aunt, Mom	aunt, grandma	grandma	many	none	no
pressure to plan adoption	yes	yes	yes	no	no	circumstances
rejection by mother	hostile rela.	yes	yes	no	yes	mo died
rejction by father	yes	yes	yes	yes/no	hx abuse	yes
adopting family:						
demonstration of care & concern for Mom	unknown	?	yes	N/A	yes	yes
open to further contact	yes	?	yes	N/A	yes	yes
friends:						
female friends	yes	pressure	pressure	support	?	support
male friends		pressure	no	yes	support from BF	?
denial of paternity by father of baby	no	yes	FOB unknown	yes	no	not notified/no
FOB assuming responsibility	in jail	no	FOB unknown	no	no	no
pressure to parent	?	from friends	no	yes/no	yes	no
pressure to plan adoption	?	no	yes	no	no	no
willingness of BF to assume fathering role	N/A	N/A	N/A	yes	no	N/A
growing apart from friends after delivery?	yes	no	?	no	no	no
agency:						
length of stay at agency (antepartum)	2-3 months		7 months	2-3 months	6 months	3 months
counselors	support	support	support	support(?)	support	support
residence staff & residents	?	N/A	yes	yes	support	support
church:						
members	N/A	N/A	N/A	yes	N/A	unknown
officials	N/A	N/A	N/A	yes	N/A	unknown
hospital staff:						
type delivery	C/S	NSVD	NSVD	NSVD	NSVD	C/S
length of post-partum stay	7 days	3 days	3 days	3 days	36 hours	7 days
nurses	yes	?	?	yes	?	mixed
doctors	?	?	?		yes	
others	birth coach					

Appendix F

Decision-making Sub-categories

Decision-making sub-categories	#101	#102	#103	#104	#105	#106
attitude toward pregnancy:						
hiding/exposing pregnancy	hiding/not wel	hiding	hiding	hiding	hiding	hiding
casual/panicked response to learning of pre	denied	panic	casual	panic	panic/denied	panic
perceived enhanced status/shame due to pr	shame	status	status	status	status/family	shame
attitude toward children:						
tolerance of children	?	intolerant	?	positive	?	?
empathy for child she carries	yes	sometimes	yes	not stated	yes	yes
feeling competent to care for child	incompetent	competent	incompetent	competent	Incompetent	incompetent
influential people during decision-making						
family	pressure	pressure	pressure	yes	pressure,paren	foster-mom
counselors	yes	no	yes	yes	yes	yes
friends	yes	pressure	pressure	yes	?	counselorBarb
number of counseling sessions		2				
length of stay at agency residence	2 months	none	7 months	2-3 months	6 months	3 months
acceptance/refusal alternative information	refused	refused	accepted	accepted	accepted	accepted
changing mind during pregnancy	no	yes	no	yes	no	no
wavering/changing mind during PP period	yes	yes	yes	no	yes	yes
length of hospital stay	7 days	3 days	3 days	3 days	36h	7 days
planning adoption						
adoptive family expressing concern for subj	?	N/A	yes	N/A	yes	yes
anger at adopting family	yes	N/A	no	N/A	no	no
positive feelings re. adoptive family	yes	N/A	yes	N/A	yes	yes
open adoption decisive factor in releasing	?	yes (?)	yes	yes	yes	yes
expressions of grief	yes	yes	yes	N/A	yes	yes
identification of shared characteristics	no	no	yes	yes	no	no
crying over loss	yes	N/A	yes	no	?	yes
crying over potential loss (close call!)	N/A	yes	N/A	no	N/A	N/A
anticipating future baby	yes	no	yes	no	no	pregnant
perceived autonomous decision-making	yes	yes		yes	yes	?

Appendix G

Miscellaneous Sub-categories

Miscellaneous Sub-categories	#101	#102	#103	#104	#105	#106
shared family patterns:						
teen pregnancies	aunt, mom	mom	aunt	mom	mom	mom
chemical dependency	self, mom	mom	aunt	unknown	many	many
domestic violence	suspected	yes	yes	unknown	yes	yes
pregnancy/parenting a way to even the sco	unknown	yes	yes (?)	no	?	no
multiple father figures	yes	yes	yes	no	yes	yes
apparent thinking process:						
impaired mentation?	yes		yes			
due to emotional disorder	maybe		maybe			
due to low IQ	no		?			
due to chemical alterations	yes		no			
education:						
school history	poor	poor	poor	good	poor	fair
plans to complete high school education	GED	GED	GED	yes	has diploma	has GED
plans for post-high school education	no	no	no	yes	yes	yes
economic outlook:						
realistic/unrealistic re. economics of self-supp	realistic	unrealistic	unrealistic	realistic	realistic	realistic
present or recent hx job	no	no	no	yes	no	yes
plans for career preparation	no	no	no	yes	yes	yes
plan to find job	yes	yes	yes	yes	yes	yes
identifying subsequent life changes:						
changed attitude toward life?	yes/no	yes	no	yes	yes	yes
maturity	yes/no	no	no	yes	?	yes
changed relationships	yes	no	N/A	no	no	no
with family members?	yes	yes	yes	no	yes	no
with friends?	yes	no	?	no	yes	no
socioeconomic status (SES)	low	low	low	?	low	low
narcissism	?	yes	yes	yes	no	no
borderline characteristics	yes	yes	yes	yes	yes	yes

ABSTRACT

Title: The Adolescent's Experience of Decision-making Regarding Parenting or Planning Adoption for her Child.

This interpretive study examined the manner in which pregnant adolescents make decisions regarding whether to parent or place their children in adoption. Currently, less than 5% plan adoption. Premature parenting levies an economic burden on society and puts the teen at an economic and educational disadvantage which has lifetime consequences. This study was an attempt to understand the decision-making experience, the meaning it has for the adolescent, and the contextual influences. The author believed that the decision-making process of the adolescent is a consequence of her own values, attitudes and beliefs, and is also affected by her environment, specifically, the persons to whom she turns for guidance.

Data was collected from six newly-delivered adolescents, five of whom resided during pregnancy in a maternity home where they received supportive pregnancy and decision-making counseling. This study employed a hermeneutic design, in which the goal was the understanding of the experience through careful interpretations of indepth interviews. Concurrently with ongoing interviews, the researcher identified themes and patterns that emerged from the narratives.

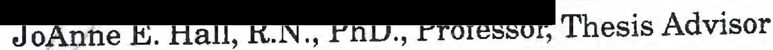
It was anticipated that an understanding of the decisionmaking process which impacts the teenager and her infant will enhance the care provided by nurses. By understanding the decision-making experience, the nurse is better prepared to help the teen make choices that are informed, thoughtful and responsible. Further, she can help these clients to accept the power to make the decisions that shape their lives.

Contrary to expectations, an interpretation of the data suggest that

five of the six participants did not make autonomous decisions. Rather, they appeared to reflect the opinions and sentiments of people in their environments to whom they were connected. Their decisions evolved not from a thoughtful consideration of alternatives and associated implications, but from absorbing as their own the apparent decisions of others. The data also identified several contextual factors as being influential in the adolescent's decison-making process, including the availability of open adoption. Factors related to family of origin indicated that all participants came from families in which teen pregnancy was a pattern. Other shared family patterns included chemical dependency, domestic violence, and absent fathers. The pervasiveness of these transgenerational family patterns, and the dramatic increase in adolescent pregnancy and parenting, suggest that these adolescents and others in similar situations form a distinct sub-culture in which their behavior is consistent with the sub-culture norms.

The study's findings illuminate the dilemma of nurses and other health care providers in meeting the complex needs of the adolescent mother and her child. The findings suggest that a multidisciplinary, multisystem approach by the coordinated efforts of health care providers is required in order to respond effectively to childbearing adolescents making their pregnancy resolution decisions.

Author: Lisa Wood Livingston

Approved 
JoAnne E. Hall, R.N., PhD., Professor, Thesis Advisor