The Teen's Decision-Making Process During Adoption

By

Molly Strattan

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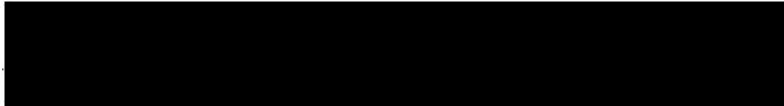
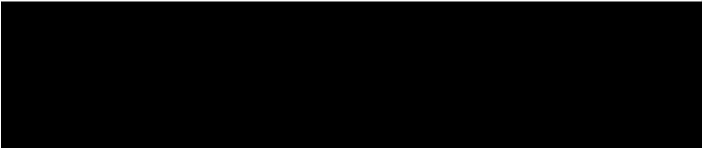
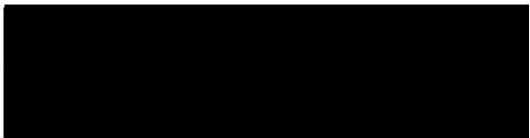


Linda Robrecht, CNM, DNSc, Assistant Professor, Research Advisor



Carol Howe, CNM, DNSc, Associate Professor, Committee Advisor



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Abstract

TITLE: Teen's decision-making During Adoption

AUTHOR: Molly Strattan

APPROVED:

Linda C. Robrecht, CNM, DNSc, Assistant Professor

As teen pregnancy rates in the United States continue to rise, the incidence of adoption is declining. More single young women today are choosing to parent their babies. The purpose of this study was to identify the major influences on a young woman's decision to relinquish her baby and her perception of the impact her choice has had on her. Five women who relinquished as teens were interviewed once for this study. Participants were recruited through a local support group. Open ended questions guided the interview. A grounded theory method called dimensional analysis directed data collection and analysis. The results of the study demonstrated that the influences on the teen's decision-making process were diverse. Similarities among the women in this study included a lack of support from their mothers, friends or family and the fact that the father of the baby was not present. The most significant finding of this study was the impact the decision had on the rest of these women's lives. Regardless of the situation surrounding the pregnancy and adoption, all of these women lived with a profound sense of grief and loss.

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The Teen's Decision-Making Process During Adoption

CHAPTER 1: Introduction

In the last four decades the number of young women who choose to relinquish a child for adoption has dramatically declined. While the rate of teen and out-of-wedlock pregnancies continues to rise, more young women are choosing single parenthood. Fewer are choosing not to parent their children. Young women who currently choose adoption do so at a time when it is not a popular decision. It is vital for the nurse-midwife to be supportive of the client who is considering adoption and to help her make this parenting choice in a nurturing environment. Understanding the decision-making process, major influences and sources of support while helping the young woman to identify her values will allow the midwife to facilitate the decision-making process for this parenting choice. The specific aims of this study are to identify common themes that influence a young woman's decision whether or not to parent her child and her perceptions of the impact this choice has had on her.

Background and Significance

An unplanned pregnancy is a crisis situation for most women regardless of age or developmental level. The decision of how to resolve this crisis is multifaceted and requires the ability to consider many influences, options and consequences (Gordon, 1990). The choices available initially are either to terminate or to continue the pregnancy. If the choice is to continue the pregnancy, the woman must then decide whether or not to parent her child. These choices involve cognitive abilities to envision alternatives and consequences as well as social and family influences. The younger a woman is, the more likely it is that she has not attained a level of maturity or cognitive ability to be able to perceive and

understand all of the variables that are involved in making this choice. When faced with this decision, to whom does the pregnant woman turn to help her decide what to do? One person may be her health care provider.

CHAPTER 2: Review Of The Literature

To understand the decision-making process in a young woman, it is important to be familiar with the developmental stages through which she passes as she matures and learns to interact with her world. The areas of development, reasoning and decision-making will be reviewed.

Development

Cognitive as well as physical and emotional developmental stages characterize progress towards adulthood. People evolve through these stages as they mature, although age is not the only influential factor (Gordon, 1990; Strauss & Clarke, 1992). Decision making is affected by progression through these stages. More appropriate decisions can be made when one is more emotionally mature and able to conceptualize and understand the many complexities of a given situation.

Piaget described four stages of cognitive thinking (Inhelder & Piaget, 1958). They are the sensorimotor, preoperational, concrete operational and formal operational stages. During the concrete operational stage, the child is still very self centered. Language skills develop and the child becomes more social. She begins to use logic but is still unable to abstract ideas. The stage specific to adolescence is the formal operational stage. This stage is characterized by the ability to perform abstract reasoning. In the first phase of this stage, usually during early adolescence, the teen reasons abstractly but cannot give logical reasons for her answers. Logical reasoning requires the ability to envision the future and possibilities, not just the obvious reality. As the teen matures and enters into the second phase of formal operations, she is able to identify many different responses to a given situation and how various actions may influence outcomes. Instead of reasoning from the

basis of self and expanding outward, as in the first phase, the older teen is able to see ideas which are external and apply these to herself. The stage of formal operations is also characterized by decentering. This is the ability to change the perspective from self to other.

Elkind (1967) built upon Piaget's cognitive development theories. He postulated that teens evolve from a stage of egocentrism where the child sees everyone else's views as the same as her own, to a stage of decentering, where she is able to differentiate other's perspectives from her own. Because of her egocentrism, the teen is very concerned with how others will view her (Elkind, 1967). She often reflects her image of herself off of others; the opinion of peers is very important. The teens also has a sense of immortality and of being indestructible, resulting in a false sense of security in which the teen believes that nothing bad can happen to her. Elkind (1967) calls this "the personal fable".

Emotional development was explored by Erikson (1950) who identified eight stages of identity formation through which humans progress. Each stage is characterized by a conflict or crisis which requires resolution. One premise of his theory is that as a person resolves each conflict or crisis she will advance to the next stage. Erikson's stages are trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus identity confusion, intimacy versus isolation, generativity versus stagnation and integrity versus despair (Erikson, 1950). These stages are presumed to be sequential, but may reemerge for additional work throughout one's lifetime. The success with which each stage is initially resolved may influence subsequent and recurrent stage resolution (Muuss, 1988).

The task during adolescence is "identity versus identity diffusion" (Erikson, 1950) wherein the teen must begin to form her own identity by choosing personal beliefs and philosophies as well as setting future goals. The teen assimilates the events, beliefs and actions of those around her and incorporates them into her own personality. Role models are chosen to follow and to help shape the personality. The resolution of this crisis takes much work and if the process is not successful, identity confusion may be the result. The outcome may be destructive behaviors such as substance abuse or suicide and further development may be impaired (Erikson, 1968).

The completion of the task of identity formation is necessary in order to be able to complete the next task of "intimacy versus isolation" (Erikson, 1950). In this stage the young adult will form intimate relationships with friends and partners. Once an identity is formed and values are chosen, deeper, intimate relations with people of both sexes may be developed. This is the time when sexual relations ideally begin. During the transition from identity formation to intimacy, peers of both sexes help to form one's identity, and falling in love allows the teen to get close enough to another person so that she is able to view herself through another's eyes. This helps her to form her identity by "trying on new hats", as it were, to see which fits best (Elkind, 1967; Erikson, 1968; Muuss, 1988). This process helps to form an identity and prepares the teen for developing intimate relationships. However, if the teen is unable to complete the task of identity formation, then intimacy may not be achieved. If one does not know oneself, then she is unable to give herself to another. And if intimacy does not develop, then according to Erikson's theory, the stage of generativity, which involves raising children, will also not be successfully resolved.

Moral Reasoning

Another important aspect of decision making is reasoning. Moral reasoning or judgment is the ability to assess whether the action taken in a hypothetical situation is good or right (Kohlberg, 1970). Moral decision making is affected by family influences and societal norms and has a strong impact on a teen's decision-making process. The classic model of moral reasoning is Kohlberg's moral development scale which describes six stages within three levels of moral reasoning in a hierarchical pattern. These levels include the preconventional level, which includes the stages of obedience and punishment orientation and instrumental relativism orientation; the conventional or moral level including interpersonal concordance orientation and orientation toward authority, law and duty; and the postconventional or autonomous level which includes the social contract orientation and universal ethical principles orientation (Kohlberg, 1978). These levels range from mere avoidance of punishment to following the rules to standing by one's own convictions of human rights and justice. Kohlberg felt that there is a relationship between Piaget's levels of cognitive development and his levels of reasoning. To attain the higher levels of moral reasoning, one must be at a higher level of cognitive functioning. However, a higher level of cognition does not guarantee a higher level of moral reasoning (Muuss, 1988).

The classic theorists cited in this paper have suggested that development and reasoning is linear (Erikson, 1968; Inhelder & Piaget, 1958; & Kohlberg, 1970). However, the subjects on which these observations were based were uniformly male. Gilligan, after working for many years with Kohlberg, observed a pattern of reasoning in women that is different from men (Gilligan, 1982). She observed that many women do not think or

reason in a linear fashion, but rather they begin their thought process at a basis of survival and extend outward to consider others who will be affected by the decision. Women incorporate relationships into their decision making. Thinking for women is often a circular or web pattern rather than a linear one (Miller, 1984). According to Gilligan (1982), maturity includes the ability to weigh all of the variables in a problem, to see the relationship between the variables and the people involved in the situation, and to facilitate a solution even in the face of opposition. In this model, the highest level is the one which incorporates others into reasoning. In Kohlberg's model of reasoning, the highest level entails standing by one's own convictions which value human life, equality and dignity above all else.

Some of the theorists suggest that progression through the levels of reasoning is linear and constant (Kohlberg, 1970; Inhelder & Piaget, 1958), while others contend that people pass over or move back and forth between stages (Gordon, 1990; Holstein, 1976) or may not develop linearly at all (Gilligan, 1982; Miller, 1984). Facing an unplanned pregnancy is a crisis situation for many women. This crisis may elicit either advancement to a higher level of development, or may cause a young woman to revert to less advanced ways of thinking. It is not clear why some advance and some regress. Gordon's (1990) analysis of the literature reveals that teens vary in the way they cope with an unplanned pregnancy. Some are able to advance to a more sophisticated level of reasoning while others actually regress. They look to peers or family to help with the decision-making and embrace others' reasoning without acknowledging their own perceptions. Though they utilize others' reasoning, they do not incorporate it into their own and thus impede advancement in their development.

Application To Pregnancy

Pregnancy, too, is characterized by developmental tasks. A sense of identity and the ability to understand another's point of view are necessary to complete these tasks successfully. Rubin (1975) described pregnancy as a time of "identity reformation, a period of reordering interpersonal relationships and space, a period of personality maturation" (p. 143). She described four maternal tasks of pregnancy. These are "1) seeking a safe passage for herself and her child through pregnancy, labor and delivery, 2) ensuring acceptance of the child she bears by significant persons in her family, 3) binding in to her unknown child and 4) learning to give of herself" (p. 145). If a young woman is not yet at a stage of development where she can include someone else in her reasoning, then she will not be able to complete these tasks. The ability to ensure a safe passage for her child will depend on her ability to reason beyond her own safety and needs. Her inability to decenter may interfere with her ability to incorporate a fetus into her decision-making process. Without having developed her own identity and thus being unable to form intimate relationships, it will be difficult for her to bond with her unknown child or to give herself to her baby. The earlier cognitive stage implies that she is also at an earlier moral reasoning stage. Her decision may be strongly influenced by family and social pressures or be an attempt to avoid pain or punishment. Her maturity level may be such that she is making decisions from a basis of self preservation if she is not yet able to identify all the variables included in the decision-making process.

The literature reviewed thus far suggests that a teen is not cognitively ready to make sound parenting decisions. Her maturity level makes it difficult for her to think of others, notably a child. Theoretically, having a child at this stage of her development will

impede further growth. So why then would a young woman even want to parent? Chodrow (1978) gives insight as to why parenthood has appeal for a young woman. She found that a woman often has children to fulfill emotional needs that were unmet by her mother and other adults. Having a child is seen as a way of fulfilling the need for her own mother. This phenomenon may be seen more frequently in recent years as American society has fewer role models for teens while moving further away from being a culture with rigidly defined roles (Chodrow, 1978; Muuss, 1988). Jacobs (1994) also supports the idea that becoming a mother is seen as an attempt to form one's identity and to further development as well as to fulfill a need to be nurtured and mothered. Many women in Jacob's study report an improved relationship with their mother after giving birth. Pregnancy and parenthood may be seen not only as a way to form an identity at a time when it is increasingly more difficult to do so but also as a way to resolve conflicts with one's own mother. Even though the relationship with the mother improved, the effect parenting had on development and identity formation was not explored.

Pregnancy and mothering are viewed as ways to reach adulthood and to define oneself as a woman; to help form an identity. However, Mercer (1986) found in her study comparing developmental differences among women of varying age groups that motherhood did not promote adult development and actually led to a decreased self concept in the majority of women in her study. Motherhood may appear to be a means of hastening development and helping to form one's identity, but may actually hinder one's growth.

The personal fable ("I just didn't think it would happen to me") may interfere with a young woman's ability to envision herself pregnant as a result of sexual activity (Blos,

1962). Furthermore, if a young woman is not developmentally mature when she realizes she is pregnant, she may be unable to envision the possibilities or foresee the long term consequences of her decisions. Studies and clinical experience have demonstrated that young mothers often have simplified and romantic ideas about parenthood and do not realize the enormity of the responsibility of parenting until after they have taken the baby home (Gordon, 1990). Thus in her attempt to grow up and discover who she is through parenthood, the young woman may actually be hampering her developmental process.

Pregnancy during adolescence may force the teen into Erikson's stage of generativity before she has had a chance to form her identity resulting in the lack of opportunity to learn to form intimate relationships. Therefore, she not only does not complete the age appropriate task, but is forced to skip the next task - intimacy. Although Erikson's stages have been shown to reemerge, unsuccessful completion the first time may hinder successful completion with subsequent attempts (Muuss, 1988). The inability to complete the developmental tasks of adolescence or pregnancy may halt developmental progression towards adulthood leading to depression and harmful acting out behaviors (Erikson, 1968; Inhelder & Piaget, 1958; Kohlberg, 1970). The ability to parent a child safely and effectively may be hindered as well.

The classic theories imply that pregnancy and parenthood at an early developmental stage will interfere with developmental task completion and thus interfere with normal development. But pregnancy and parenthood are viewed by teens as a means of resolving identity issues and conflicts with parents. However, because of the inability to visualize the future, many teens are surprised by the realities of parenthood once the baby arrives (Gordon, 1990). And for some mothering has actually decreased self-esteem

(Mercer, 1986). But the differences in reasoning processes between teens who parent and those who relinquish, nor the impact of relinquishing have been explored.

Decision-Making

The adolescent develops emotionally, cognitively and morally simultaneously. None of the aspects of development happens in a vacuum as each influences the others. Adolescence is a time of growth. The young woman's mind is expanding to incorporate abstractions and to include possibilities instead of only realities in her thought processes. She is becoming aware of many philosophies, values and opportunities and making choices about which ones will be assimilated into her personality. She is forming her identity. Unfortunately, our culture makes the process increasingly more difficult. Americans have lost many traditions and roles are no longer clearly defined. (Muuss, 1988). Because role models are less available, peers assume an even more significant influence on identity formation (Erikson, 1959). Peers are more frequently sought out to help resolve the conflict of identity formation (Muuss, 1988; Resnick, 1992). If the teen is unable to form an identity, identity confusion results. According to Kohlberg (1970), identity confusion interferes with moral reasoning which hinders decision-making.

In efforts to become independent and separate from their parents, teens rely on peers to help shape identity and form values (Blos, 1979). The influence of peers, the media and changing social attitudes condone teen sexuality and pregnancy (Blos, 1979; Resnick, 1992). While teens are progressing through their normal stages of development, they may be influenced, pressured or deluded into having sex prior to readiness for intimate relationships. If they have not completed the advanced stages of development, i.e. formed their identity nor reached the level of formal operational thinking, they are not able

to comprehend the consequences of their actions. Young women are often pressured to take responsibility for their sexual decisions by parenting the child that results. Custer (1993) found that teens felt that single parenthood is acceptable by family and friends but that adoption is viewed as abandonment and that it is emotionally traumatic for both the mother and the child. As teens are already in a developmental stage where acceptance by others is paramount, this societal attitude may make it more difficult for the teen to choose adoption.

Objective decision making requires the ability to change perspective from self to other (Inhelder & Piaget, 1958). One must have a sense of self, an ability to think abstractly and to reason cognitively and morally. If not others may unduly influence the decision-making.

Farber (1991) conducted a qualitative study that examined the decision making process among a small group of single teens who chose to keep their babies. All the young women experienced fear when they found out they were pregnant because they did not know how their parents would respond. The young women's decision to parent was influenced by the values with which they were raised, regardless of whether or not they chose to uphold or to rebel against them. The mothers' decision to parent was not merely about their needs or desires, but was a response to the multifaceted environment of her social network. The family values and the support received had the most profound influence on the decision. These results may support Gilligan's theory of female moral reasoning in that it appears the young women did evaluate the needs of those around them as well as the impact their choice would have on themselves. But they may not have been able to understand their dilemma and may have actually accepted others' reasoning and

decision-making as suggested by Gordon (1990). This study did not explore that possibility. Nor did this study look at the consequences of the decision to parent.

Kalmuss, Brickner and Cushman's (1991) study compares attitudes towards adoption among three groups of young women; those who did not intend to parent, those who considered adoption but decided to parent and those who chose to parent and never considered adoption. All the young women in this study felt that the decision they made would have the best outcome for the baby. This may imply that they were near the higher levels of cognition and reasoning because they were able to consider the influence their choice would have on the baby. The results of this study also supported the strong impact of family and social values. The young women who were definite about their decision had strong family support for their decision. Those who vacillated before making their decision had families who were ambivalent but with a leaning towards the option they chose. This study again highlighted the strong influence of the family. However this study did not explore how the decision influenced the teens nor their development over time.

Strauss & Clark (1992) undertook a study which identified 3 types of decision making patterns in adolescence. These included an immature pattern, a transitional pattern and a mature pattern. These patterns reflect the cognitive and moral reasoning patterns discussed earlier. The immature pattern involves concrete thinking where the young woman is unable to see the impact a child will have on her life. The transitional pattern is evidenced by ambivalence as she moves towards more autonomy. She can see some of the impact the baby will have on her life, but not on those around her. She shows evidence of abstract thinking, but not of decentering. In the mature pattern the teen is able to see outside of herself and acknowledge other's viewpoints. These patterns are not absolutely

linked to age, but there is a progression from one stage to the next. The teen can understand the more global impact of having a child. These stages parallel the stages of cognition and reasoning described previously. This study identifies the process the teen goes through when making parenting decisions. However it did not identify any strong influences on her decision-making nor the long term impact of the decision.

Custer (1993) undertook a qualitative study which identified teens' barriers to adoption. The single most important barrier to adoption was the teen's fear of pain from the loss of her child. Other barriers identified were lack of knowledge, lack of support from health care providers and societal influence. Contemporary society accepts teen parenthood but condemns adoption (Custer, 1993). The teens in this study may be at an earlier stage of development. The fear of pain and loss demonstrates operating from egocentric and preconventional levels of development. Acceptance during this time is crucial, so societal attitudes will make it much more difficult for a teen to choose not to parent her child. This study did not identify any positive influential factors on the young woman's choice.

Lauderdale & Boyle's study (1994) supported the societal and maternal influence on the decision making process. The young women who chose open adoptions weighed the pros and cons, took into account their personal life goals and wanted their babies to have two parents and more opportunities than they were able to give them. The young women who chose the closed adoption alternative felt they had no control over their decision. They identified their mother as the one who made the decision and were afraid to try to keep their baby because it would reflect poorly on the themselves and the family. It would appear that the young women who chose the open the adoption were at a more

advanced level of development than the young women who chose the closed adoption. They were able to see alternatives and take the baby's feelings and future into account. The young women who chose the closed adoption may not have been able to turn away from maternal influence. However, these researchers did not reveal the time period in which the open or closed adoptions took place. Societal attitudes at the time of the event may have also influenced the young women's reactions. This study found that the young women in the open adoption group were able to attach to the pregnancy, identified by Rubin as an important developmental task, to take control of their decision and to let go of the baby when it was time. The young women who were in the closed adoption group were not able resolve these conflicts and proceed through normal developmental processes. The reasons for these differences were not explored.

Summary

Many teens view parenting as a way to hasten their maturity or autonomy and to fulfill their need for the nurturing and unconditional love that has been missing from their lives (Jacobs, 1994; Chodrow, 1978). However, Mercer (1986) found that parenting actually does not enhance a woman's self-concept nor does it help development to adulthood. For a large number of women, self concept actually decreased, indicating that motherhood did not heighten a woman's image of herself.

American society seems to be in a cycle that is producing teen mothers and is encouraging pregnancy and parenthood. A young woman who is not receiving the nurturing nor the role model she needs for identity formation from her parents will turn to her peers where there is confirmation of identity as well as pressure to conform. Teens are

influenced by the media and society in general to be sexually active. Yet, they are not yet able to understand the consequences of sexual activity. They are not yet able to decenter and think globally nor do they believe that anything bad will ever happen to them. So, they are able to easily justify their desire to satisfy their curiosity or give in to peer pressure. When they find themselves pregnant and faced with decisions without having the developmental capacity to weigh all of the factors, they turn to those closest to them. According to the developmental literature, it would be seem that they would turn to peers. But the pregnancy decision making literature indicates that most young women turn to their mothers and family. It is not clear if this a form of regression or a normal reaction to a crisis situation. .Many young women view pregnancy as a way to satisfy a need for mothering or nurturing which they did not receive from their own mother (Chodrow, 1978; Jacobs, 1994). Possibly they are hoping at last their mother will reach out to them, will give them nurturing by helping them through this difficult time.

Those who do choose to relinquish tend to have mothers who support the decision, have more education and are more achievement oriented than those who choose to parent. They think about the baby's future financially and emotionally, desiring a financially secure couple to raise their babies (Kalmuss et al., 1991; Resnick, 1992). These young women appear to operate from a more advanced level of reasoning and development than those who choose to parent. They visualize the future and think about the welfare of the baby as well as themselves.

When a young woman is faced with pregnancy and parenting decisions, the nurse-midwife can be supportive and influential in her decision. It is important for the midwife to be aware of the developmental levels through which the young woman navigates as she

tries to reach a decision. Understanding the influences on the young woman's decision will help her to sort out her own needs and desires and to identify what support she will have to follow through with her decision. The nurse-midwife can try to guide the young woman to a higher level of reasoning by offering her new choices and ideas. The young woman may then be better able to make a parenting decision.

CHAPTER 3: Methods

This study asked the question "What are the major influences on a teen's decision not to parent and what are the lived consequences of that decision?" Because participants' perspectives were being sought, a naturalistic, qualitative method of inquiry was selected. The grounded theory method developed by Glaser and Strauss (1967) is a method of theory development wherein the theory is derived from the collected data for the purpose of identifying an entire social process. Data collection and theory development occur simultaneously. Grounded theory was the first framework developed to document the procedure of analyzing data obtained in a naturalistic setting. However, over time and through its application by students, the method was found to be so complex that it interfered with data interpretation (Robrecht, 1995). This led Schatzman (1991) to clarify the method and create an alternative method called dimensional analysis.

Dimensional analysis seeks to uncover the significance of the interactions noted while observing in natural settings (Kools, McCarthy, Durham, & Robrecht,1996). Again the data collection and analysis take place at the same time. The chief purpose is to identify the many pieces of a multifaceted social phenomenon, not the entire process. Through a process called dimensionalization, pieces of the information are categorized as dimensions and properties are identified. Data are collected and analyzed until no new dimensions are identified. The information is then organized using an explanatory matrix which is used to categorize the information further and finally to decipher the theory into an understandable story (Kools, et al,1996)

This research design consisted of a one-time interview of each participant. Interviews were semi-structured and were comprised of open-ended questions on

concepts selected from the review of pertinent literature. The initial interview was modified as new concepts were discovered through the research process. This research was limited to data from five women who met the study criteria. Concepts and major themes were identified. This pilot study did not utilize the explanatory matrix because of the limited number of participants.

Sample

Participants who were teens when they relinquished their baby were recruited by contacting a counselor of a local support group for birthmothers. A description of the study was given to the counselor who then identified and approached potential participants Those who were interested gave their name to the counselor, who then gave the name and phone number only of those who were interested to the principal investigator. The counselor had first contact with potential subjects. Because of the lack of support groups in the area, the participants were from a fairly homogenous cultural and socioeconomic background.

All the participants were Caucasian. Only one reported currently practicing her faith (Protestant) two were raised Catholic but were no longer practicing and two did not have a preference but reported recognizing the Christian faith. The minimum amount of education was some college education and two were currently studying for their Masters degree. The age at the time of relinquishment ranged from 15 years to 20 years old. The time since the relinquishment ranged from 6 years to 35 years. Two participants had closed adoptions, one participant had an open adoption and two participants had a sister adopt their newborn. One of the two participants who had a closed adoption has been reunited with her son while the other participant has had no contact with her daughter.

Four of the five participants are married and have other children. One has chosen to remain single and without other children. See Table 1 for the demographics.

The following criteria were met by the participants: (a) gave birth for the first time as a teenager; (b) relinquished her child when she was a teenager up to and including 20 years old; (c) English speaking; (d) willing to participate in an interview that lasted approximately one to two hours (e) was at least 18 years of age at the time of the interview.

Although the purpose of this investigation was the identification of salient categories and not theory building, theoretical sampling proceed as described by Schatzman (1991). Data from five participants was sufficient to begin to identify relevant categories.

Data Collection

Data collection methods such as field observation, video taping, review of records and interview are within the domain of naturalistic inquiry. Interview as a method of data collection was selected because this technique was judged to be the best tool for gathering data from the proposed sample. Approaching the study with knowledge of the topic, but without assumptions allowed the true experts to illustrate the relevant concepts. Face-to-face dialogue using a semi-structured interview as a set of preliminary probes was employed. Following each interview data were analyzed. New or novel concepts gained from data analysis were included in subsequent interviews. As the interview proceeded, topics more accurately reflected the experience of the participants. The participants were encouraged to add to, modify, or delete the probe topics so that they more accurately described their experience.

Data collection was accomplished by interview of participants. Each participant was asked to partake in an interview that lasted approximately one to two hours. The purpose of this interview was to elicit the participants' perspective of the factors that were influential in her decision to relinquish her baby and how that decision influenced her life.

The interviews were conducted in a setting of the participant's choice, three at Oregon Health Sciences School of Nursing, one at the participant's work setting and the other one in the participant's home, to promote a sense of safety and control over the interview process. The interviews lasted approximately an hour and a half. Each interview started with the invitation to "Tell me your story". The interviewer had a list of probe questions to ask if certain information was not revealed as the stories were told. After each interview the data were transcribed and coded; that is, observed dimensions and properties of the data were designated. As dimensions were identified the probes were adapted to include them. This was done according to dimensional analysis methodology which stipulates that data collection and analysis take place concurrently or in a circular manner (Kools et al, 1996). Theoretical memos charted the development of dimensional categories and identified salient properties and their attributes. Because of the small number of participants in this pilot study, a critical mass of information leading to a central category or a theoretical statement was produced. However important dimensional categories that portray the meaning of the participants' experiences were identified.

Interviews

Before being interviewed, each potential participant was provided a brief explanation of the proposed research project. Each was told that the focus of the investigation was to gain understanding about what the major influences were on her

decision to relinquish her baby and her perception of the impact the decision had on her. The information may be used to provide a framework for further study of a pregnant teen's decision-making process. The participants were told that the interviews were tape recorded and that these tapes were to be erased at the end of the research study. After being told about the purpose and procedures of the study, the participant was given the opportunity to refuse or indicated a willingness to take part in the investigation. Once willingness was expressed, the woman was asked to sign a consent form (see Appendix A). The interview was conducted after a short introductory conversation intended to initiate early rapport.

Interview Questions

The interview guide was structured on findings from relevant literature promoting "theoretical sensitivity" to the research area. This early approach was consistent with an assumption of both dimensional analysis and constant comparative analysis that stresses that the investigator is knowledgeable but under-informed about the area under scrutiny (Glaser, 1978; Schatzman, 1991). The interview guide is found in Appendix B.

The interview covered most topics described in the interview guide, but the order was not necessarily followed. Questioning followed the flow of a normal conversation with a directed probing by the interviewer which kept the interview focused.

In addition to the interview questions, a brief demographic data record was filled out by each participant. The demographic data record was assigned a code number that corresponded to the interview code number. A copy of the demographic record form is located in Appendix C.

Data Analysis

Transcriptions of the interview were analyzed according to the operations of dimensional analysis to the point of category identification. The following steps in the analysis process were followed:

Data Expansion Process

1.Data Collection

2. Transcription of Data Packets

3. Dimensionalize Data

4. Designation of Preliminary Categories

During the early phase of dimensional analysis, the data were expanded as each dimension within the area of inquiry was recognized, listed, and grouped (Schatzman, 1991). This is roughly analogous to open coding techniques discussed by Strauss (1987). Words or phrases of particular importance were retained. Others of apparent similar meaning were grouped into tentative categories. These dimensional categories were named (designated) so the analyst could recognize these new abstract categories. Major themes and concepts were identified and analyzed from the data collected. The categories were used to contribute to a framework of knowledge for future study of pregnant teen's decision-making processes and the impact of living with the decision to relinquish her newborn.

Specific Aim

The specific aims were to identify and categorize:

1. factors having the greatest influence on the teen's decision to relinquish her baby for adoption.

2. the participant's perspectives of the consequences of her decision
3. the factors (dimensions) most salient to the participant's experience

The goal of this pilot project was not the formulation of a theoretical statement. Rather, the goal was to discover novel categories salient to the experience of young women who made the decision to relinquished as a teen. The categories identified in the pilot investigation may be used to supplement the theoretical basis of a future investigation of pregnant teen's decision-making process.

Protection Of Human Subjects

Concerns about confidentiality were confronted by informing participants that transcriptions of the interviews would not be identified by name; a fictitious name might be used, and a code number was used to organize the data. Demographic data was kept separate from interview data to ensure confidentiality. No names or other personally identifying information was used in written reports of the study.

Eligible women were informed of the proposed pilot research project and were asked to participate. Potential participants were asked to sign a consent form and were informed of their right to refuse to participate without concern of reprisal. Opportunity was given for potential participants to ask questions about the study.

Potential participants were told that the interviews would tape recorded. These tapes were identified by a code number. All names and other identifying features were confidential, known only to the principle investigator. Participants were given the opportunity to use a fictitious name so that anonymity could be provided. The tapes were transcribed by the principle investigator and were erased once the research project was concluded. A demographic characteristics record was completed at the beginning of the

interviews and did not include the participant's name. The record was assigned a code number that corresponded with the participant's interview code number. All data collected for this project were kept confidential and were stored in a locked file cabinet. All participants were reminded of their right to withdraw from the study at any time without any effect on the care or support they receive from the referral source. Any data collected up to the time of withdrawal would have been destroyed.

Summary

This research focused on the participant's perspectives of the influences on her decision-making process when she chose to relinquish her child for adoption and her perspectives of the consequences of her decision. Participants' reports identified important influential factors in this process and more importantly described the profound grief that they have lived with as a result of their decision to relinquish their newborns. Dimensional analysis, a method of deriving grounded theory from qualitative data, was employed to identify categories salient to the experiences of women who gave birth as a teenager.

The results may lead to a better understanding of the barriers to adoption and identify ways to support a young woman in arriving at and living with this decision. These women's perspectives unearthed elements and categories of importance which health care professionals and researchers have not recognized. The identified categories may be used as background information for future studies of teen's decision-making processes and women's experience of living with the decision to relinquish their newborns.

CHAPTER 4: Findings

The purpose of this study was to identify important influences on a teen's decision to relinquish her newborn. A major finding was that this decision had a pervasive and lasting impact on the rest of the woman's life. Data analysis revealed a continuum of experience within each identified dimensional category. It is emphasized here that the these dimensional categories are tentative. The number of participants in this study is not large enough to describe fully the identified categories. Four main dimensional categories were identified. They include pregnancy decision-making, the pregnancy, the birth and most importantly, living with the decision to relinquish the newborn. The following section will describe the dimensional categories and the attributes of each.

PREGNANCY DECISION-MAKING

Pregnancy decision-making is the process by which the pregnant teen reached the decision to relinquish her child. This process involved two major decisions, whether or not to continue the pregnancy and whether or not to parent. The influences on these decisions had both personal and social meanings. The personal meaning of decision-making included influences on these decisions from their personal belief systems and relationships with individuals the participants identified as being important to them. The social meaning of decision-making included peer and religious influences.

Personal Meaning of Decision-Making

The personal meaning of decision-making has two main attributes, personal belief systems and influential relationships. The personal belief systems include attitude towards abortion and the degree of perceived control over the choice to relinquish. Influential

relationships identified by the participants were the relationships they had with their mothers, fathers of the babies (FOBs), siblings and fathers.

Personal Belief Systems

Personal belief systems identified were attitudes toward abortion and the perceived sense of control over the choice. Each of these varied on a continuum but were important influences on both decisions to continue with the pregnancy and then to relinquish the newborn.

Attitude Toward Abortion

The participants' attitude toward abortion varied slightly on a continuum and was not a strong influence on the decision to continue the pregnancy. None of the participants had strong feelings that abortion was wrong or bad. Abortion was considered to be a personal choice but not one they strongly considered. When it was a consideration, the lack of availability or information and feelings of love for the father of the baby prevented the participants from choosing this option. Abortion was illegal at the time two of the participants decided to continue their pregnancy although one stated that she would have preferred this had it been available. Most of the participants reported not knowing how or where to obtain an abortion. Most of them were in love with the father of the baby and identified this as the most influential reason which prevented them from considering terminating the pregnancy. In one case the lack of availability was identified as the only reason abortion was not chosen.

The participants did not report strong feelings about abortion. Some of them did not have the option of abortion available to them. Not having the choice reduced some of the participants perceived sense of control over their choice to relinquish.

Perceived Sense of Control Over the Choice to Relinquish

The perceived sense of control over the choice to relinquish refers to the participant's perception of the amount of control she had over the decision and whether or not she felt she made her own choice. The range of perceived control varied vastly along a continuum. The continuum represents a range of feeling that there was no control and of being forced to relinquish against her will, to feeling that though no one was forcing the decision there just was no other practical alternative, to feeling that the decision was reached on her own and having the power to make choices throughout the adoptive and birth processes.

No control.

The sense of being powerless and having no control over the decision was related to the perception of having an overpowering and controlling mother or extreme social pressure not to be a single parent. One participant's mother was perceived to have taken control and not offer any choices to the participant. When discussing the decision-making process, the participant responded that "The choices were not mine.... She would not permit that.". Other participants felt the choices were limited not by their mothers, but by society.

For some of the participants, the social standards of the time made parenting seem an impossible choice. Young women did not raise children on their own. If marriage was not an option, then the only way to deal with a premarital pregnancy at the time was to keep it a secret and to hide any evidence of the pregnancy. The choices seemed bleak, either adoption or the risk of death by abortion. One participant illustrated this point this way:

> That's what happened when you got pregnant. You got married or you got whisked away and your baby was taken from you or you had an abortion in a back alley. And maybe you lived or maybe you didn't or maybe it was botched and you were never able to have your own children. I mean those were the choices. But young women didn't parent.

Other participants felt they had more options available to them. There was not the same amount of pressure from family or society. But the realities of raising a child seemed to be the factors limiting the sense of being able to parent their newborn.

Limited control.

For other participants personal standards made them feel that parenting was not a choice. They decided that parenting would not be an option. They were able to look closely at their options, take time to think about the things they wanted the child to have, and realize they were not able to give those things to the child. The desire to finish school, work, and provide for the child made the participants realize that they did not have the ability to raise a child the way they felt the child deserved to be raised. This is illustrated in the data this way:

> "I just decided really that I didn't have any money and I wanted to go to school and I wanted, there was just more things I wanted to do....I realized there was no way I could do it. I didn't want to be on welfare. I didn't want that kind of life. I mean I knew enough to know what was out there I knew that I didn't want that life."

Another stated:

"I knew that it would be hard to take care of him. I knew I wasn't ready. I knew I would probably hate him and I didn't want to.... I thought that was really important that he have a father."

Another stated:

"I was not going to bring up a child by myself....The basic decision to give her up was the idea that I wanted her to feel a secure loving household. And I don't think I ever really felt that."

The decision to relinquish was based on a desire for both the baby and the participant to live a full life and to have opportunities to succeed. Having the baby's father present was also an important factor in the decision. The participants believed it was important to be in a loving relationship with the father of the baby and secure in their own lives in order to give the child a good life. Since the fathers of their babies were not present and their lives were not stable, they did not include parenting as an option. They reached the conclusion that married women with stable lives and a husband would be better mothers to their children.

Some of the participants who felt a limited amount of control over their choice to relinquish their newborn found ways to regain a sense of control. Though choices were limited, the feeling of not having a choice was overcome by taking control of the situation, making arrangements for care during the pregnancy, and seeking a good home for the child. Taking control is described in the data this way:

I think I felt I was so far out of bounds that I had no choices....And for the first time and probably the only time in my life that somebody told me what to do. And

> I just did it. I complied with everything. .... But yet part of that was my decision too, to just take care of it....If I could take care of this I could protect my own reputation.

Although feeling little or no control over the overall decision, these women were able to have some control over how that decision was implemented. They ensured safety for themselves and their newborn while they perceived a sense of control over their situation.

Having control.

When in control, the participants did not perceive societal or family pressure to relinquish. The decision was based on the participant's concern for her future and that of her child. Control over the decision was the participants'. Control was carried over into the adoption and birth processes. The adoptive parents were chosen and the details of the birth and arrangements for the adoption were made by the birthmother. Open adoption allowed these birthmothers a felt sense of control over their choices.

The perceived sense of control over the choice to relinquish the newborn was an important attribute of the pregnancy decision-making process. Another important attribute was the participants' relationships with significant others.

Relationships

Relationship with the Father and Step Father

Fathers of the women in this investigation had a peripheral influence on pregnancy decision-making. Although most women had daily contact with their father or step-father, his presence was not strongly felt by the women unless he displayed a negative reaction. When asked about her father, one woman summarized her relationship this way:

> (He was) sitting in the basement playing solitaire. (laugh).. And he was very quiet. My mother says my father ran the show, but she ran the show. He supported the family. He didn't go out boozing it up or anything, but he just kind of sat in the basement. I virtually discussed nothing with him. Because he was like, it was hard to talk to him. And in some ways he was like, I don't know, not by his own intentions, I think he had a intention of being a good father, but he really didn't do the interacting he should have done. So it was almost in some ways like living in a single parent family.

Fathers generally were not involved in the pregnancy decision-making process other than providing background support. The women's siblings were involved in a similar fashion.

Relationships with Siblings

Although the participants perceived minimal sibling influence on the pregnancy decision-making, overall sisters had more influence than brothers. One participant's younger brother had no idea that she had even been pregnant. Participants were most influenced by their sisters' general behaviors or lifestyle.

Participants sisters did not play an active role in the pregnancy decision-making process. Sisters were reported to be sources of information about sex or contraception before the pregnancy, but were not involved in the pregnancy decision-making process. The lifestyle of sisters who were single mothers was influential in that the participants knew the difficulties the sisters went through as single parents and did not want to raise a child under similar circumstances.

Two of the participants relinquished their newborns to sisters. Neither described the relationship in great detail nor indicated that the sister had much influence on the

pregnancy decision-making. In both cases, the participants' mother approached the participant and suggested that she consider allowing the sister adopt the newborn.

Family members such as fathers and siblings seem to have exerted minimal influence on the pregnancy decision-making process. However, the participants' relationship with her mother played a key role in the process.

Relationship with Mother

Each participant spoke of the relationship with her mother. The quality of the mother-daughter relationship varied among the women and across time. There was an underlying tone of sadness as the participants described their mothers and their past and present relationships with them. At time of the pregnancy decision-making, the relationships were described as strained. The mothers were described as controlling, non-nurturing, unsupportive, a person to be feared, or a person not interested in the participant as a person. They described their mothers in a variety of ways. The following quotes from the data illustrate this point:

> "My mother was maybe not a manipulator, but she was definitely a controller. I was afraid of my mother"
>
> "My mother never really was a mother. I've never felt my mother knew who I was or cared to know who I was."

The relationships the participants had with their mothers influenced the amount of support they received from mothers during the pregnancy decision-making process and during the pregnancy.

Support from mother.

None of the women felt they received they type of support they felt they needed from their mothers while they were making their decision to relinquish their newborns. Although they generally felt their mothers were not emotionally available to them, there was a wide range of experience in this category. Some of the participants were later able to resolve the issues they had with their mothers and received support after the pregnancy decision-making process.

Two of the participant's were unable to resolve their issues with their mothers. One participant felt that her mother forced the decision on her. She felt her mother gave her no support nor choice and made her feel worthless and shamed. The participant was literally hidden from the world in her bedroom until she delivered. She described her mother as being so controlling and insensitive to her needs throughout her entire life, that when her mother finally died she said, "I felt a little weight lifted off my shoulders... because even though she was almost 87 years old she tried to exert her power.... I wasn't that upset...because she can't control me anymore."

Another participant described her mother as non-nurturing and as "never really a mother". At the time of the pregnancy decision-making the participant reported that although her mother was not upset by the pregnancy, she was not emotionally available to her. "Both my parents were really nice....except when it really came down to it. She wasn't really there."

At the time of interview, neither of these participants reported having resolved the issues surrounding the pregnancy decision-making and adoption with their mothers. Both remained isolated from their mothers and had no desire to be close to them. These two

seemed to have the most difficulty resolving their issues related to the relinquishment of their newborn.

Data from the three other participants revealed that though the relationships with their mothers were difficult during the pregnancy decision-making, they have since made peace. Though the mothers were not supportive in a way the participants needed them to be during this time, the relationships healed once the mothers were able to be supportive. When the mother-daughter relationship was restored before the adoption took place, the participant's mother was able to provide support and share the impact that the decision has had on the birthmother. The mother is now viewed as "really like my best friend". One participant still does not have what she perceives as a supportive relationship with her mother, however she was able to integrate her mother's faults and behaviors towards her and accept her mother for who she is.

The importance of the mother-daughter relationship is evidenced by the following quote from the data. This mother-daughter relationship remained strained for 35 years. Once the mother acknowledged her lack of support for her daughter and offered support, healing began and the relationship started to mend.

> I think what it's done is allow (cries) them to confront their responsibility. And my mom said "You know we didn't support you. We didn't take care of you" And I said, "That's right Mom, you didn't but that's OK because you didn't know how." And they were concerned more about their own needs rather than mine.

When it was not possible for the participant to obtain the support she needed from her mother, the mother's behavior was described as part of who the mother is. This

allowed the participant to accept that her mother was simply not able to give her the support she needed.

> I really appreciate who she is, but I don't appreciate the interactions. She could never appreciate who I was as a person….I've never felt my mother knew who I was or cared to know who I was, she just wanted me to be who she wanted me to be.

The relationship with the mother was found to be important in this study. Each participant perceived the relationship with her mother as being strained at the time of the pregnancy, and none of the mothers were perceived as being supportive during the pregnancy decision-making process. It is interesting to note that the women who have since reconciled their mother-daughter relationship are the ones who seem to be most content with their decision to relinquish their newborn.

Another important relationship identified in this study was that with the fathers of the baby. They, too, were seen as not supportive during the pregnancy decision-making process.

Relationship with the Father of the Baby

The relationship with the fathers of the baby (FOBs) was important. Four of the 5 participants reported that they were in love with the FOBs when they got pregnant. But now, as they describe them, they do not view them or the relationships as being positive. Descriptions of the FOBs are as follows:

> "He was such a jerk. We had a really bad relationship. Some of the stuff he used to say to me that stayed with me and messed me up, makes me really angry."

"Looking back, he was just really, like a really bad person."

"He was a total jerk.... I think he was white trash.... He didn't really care that much about me. He just needed to satisfy his animal instincts"

The participants reported being in committed relationships with these young men and two even had plans for marriage. However one participant reported that she had been friends with him, but her pregnancy was the result of a one time event when she felt as if he forced himself on her. None of these young men stayed with the participants while they were pregnant. Two initially offered to marry the participant, but in the end did not stay for the delivery of the baby. In fact one of them actually impregnated and was engaged to another woman before the participant delivered their baby.

Several of the FOBs wanted the participant to have an abortion. These participants reported that they were not able to abort the baby of the man they loved. The FOB's desire for an abortion left the participant feeling betrayed and angry.

Some of the FOBs were more worried about what their family and friends would think of them than about the welfare of the participant or the child. The participants felt very angry that the FOB could be so selfish and consider his own feelings above her and the baby. Examples of this from the data include:

"And he said 'I could never tell my parents about this'"

He was mortified and wanted me to have an abortion...."I don't want my friends and parents to see you. This is shocking and they would be so shocked."

He said he'd prefer an abortion over an adoption because it was like giving away our baby. Which never made any sense to me. He'd rather me get rid of it than have someone else raise something that we made.

Regardless of the relationship previous to the pregnancy, all of the FOBs left the participants during the pregnancy and were not supportive of the pregnancy decision-making process. None of them had contact with the baby. Although the participants reported being in love with the FOB at the time of the pregnancy, when the FOB did not support the participant during the pregnancy decision-making process, the participant changed her view of him and their relationship. The participants reported feeling very angry at the FOB.

Anger at the FOB.

Most of the participants reported feeling angry at the FOB during the pregnancy. The FOBs were not perceived as supportive during the pregnancy decision-making process and the participants felt abandoned and betrayed. They were all very angry with him for leaving. Many of them reported wanting to seek revenge by telling his family and one participant even said if she saw him now, she would "run him over with my car".

One participant who was not angry with the FOB at the time of the interview was the only one who had contact with him after the relinquishment. She admitted that envisioning his life in a certain way made it easier for her to accept the situation. She described her feelings this way:

> When I look at where he probably went versus where he would have gone if he had stayed with me, I think we would have had a better life together....I can just see him sitting in the suburbs. Miserable. Maybe that's one way of my way of not feeling as bad kind of thing; that I have to make the situation seem worse.

The relationship with the FOB was significant in that none of them stayed with the participant. It is interesting to note that all of the participants mentioned a desire to be able

to raise the newborn in a two-parent household. Possibly the FOBs absence was the most influential factor on her decision to relinquish her newborn.

The personal belief systems and relationships with significant others were important influences on the participants' pregnancy decision-making process. The participants identified other important influences on the process. These will be described in the next section.

Social Meaning of Decision-Making

The social meaning of decision-making involves the influences the participants perceived coming from society, outside of their own personal beliefs and relationships with their significant others. Social meaning includes perceived peer influence and religious attitudes.

Peer Influence

Peer influence refers to the perceived attitudes and support or lack of support received from friends and others in the same age group. None of the participants felt they had support from their peers. The participants were either still in high school or had recently graduated. The amount of peer contact varied, but even the participant who had significant peer contact felt she lost their support once she became pregnant.

Once the participant became pregnant peers could no longer relate to her because they no longer shared a similar experience. One woman was still in high school when she became pregnant and illustrated her experience this way:

> It's just amazing how all of your friends who were there for you when you're dating are great and then you become pregnant and they all leave. It's funny how like when you're having sex they're there and they want to hear all the details and

> then when you get pregnant they're not there anymore because now you're pregnant.

Friends who were present before the pregnancy did not stay once the teen became pregnant. Because the participant had gone beyond the parameters of the peer group, she did not feel able to stay with them. Also, the peers ignored her.

The other participants were in new living situations; three were in new school situations and one had just returned to the United States after living abroad. They had not formed close friendships at the time of the pregnancy except with the father of the baby. Consequently none of them felt there were any peers with whom to discuss their situation. Therefore had no influence from peers on the pregnancy decision-making process.

One participant did have contact with a peer group while she finished school at a maternity residence. All of her peers were pregnant and planned to parent their newborns. The participant did not agree with the peers' opinions. She felt the other young women were "really stupid" for wanting to parent their newborns. "'Cause they would just sit around and, you know. They had no place to live. They were living at the house that the school had and had no family. Really nothing and thought it was going to be great."

The peer group did not have a strong influence on the participants' decision-making process. Either the participant did not have much contact with the peer group or did not agree with the opinion of the group. The other attribute of the social meaning of decision-making was religious influence.

Religious Influence

Religious influence refers to the influence the attitudes of the church had on the participants pregnancy decision-making process. This differs from religious beliefs in that

this describes the perceived attitude of the church and its membership, not the participants' own personal convictions.

Four of the participants were raised in the Catholic church and one was raised Baptist. The only participants who mentioned that the church's attitude was influential in their pregnancy decision-making process were the two who relinquished their newborns over 30 years ago. They were raised in what they described as strict religious families, one Baptist and one Catholic. Both were worried about what people from the church would think. But this influence was minimal and only one piece of the decision to relinquish the newborn.

The other participants who relinquished at a later time period did not feel compelled to worry about what the church thought about their pregnancy, hence the church's attitude was not even a consideration. It is interesting to note that all four of the participants who were raised Catholic have since left the church and are not involved with any church at present.

PREGNANCY

The dimension of pregnancy describes the emotions and events the participants reported to be important while they were pregnant. It includes both the personal and social meanings of pregnancy. The personal meaning of pregnancy describes the participant's reactions to the pregnancy. The social meaning of pregnancy describes how the participants perceived others' reactions to their pregnancy and the results of those reactions.

Personal Meaning of Pregnancy

The dimension of the personal meaning of the pregnancy describes the participants' own emotions related to the pregnancy. It includes the attributes of reaction to being pregnant and attachment to the pregnancy.

Reaction to Being Pregnant

None of the participants were expecting to get pregnant. One participant said, "It's not going to happen to me". The range of knowledge about how to get pregnant varied. Some of the participants used condoms with their partners occasionally, but none were using any form of birth control specifically to prevent pregnancy at the time of conception. When they realized they were pregnant, the reactions varied but they were all surprised. Words to describe their reaction were "denial", "disbelief", "catastrophic", "shock", and "scared". The participants who reported feeling in love with the FOB were initially pleased with the news because they believed that he would be supportive. However, once they told him and he decided to leave, they were all shocked and scared. It was at this point the participants started the pregnancy decision making process and chose to relinquish their newborns. The decision to relinquish influenced the way they attached to the pregnancy.

Attachment to the Pregnancy

Attachment to the pregnancy describes how the participants allowed themselves to feel about the pregnancy and how aware of the pregnancy they allowed themselves to be. The participants reported not attaching to the pregnancy. Each of the participants was aware of changes in her emotions, the ways in which being pregnant changed her body, and the way she felt about her body. However, there seemed to be a universal attempt to stay detached and not to bond with the baby. The degree of awareness of the pregnancy

ranged from denying any feelings of attachment, to being aware of the physical changes and finding them intrusive, to acknowledging dreams and talking about how the baby moved inside of the participant's womb. Regardless of the level of awareness, the attachment was reported to be minimal.

The denial of attachment was reported to be due to having such negative feelings about being pregnant. The pregnancy was viewed as such a negative event that in some of the participants all memory of being pregnant and feeling the baby move was erased. But even when the memory of the baby moving was still present, feelings of attachment were denied. Some of the participants reported remembering being pregnant as intrusive while all this "weird stuff" happened to her body. One participant described feeling as though she had "a little larva growing inside" of her. But acknowledgment of the presence of the baby did not enhance attachment.

Denial of attachment was also reported to be a means of protection from the anticipated pain of loss for the participant. One participant reported that "Once I decided that that was what I was going to do, I never thought differently….I never thought again, like, Oh I want to keep the baby. I just never had any of those feelings."

Feelings of isolation were also reported to deter the participants from attaching to the pregnancy. There was no one in whom to confide nor discuss the changes taking place. Even participants who described behaviors associated with attachment to the pregnancy such as dreaming about the baby, talking to the baby or talking about the baby moving inside of her denied feeling attached to the pregnancy. One participant realized that her body understood the natural process of preparing to become a mother and that by relinquishing she would be losing a part of herself. She illustrated this point this way:

"So the body goes through this whole process. And your body is ready to, to embrace this child. And you, you never do it. So there's this whole piece of you that has been detached. (Starts to cry) And you have no way to recover it."

Regardless of the degree of awareness of the pregnancy, the amount of reported attachment was minimal. The most cited reason for not attaching to the pregnancy was the negative feelings associated with being unmarried and pregnant. These negative attitudes led to the participants feeling a need to hide the pregnancy and feelings of shame and guilt. These feelings comprise the social meaning of the pregnancy.

Social Meaning of Pregnancy

The social meaning of pregnancy includes feelings perceived by the participants because of influences and attitudes from family and society. These dimensions includes the attributes of shame, guilt and embarrassment and truth, secrets and lies.

Shame, Guilt and Embarrassment

Shame, guilt and embarrassment refer to the degree to which the participants described these feelings about their pregnancy. The degree of shame, guilt and embarrassment ranged on a continuum from extreme shame and guilt to feeling a little embarrassed to feeling neither.

The participants reported that feelings of shame came from family and social attitudes and others' expectations of them. The feelings of guilt were strongly associated with the church's attitudes. The strongest feelings of shame came from the participants who's mothers were the most disappointed and disproving of the pregnancy. One participant reported that her mother said the she had expected better and was very angry with the participant. The other members of the family were perceived as sources of shame

as well. Another participant reported feeling that her brother was very disproving and that he was even a bit embarrassed by her pregnancy at his wedding. She reported that this made her feel ashamed.

Social pressures were also perceived as sources of shame, especially for the participants who relinquished during the era when single mothers were not acceptable. One participant felt she had gone beyond her own boundaries of what she was raised to believe was appropriate behavior and that when she was caught, i.e. pregnant, she felt ashamed. She illustrated this point by saying "I had stepped so far out of bounds of what I had been raised to believe was right and wrong".

One participant denied feeling shame but was embarrassed because it had become evident that she had been sexually active. She became pregnant more recently when teenage pregnancy was more common and no longer carried a strong social stigma.

When no shame or guilt was perceived it was because the participant was able to realize that "the idea of shame and guilt came from other people". The societal and familial expectations did not inflict these negative emotions on the participant.

Social and family attitudes influenced how the participants felt about their pregnancy. These attitudes caused varying degrees of shame and guilt and hence made the participants feel it was necessary to keep the pregnancy a secret and tell lies to protect themselves.

Truth, Secrets and Lies

Truth, secrets and lies describes the amount of deception that surrounded each of the participant's lives because of the pregnancy and relinquishment of her newborn. All of the participants described some amount of deception surrounding the pregnancy and

relinquishment either in that they were lied to about the relinquishment, lied to by the FOB about his intentions or they felt this was a secret that they could not share with others.

Some of the participants were lied to about the details of the relinquishment. In one case the identity of the adoptive parents was so well hidden that the participant had no idea her son was being adopted by a couple who was very close to her. She felt a great deal of betrayal at this deception when she found out years later. Another participant who relinquished to her sister was told that her daughter would be made aware of who her birthmother was. However, this family went to lengths to hide the fact that the participant was pregnant. The sister of the participant pretended that she was pregnant. The child was told she had attributes of the husband's family and was never told about her birthmother. The participant reported feeling much anguish at having to keep this secret alive inside of her.

Each participant felt that the father of the baby had lied to her. This was especially true when the father of the baby was initially supportive of the pregnancy. None of them kept his word and all left the participant before she delivered the baby.

Many of the participants felt a need to keep the pregnancy a secret and to hide from friends while the were pregnant. They went away to stay with another family, to a school for other pregnant teens, or stayed locked up at home while family lied to friends when they called.

The participants reported feeling they had been lied to about the details of the relinquishment, and they needed to keep the pregnancy a secret. This feeling of deceit influenced how they have lived with their decision to relinquish their newborn. However, no amount of lies or deceit dulled the memory of the birth of their babies.

THE BIRTH

The actual time of the birth was important to all of the participants evidenced by their ability to recall the events and emotions they experienced at that time. The dimension of the birth will be discussed as the social and personal meanings of the birth.

The Social Meaning of the Birth

The social meaning of the birth refers to the attitudes of hospital staff the participants perceived while they were in the hospital giving birth. The participants reported feeling that the doctors and nurses were very judgmental and rude to them while they were in the hospital. Many of them questioned whether or not it was common for hospital staff to be critical and cold to young unmarried mothers. They recalled with frustration how the nurses told them what to do and how they tried to make decisions for them. One participant recalled how the nurses were not going to let her see her daughter but that a nursing student brought her daughter in to her so she could hold her. This participant is still grateful to that student and has gone on to become a nurse herself. The perceived attitudes of the hospital staff added to the perception of shame and grief the participants experienced, but was overshadowed by the personal meaning of the birth.

The Personal Meaning of the Birth

The personal meaning of the birth refers to the way the participants perceived the actual birth process and the events which were perceived as important. The most striking finding of this dimension was the intensity of the recall the participants had of the actual birth. The participants who spoke of the birth described either the event or the emotions they felt in vivid detail. All of the participants expressed the importance of touching their babies, whether they had been able to or not.

Birth Memories

Birth memories refer to the way the participants recalled the birth of their newborns. There was a range of how much was recalled, but always the intensity of emotion was present. Some shared details of the physical aspects of birth, the pain of labor and the instruments the doctors used to assist the birth. They described when and if they first saw their newborns and described how their babies looked and how it felt to hold them or not to hold them. Most of them recalled the moment of the relinquishment and how painful the separation was for them. One participant who had a closed adoption 35 years ago was not allowed to see her son. She gave a powerful description of the emotions she experienced during the birth and relinquishment:

> "[They] put me under anesthetic, at the time of delivery you know the time of his birth. And I do know that when I was conscious, they, I asked whether it was a boy or a girl and they told me that it was a boy. And then they the only thing I remember is them giving me these papers to sign and it just seemed like it was 'right then'. And who 'they' were, I don't know. But I don't know whether the terror was um inside or outside. (Starts to cry) But I just remember the screaming. But I don't know. Maybe I never expressed it. 'Cause I think right at that moment I wasn't, I had been, you know, when you go through a childbirth anyway it's, it's an incredible physiological, emotional experience."

The participants were able to recall the birth and the emotions associated with it. They also expressed the importance of touching their newborns.

Touch

Touch refers to touching, holding and viewing the newborn before relinquishing. The participants all commented on the importance of touching and holding their newborns, whether or not they had been allowed to see the newborn after the birth. They perceived that either it did or it would have allowed them to let go a little easier. One participant who was not allowed to see her newborn felt that it would have been helpful for her. She compared the experience of birthmothers today and how she perceives them to have more support than she had. She said the most important difference was that "at least they got to hold the child. I don't know if that would have made any difference. But to just never be able to touch him."

Another participant who had a closed adoption did see her newborn. She felt that it was beneficial for her and allowed her to let go:

> And then I just wanted to make sure all of her toes, you know, all of her toes were there....Does she have ten toes all in the appropriate spots and 10 fingers and you know. I think if I hadn't held her there would have been more of an emptiness. You need to. You need to know she's all right. There's that last little thing, well if she's not all right, then I can keep her. Because if she's not all right maybe no one else will take her so I need to keep her. So that last thing, I guess I can't keep her."

Even the participants who had adoption arrangements where they were able to see their newborns recalled touching, holding and even breast feeding their newborns. This contact was reported to have made the birth seem more real and allowed them to say

goodbye with more conviction. Touching the newborn was perceived to ease the pain of living with the decision to relinquish.

LIVING WITH THE DECISION

The impact of living with the decision to relinquish their newborns was the most powerful finding of this study. Though the influences on the decision-making were important, the ways in which the participants' lives were affected was most striking. There was a pervasive and enormous sense of grief. The decision to relinquish the newborn and the amount of grief that it caused affected almost every other area of the participants' lives including the way they attached to other pregnancies, how they mothered other children, and their sense of self worth. The dimension of living with the decision includes the personal meaning of the living with the decision, strategies of coping and the consequences of the decision.

The Personal Meaning of Living with the Decision

The personal meaning of living with the decision to relinquish the newborn refers to the most prevalent emotions the participants identified they have lived with every day since the adoption. These emotions are sadness, grief and loss and anger. The decision was a very difficult one to make but even more difficult with which to live. The amount of pain surrounding the relinquishment was lasting and characterized by anger, resentment and disillusionment.

Pain, Loss and Grief

Pain, loss and grief refers to the emotions the participants described having to live with since the adoption. The pervasiveness of the persistent grief is perhaps the most clinically significant finding of this study.

Pain

As the participants spoke of their experiences, it was striking that the recall of the pain was so vivid. No matter how much counseling or healing had been done, when the women spoke of the loss of their children, the rawness of the pain could be felt. The depth of pain felt was so great that it elicited fear in the women. The pain did not go away. An example from the data illustrates this point:

> "I do remember that feeling of terror and it would be interesting to know if that's, if, if I, you know, was audible in this or not….Nothing takes this pain away. Time may let it ease, but it never goes away."

The participants who were able to maintain contact with their newborns reported that living through the child's stranger anxiety phase was exquisitely painful. They had been able to see and know the child up through this normal developmental stage. It had been a few months since the participants had seen their children. The children saw the participants but did not recognize them. The participants hearts were pierced when the child ran to adoptive mother crying "Mommy, Mommy".

Loss

The amount of loss identified was also striking. Not only did the participants lose their children, but they lost relationships with family and friends. They lost the love they had with the father of the baby. They lost dreams for their futures. But most importantly they lost their identity as mothers. When women become pregnant, they prepare themselves for the natural progression from being a individual to being a mother. Without their newborns, they were not able to complete this process and hence did not have this identity. This piece of data illustrates this point:

> "So the body goes through this whole process. And your body is ready to, to embrace this child. And you, you never do it. So there's this whole piece of you that has been detached. And you have no way to recover it….I was a mother without a child"

The sense of loss causes grief and a need to mourn. The next section will describe the participants' grief process.

Grief

Grief is the feeling of deep sadness caused by a loss and the ability to mourn that loss. The participants all reported feeling the deep sadness. However their ability to mourn the loss was often limited and actively discouraged.

The participants all expressed a deep sadness over the loss of their child. However they were not able to grieve the loss in a way they perceived as helpful. Some of the participants reported feeling that they were not allowed to grieve nor were they worthy of grief. They were told to forget the experience and to "just go on like it never happened". Some of them were able to do this, to just go on with their lives and to pretend that they never had given birth, but only for a while. Eventually the grief had to be acknowledged. This acknowledgment came at different rates and at different times, but each of the participants was confronted with her grief. Each also reported that grief has been an on-going constant in her life regardless of how many times she has dealt with it.

None of the participants reported being able to grieve immediately. It took another event in their lives to make them realize that they were entitled to grieve because they had suffered a huge loss. One participant experienced her grief in the form of recurring illness around the time of the daughter's birthday. She felt like she was dying or had a major

chronic illness. It was an astute health care provider who was able to understand this and help her begin her grieving process. Another participant repressed the memory of her son until he found her 35 years later. Since that time she has since been able to begin the grieving process and start to heal. For another participant it was the birth of her next child that made her realize the reality of losing her first child and enabled her to start her grieving.

Participants who feel that relinquishing their newborn was the best choice they could have made at the time still feel a huge sense of loss and grieve on a daily basis. Only one participant reported an event that lessened the grief she felt over relinquishing her newborn. That was the death of another child.

Some of the participants expressed a desire to have some sort of ritual to help let go of their newborn, a funeral of sorts to bury the dreams they had. They felt that this would have helped them grieve and really go on with their lives.

The participants were not allowed to express their grief after they relinquished their newborn. However no matter how hard they tried to deny their feelings, the feeling of grief eventually needed to be expressed. The suppression of the grief caused them to feel anger.

Anger

All of the participants reported feeling very angry at some point since the relinquishment and most of them continued to feel angry. One participant reported that though she tried not to be angry that "it was kind of a war raging inside of me that I didn't even know was there." The anger was directed at many different people, the father of the baby, her mother, the adopting sister and even the participant herself. When the participant

was angry with herself it was because she had allowed herself to get into this situation in the first place. The only participant who reported not feeling angry anymore had revisited the father of the baby and "closed the door". She also has been able to forgive her mother.

Consequences of Living With the Decision

The participants reported that the decision to relinquish their newborns had a lasting impact on their lives. The consequences of living with the decision affected the participants' self esteem, the way they experienced other pregnancies and the way they parented other children if they chose to have more.

Self Worth and Self Esteem

Self-worth and self-esteem are terms used to characterize how the participants described themselves and their sense of value. The events and attitudes surrounding the pregnancy and relinquishment had a detrimental effect on the sense of worth and self esteem for all of the participants.

The participants' view of themselves before they got pregnant ranged from being a "good girl" to being a rebel. Most of them felt that dating the father of the baby and getting pregnant were the result of going through a rebellious period. Regardless of describing themselves as a good girl or a rebel, the participants felt they were ready to experience life and felt that being in love and being sexually active would help them achieve that goal. All of the participants also reported that they felt that they had always been resourceful and able to get themselves out just about any situation. But when they realized they were pregnant and alone, they lost that sense of strength.

After the relinquishment a number of factors influenced the participants' self worth and self esteem. Parental, family and social attitudes were cited as sources of lowered self

esteem and worth. But the most powerful reason the participants cited for lowering their sense of self was because of the perceived need to keep such a major event in their lives a secret.

Some of the participants reported that their parents' reactions to the relinquishment caused them to feel bad about themselves. The parents did not support the participants the way the participants needed and said things to make the participants feel "stupid" and "bad". After describing how her parents treated during the pregnancy one participant said "What does that do to your self image?... You're really a bad person if this is the way you're being treated."

The participants who relinquished to their sisters reported a lowered self esteem and sense of worth. Seeing their sisters have a husband, a house and their child left them with a feeling of having nothing. It seemed to them that the sisters had everything including the support of the parents. One participant reported feeling like "I was nobody....ZIP".

Perceived social attitudes were also reported to lower self esteem and self worth. The participants reported being aware of how people around them viewed young single mothers and that this attitude made them feel bad about themselves. Some of the participants also reported comparing themselves to their cohorts and wondering what they had done so wrong to deserve this burden. They were also concerned that they would no longer be desirable to other men and they would have to settle for whomever would love them. Some of the participants reported that this affected their esteem so much that it also affected whom they chose to marry. One participant reported that she feels so "damaged"

that no one would want her. She said “I already have scars. I’m already scarred. Who wants a scarred woman?”.

The result of feeling that their parents and society did not approve of them resulted in the participants feeling a need to hide this part of their lives. Some of the participants reported that keeping this a secret from the rest of the world made it difficult to relate to others as friends and lovers. The sense of having to hide a part of who they were made them feel that they must be bad.

Effect on Other Pregnancies

The effect on other pregnancies refers to the way the participants perceived relinquishing their first born affected subsequent pregnancies. The participants reported that the relinquishment of the first born child had a tremendous impact on subsequent pregnancies. It affected the way they attached to and viewed the pregnancies.

Relinquishing the first newborn had a range of impact on subsequent pregnancies. Some participants reported that it lessened their ability to enjoy other pregnancies and others reported that it made the desire to become pregnant and the bonding more intense.

Some of the participants reported that relinquishing their first newborn had a negative impact on their ability enjoy other pregnancies. They associated pregnancy with negative emotions. Evidence from the data to support this is as follows, “. “It took away from, it took the joy, a little bit of joy away from um pregnancy because pregnancy was sort of a bad, shameful thing.” One of these participants became pregnant shortly after relinquishing. Though she was in a relationship with her current husband, she was not ready to parent. Nor did she feel she could go through the trauma of relinquishing again. She did not want to "live through not knowing again”. So she had an abortion.

One participant not only found it difficult to attach to her other pregnancies, but she felt that God was punishing her by giving her only boys after relinquishing her daughter. Another of these participants felt she was not yet ready to have other children.

The other participants reported that relinquishing their newborns intensified their desire to have another child and their ability to bond to subsequent pregnancies. One participant recalled how intense her connection was to her second child:

> "You know, actually, I remember, you know feeling at that time like that was my first child. And at times I refer to that as my first child. It was like I wiped it out, oh I just remember with my son, just the intense connection and love and not being able to put him down. I think really probably stemmed from the loss of my first child, but I never really understood that."

Another participant was so happy to be pregnant again that she became really excited when someone acknowledged that she was showing. It was a source of joy for her that she did not have to hide this pregnancy. However, the participant reported that this pregnancy made her realize what she had lost when she relinquished her son.

The participants reported that relinquishing their newborns affected the way they experienced their other pregnancies. Relinquishing also had an effect on the way they parented their other children.

Parenting

Parenting refers to the way the participants perceived relinquishing their newborn affected their subsequent parenting style. The participants who have parented since reported that relinquishing has had a positive impact on the way they have parented their other children. Part of the pregnancy decision-making process was to think about and

define what being a mother meant to them and how they wanted to parent. They now make conscious decisions about their parenting style and are very protective of their children. Some of the participants said they did not want to parent like their mothers and have been able to avoid that because of the relinquishment. Some of the participants reported that because they lost their first born, they better appreciate their other children and are able to be more cognizant of their parenting style. One participant reported that she started talking to her other children right after they were born because she did not want to wait until they were teens to establish communication. She also hugs them a lot. She hopes this will prevent them from feeling the need to reach out for sex to get the attention she never got from her mother. She wants to protect her children from going through the pain she went through.

The participant who has not had other children reported evidence of parenting even though she is not raising any other children. She has dreams about her son and worries about his safety. She worries about whether or not he will have trauma because of her decision to relinquish him. Even though she did not parent her son, she still has the maternal, nurturing instincts that mothers have. These feelings did not disappear just because she is not parenting.

Strategies for Living with the Decision

Strategies for living with the decision refer to the ways in which the participants reported coping with lasting effects that the relinquishment has had on their lives. These strategies include acknowledgment, forgetting, moving on, closing and forgiving.

Acknowledgment

The most striking strategy for living with the decision was acknowledgment. Acknowledgment refers to the participants' desire to have their experience as a birth mother recognized by others. Each of the participants wanted to be able to tell others without hesitation, and some 'to scream to the world", that they are birthmothers. They wanted their pain acknowledged by others.

It was interesting that all of the participants started the interview with the disclaimer that their situation was unique. All of the participants reported that they were not allowed to acknowledge to others that they were mothers. Regardless of the circumstances of the relinquishment, the participants felt this was a part of them they could not share with others because nobody wanted to hear their story. A quote from data illustrates this point, "Hush, hush, no one wants to talk about that. It's not something you like meet on the street and go like 'Hey, I'm a birth mom'".

Some participants reported feeling left out of conversations when other women spoke of their children. They had a strong desire to be able to speak out and tell others about their experience. Evidence from data illustrates this point:

> It always comes up, inevitably. About children. Like where I work. Who has kids and who doesn't. And I feel like saying, yea, I do. Yes, I am a mother, kind of.....I've had that experience. I mean it's a big experience. It's different than not having been a mother."

Some of the participants reported feeling proud of having given birth and becoming a mother even though they had chosen not to parent. They reported a sense of

disappointment when no one acknowledged their experience. Evidence from data to support this is as follows:

> "It was like in a way you're proud of what you just produced. I couldn't tell anyone. It wasn't like a celebration....It wasn't like MY celebration.

Some of the participants reported that after they had kept their secret for so long, they finally could not keep it in any more. Once they started telling people, they did not want to stop. They wanted the world to know that they were mothers to their lost children and that they hurt. They wanted to be recognized as mothers and they wanted others to recognize their pain. Most importantly they wanted their mothers, adopting sisters and fathers of the babies to recognize their pain.

Acknowledgment was the most striking strategy for living with the decision. However there were others strategies that the women used to help them handle with their grief.

Forgetting

Forgetting refers to suppressing memories of the events surrounding the pregnancy and relinquishment. Most of the participants were told that the best way to deal with this event was to forget it. The range of forgetting was from total recall to total suppression of relinquishment.

Only one participant had total recall of the pregnancy and relinquishment. However, she was strongly encouraged to forget it so she could go on with her life. She felt that was "just so bizarre to think that people think that you can just go off for a week and that'll make you forget that you have become a parent". She did not want to forget that she was a mother.

All of the other participants forgot at least part of the pregnancy. Some of they things they described forgetting were the way they felt about the pregnancy, the baby's movements, who was present in their lives, and their prenatal care. Interestingly, they all recalled the birth. When asked why forgetting was important, one participant explained simply that it was a way for her to detach. One participant had suppressed the memory of her child so deeply for so long, that when her son found her she related that all those feelings of terror she had experienced after his birth once again welled up inside of her. The terror was as real to her at that moment as it had been 35 years ago. She related her experience to that of a holocaust survivor. "I remember reading accounts of the holocaust and repressed memory and thinking, Oh yea."

Forgetting allowed the participants to detach from their newborn and let go of some of the pain so that they were able to go on with their lives. Moving on with their lives was another strategy often recommended to them.

Moving on

Moving on refers to the strategy of continuing on with life as though nothing happened. This strategy was one that was recommended to most participants and one that was attempted by all. The range of the participants' ability to move on was from being able to move on initially to not being able to let go.

Some of the participants were able to move on with their lives and continue as though nothing happened. One participant reported she was able to do this by "wiping out" that part of her life. "It was like I wiped it out. That part of my life was gone." Other participants reported being happy to return to their former lives, to be a teenager again. Even though they missed the newborn, it was good to be out of the situation. Although

some of the participants were able to move on with their lives as though nothing happened, all of them eventually acknowledged that something did happen.

Other participants were not able to let go of the loss and had trouble going on with their lives. They reported being affected by depression. Each of the participants felt that having closure would help the process of letting go and moving on.

Closing

Closing is the process by which the participants would be able to find a place in their heart where they can put the memory and dreams of their newborn. They could revisit these memories and dreams when they feel a need or desire.

All of the participants talked about the importance of closure. The participants who have did not have closure wish they could. They reported they felt it might be help enable them to let go and go on. One participant asked for a step by step hand out on how to let go. Others suggested having a funeral service to bury the dream of the child or writing a letter to the child.

The participants who had closure were grateful that they had been able to let go. They felt that closing was healing for them. For one participant closure did not come until the reunion with her son. She realized what the loss and emptiness in her life had been. Even though she knew she could not recapture what was lost, she was able identify her pain and let it go. She describes her experience this way:

> "I feel like I've missed something here. And not that I want to keep going back to that but it's like I can't redeem that. It's gone. That block of time is gone…. There was always something that never healed until the reunion and now I understand just what it is. I still have a sadness. But I don't feel like I'm incomplete anymore."

Closing was identified as an important strategy for living with the decision. Another important strategy was forgiving.

Forgiving

Forgiving is the letting go of the anger and accepting past behaviors of those who caused pain. Some of the participants reported feeling that forgiving those who hurt them has helped to heal and live with the decision to relinquish their newborn. The most important person to be forgiven was the participant's mother. As noted earlier, the participants who had forgiven their mothers were the ones who seemed most at peace now with their decision to relinquish their newborn. Some of the participants reported that they were even able to become friends with their mothers once they forgave them and have since found a source of support in their mothers.

CHAPTER 5: Discussion

The results of this qualitative study identified important influences on a teen's decision-making process before she relinquished her newborn but more importantly described some of the long term impact of living with this decision. Through semi-structured interviews women who were teens when they relinquished their newborns described influences they perceived as important to their decision-making process as well as what it has been like to live with this decision. The influences identified were personal belief systems, relationships and social attitudes. Though these influences were variable, the impact of living with this decision was similar. The most profound impact was the extreme and pervasive amount of grief these women lived with on a daily basis. The decision also influenced their self worth, the way they experienced other pregnancies and how they parented other children. They also identified strategies that have helped them to live with the decision to relinquish their newborn.

PREGNANCY DECISION-MAKING

Major influences on a teen's decision to relinquish her newborn were identified in the interview data. The influences had personal and social meaning. The personal meaning of decision-making will be discussed along with the subdimensions of personal attitudes toward abortion, perceived sense of control, and relationships with significant others. The social meaning of decision-making will be discussed along with the subdimensions of peer and religious influence.

Personal Meaning of Decision-Making

The personal meaning of decision-making in this study included the participants attitudes toward abortion, their perceived sense of control over the decision and relationships with significant others; including her mother, the father of the baby, siblings, especially sisters, and her father. This section will describe these subdimensions.

Attitude Toward Abortion

The attitude toward abortion in this study was that abortion is a personal choice that should remain available to all women. Those who relinquished at a time when abortion was available knew they had a choice but either lacked the knowledge about how to obtain one or felt unable to abort the baby of the man they loved. The participants who relinquished at a time when abortions were illegal either did not consider it at all or wished they had known how to obtain one anyway. Other studies have found that young women making pregnancy decisions were afraid that abortion would cause pain and guilt (Custer, 1993; Tennyson, 1988). Farber's (1991) qualitative study of adolescent pregnancy decision-making among women who parented their newborns found that many of the participants had considered abortion. They did not choose abortion either because they sought care too far into the pregnancy to obtain one or they did not believe abortion was right. The participants in this study were not deterred from having an abortion by the fear of shame or guilt. These participants either lacked knowledge about or accessibility to obtain one or felt a sense of love and loyalty to the father of the baby.

Once the participants decided to continue the pregnancy, they started the process of deciding whether or not to parent their newborns. Some of the participants felt they had control over this aspect of the decision-making process; others did not.

Perceived Sense of Control Over the Choice to Relinquish

The perceived sense of control over the choice to relinquish varied among the participants in this study. Similar to Lauderdale and Bolye's study (1994) some of the women in this study who had an open adoption described a stronger sense of control than the women who felt their mothers or societal pressures forced the decision. Lauderdale and Boyle (1994) also found that those who had a stronger sense of control over the decision were better able to accept the loss. It was anticipated that in this study, this would also be true. However, those who felt they had more control over the decision still had a profound sense of grief and loss. It did not matter how much control the women in this study perceived they had over the decision, they all suffered from the loss of their newborn.

More important than the perceived control over the pregnancy decision-making process were relationships with significant others. The next section will describe these subdimensions.

Relationships

The participants in this study identified the important relationships influencing their pregnancy decision-making process as those with their mothers, the fathers of the baby and their sisters. The distinct meaning of these relationships was not clear and need further investigation.

Relationship with Fathers

The participants' relationship with their fathers was not influential on the decision-making process. This supports the findings of other studies that identified a lack of paternal involvement (Henshaw & Kost, 1992; Merrick, 1995; & Resnick et al., 1994).

However one study found that fathers' attitudes were influential on a teen's decision to parent her newborn (Farber, 1991). If the fathers were involved, the teens reported they were worried about the reaction to the pregnancy or the teen viewed the father as a source of support for the decision-making process. But none of these women felt there fathers were emotionally available nor perceived them as sources of support during the pregnancy decision-making process.

The fathers' influence on the participants' pregnancy decision-making process was minimal. Siblings were also found to have minimal influence on the process.

Relationships with Siblings

In this study sisters had an influence on the teen's decision-making. The lifestyles of the sisters who were single parents were viewed as a deterrent to parenting. The participants saw the difficulties the sisters and their children faced and knew this was not the life they wanted for themselves or their children.

The participants who relinquished to their sisters did not report that they were involved in the decision-making process. After the participants had decided to relinquish, the sisters were then chosen to parent. It was the mothers who suggested considering the sister and her husband to be the adoptive parents. The major finding of the relationship with the sisters who adopted the newborns was the amount of tension since the adoption. The participants reported now being upset with their sisters because they will not acknowledge the participants as birth mothers nor recognize the depth of grief resulting from the decision to relinquish. The participants also reported difficulty with the way the child has been raised. Arguments with these sisters center on the adoption and child

rearing techniques. Additionally these participants believe that they could have done a better job of raising their children than their sisters have done.

For those who relinquished to sisters, the adoption had long term impact on the sisters' relationship. Some of the sisters' lifestyles were reported to be one influence on the participants' pregnancy decision-making process. The mother-daughter relationship the participants was also important.

Relationship with Mother

The relationship the participants had with their mothers varied among the women and across time. However, the one thing they had in common was that none of their mothers were perceived as supportive during the pregnancy decision-making process. They all had strained relationships with their mothers at the time of the pregnancy. None of the participants felt they could turn to their mothers for information or support to help reach the decision whether or not to parent their newborn. Even though the participants reported strain and a lack of support from their mothers, this relationship was still very important. However, its meaning is not clear. The uncertainty of the meaning of the mother-daughter relationship is consistent with Merrick's (1995) findings in her study of African-American adolescents who choose childbearing as a career choice. She found the mother-daughter relationship to be important, but was unable to determine the meaning of this relationship. Tennyson (1988) also found the lack of support from her participant's mother to be important. Other studies of teens' pregnancy decision-making found that the pregnant teens who chose abortion reported their mother was a major source of support and influence on the pregnancy decision-making process (Resnick, 1992; Resnick et al., 1994). Farber (1991) found that the mothers of teens who chose to parent were

supportive of the decision-making process and of the option to parent. Possibly the lack of maternal support was influential on the participants' in this study decision to relinquish.

The lack of support from mother-daughter relationship was an important influence on the participants decision to relinquish their newborns. Another important relationship reported was that with the father of the baby.

Relationship with the Father of the Baby

Most of the participants in this study reported that they had been in love with the father of the baby when they became pregnant. They had hopes of marriage and families with these young men and had expected them to be supportive of the pregnancy. There was hope that the men would stay in the relationship and the participants could continue the pregnancy instead of terminating or relinquishing. They could not abort the baby of the men they loved. When the father of the baby decided to leave the relationship, these participants reported feeling shocked and angry. This is when the option to relinquish was first considered. It was important to all of these women that the child be raised in a two parent household and they were now unable to provide that. The lack of support from the father of the baby supported Tennyson's (1988) findings in her study of a woman who relinquished her newborn. This was not consistent with other studies that examined teen's abortion decision-making process and found the father of the baby to be the one most frequently consulted and most supportive (Henshaw & Kost, 1992; Resnick et al., 1994). However these studies did not look at teens who chose to relinquish nor the relationship the teens in their study had with the fathers of the baby.

The participants personal belief system and relationships with significant others were influential on the pregnancy decision-making process. The commonality throughout

this dimension was the lack of support perceived by the participants. Perhaps feeling isolated and alone made it difficult for the participants to envision having the ability to parent the child alone and thus contributed to the decision to relinquish.

Other important influences reported were the attitudes of others outside of the family and father of the baby. These are discussed in terms of the social meaning of pregnancy.

Social Meaning of Decision-Making

The social meaning of pregnancy decision-making process was identified as the participants described how the attitudes of others outside of their families affected the way they viewed being a young pregnant woman. The attitudes of others were important but their meaning was not clear and needs further investigation. The social meaning included the attitudes of peers and the church.

Peer Influence

Adolescence is the time in a person's life when peer influence is most important. According to the developmental literature teens rely on peer influence to form identity and make decisions (Blos, 1972; Erickson,1959; Muus, 1988; Resnick 1992) However this study found that peers were not perceived as influential on the teen's pregnancy decision-making process. None of the participants reported having any friends in whom to confide. Some felt they were now out of the bounds of the peer group because even though some of the peers were sexually active, none of them had become pregnant. Other participants reported being in new living situations where they had not yet established a peer group. The one participant who was living with peers who were also pregnant did not share the

same values they had. She viewed her ability to parent her newborn differently than the other teens at the maternity residence. Hence she felt isolated from the group.

Other studies have found that peers were an important influence in the pregnancy decision-making process (Henshaw & Kost, 1992; Resnick, 1992; Resnick et al., 1994). Whether or not peers had been pregnant or were parenting was cited as especially influential in these studies. However, the participants in this study did not find support from the peer group. Either they did not have a peer group or they did not feel a part of the peer group near them. Once again the participants in this study reported feeling a lack of support.

The lack of support from the peer group seems to have been influential in the participants pregnancy decision-making process. For some of the participants, the attitude of the church was important.

Religious Influence

None of the participants reported a strong faith in religion either at the time of the interview or when they became pregnant. Two reported that they had been raised in strict religious families and felt that the attitudes of the church they were raised had an impact on they felt about themselves when they found out they were pregnant. The church attitudes caused a sense of shame guilt and lowered self esteem, but was not a primary influence on the decision to relinquish the newborn.

Summary

Many of the findings in the dimension of pregnancy decision-making were not supported in the literature. These participants did not find their mothers, fathers of the

baby or peers supportive during the pregnancy decision-making process. Though these relationships were not supportive, they were important.

Overall the important influences on the teen's pregnancy decision-making process were the absence of the father of the baby, the participants' desire to provide a two parent family for her child, and her relationship with her mother. The precise meaning of the relationship with her mother was not clear in this study due to the small number of the participants. There was a consistent lack of support from all sources of influence for these participants. Though the intensity of the other influences reported varied among the participants, they were important pieces in the pregnancy decision-making process.

In addition to identifying influences important to the pregnancy decision-making process, the participants described their perception of emotions and events experienced during their pregnancies. The following section will discuss the dimension of pregnancy.

PREGNANCY

The dimension of pregnancy encompasses the events and emotions that were significant to the participants during their pregnancy. The attributes of this dimension were separated into the personal meaning and social meaning of pregnancy.

Personal Meaning of Pregnancy

The personal meaning of pregnancy describes the events and emotions the participants reported as being important while they were pregnant. The events and emotions include their reaction to being pregnant, how they attached to the pregnancy, feelings of shame guilt and embarrassment and truth secrets and lies that surrounded the pregnancy.

Reaction to Being Pregnant

None of the participants planned their pregnancy. None of them reported thinking about the risk of pregnancy. They reported knowing about and occasionally using birth control. When they found out they were pregnant, all of the participants reported feelings of shock and disbelief. They did not anticipate that they would become pregnant. This data is similar to Farber's (1991) findings that young women experience negative emotions when they discover they have an unexpected pregnancy. These findings are consistent with the 'personal fable' described by Elkind (1967). Elkind suggests that the teen has a sense of immortality and indestructibility resulting in a false sense of security in which the teen believes that nothing bad can happen to her. The participants in this study were aware they could become pregnant, but did not think it would happen to them.

For some of the participants finding out they were pregnant was catastrophic. They knew it would cause much pain and many problems at home. These participants delayed telling their parents longer than the others and tried to deny the pregnancy for as long as they could. Some participants were initially hopeful that the father of the baby would stay and support them through the pregnancy. Though they were shocked about being pregnant, they initially felt they could rely on the father of the baby.

The feelings of shock, denial, and fear associated with finding out they were pregnant influenced the way the participants attached to the pregnancy. The next section will describe the subdimension of attachment tot the pregnancy.

Attachment to the Pregnancy

Attachment to the pregnancy describes how that participants allowed themselves to feel about the pregnancy and how aware of the pregnancy they allowed themselves to

be. None of the participants reported attaching to the pregnancy. Some of the participants detached so much that they are not able to now recall what it was like to be pregnant with their firstborn. The amount of detachment was independent of the amount of contact the participant had with her newborn after the relinquishment. Others remember feeling the baby move and grow in them but viewed this as intrusive to their bodies. The lack of attachment was most likely a protective mechanism the participants used to lessen the perception of loss they anticipated after the relinquishment. This partially supports the findings of Lauderdale and Boyle's (1994) study of birthmothers which reported that birthmothers who had closed adoptions did not attach to the pregnancy whereas those with open adoptions did. In this study the degree of attachment was independent of open or closed adoption. However the perception that the baby was not theirs was similar in both studies.

Even though the participants did not report attaching to the pregnancy, they described experiencing some but not all of the developmental stages of pregnancy as described by Rubin (1975). The first stage identified by Rubin is termed seeking safe passage for herself and her child. In this stage a woman seeks care for her self and her child. The participants demonstrated this stage by finding ways to ensure the baby would be well cared for once they realized that they were unable to provide the life they felt the child deserved. The next stage ensures the acceptance of the child by significant others. Once the participants realized that the baby was not accepted by its father, they found a way for the baby to be accepted into a two parent family. The participant knew she was unable to do this herself, but was able find a way to ensure that the baby's needs would be met. The third stage is termed binding-in to her unborn child. None of the participants

were able to do this because of their own protective need to avoid attachment. However they did bind in to the needs of the child. The final stage termed giving of oneself can be viewed successfully completed by the participants who willingly relinquished their newborn. Ensuring that the newborns needs would be met even though the participants had to admit they were not able to meet those needs may be the ultimate expression of giving of oneself.

The personal meaning of pregnancy identified the participants' reaction to the pregnancy and their attachment to the pregnancy. The other component of the pregnancy dimension was the social meaning of pregnancy.

Social Meaning of Pregnancy

The social meaning of pregnancy encompasses the feelings perceived by the participants to be the result of attitudes and actions of family and society. The feelings identified were shame guilt and embarrassment and the need to hide the truth, keep secrets, and tell lies.

Shame, Guilt and Embarrassment

The participants experienced varying degrees of guilt shame and embarrassment. There was an association between the perception of guilt and perceived pressure from the participants' church. The attitude of the church members imposed a sense of guilt in those who perceived that they were raised in a strict religious environment. Other participants did not feel guilty, but they did feel ashamed or embarrassed.

The sense of shame was reported to be due to others' actions toward them as single mothers. When they were pregnant, attitudes of perceived judgment of their situation as a young single mother led them to feel ashamed. They feared their parents and

friends would not approve. Some felt being pregnant was an outward sign that they were sexually active and irresponsible.

The participants who relinquished more than 30 years ago reported feeling more guilt and shame than those who relinquished more recently. Societal pressure against unmarried pregnancy was stronger then than it is now. The younger participants reported feeling embarrassment rather than shame. Lauderdale and Boyle (1994) had similar findings in that their participants who had relinquished longer ago had greater feelings of shame and guilt associated with their pregnancy.

These feelings of guilt shame and embarrassment led the participants to feel a need to keep their pregnancy and relinquishment a secret. The next section will discuss the dimension of truth, secrets, and lies.

Truth, Secrets and Lies

The participants in this study reported that there were many forms of deception surrounding their pregnancy. Either they were lied to by people they trusted, or they felt a need to keep their motherhood a secret.

The participants were told lies by the father of the baby, their families and the people who adopted their children. The participants all felt they were deceived and betrayed by the father of the baby when he decided to leave the relationship. They felt he did not keep his promise of love when he abandoned them. Some of the participants reported that families went to great lengths to keep the 'family secret' which included lying to the participant about how the relinquishment and the raising of the newborn would be handled. The families also went to lengths to keep others in the community from finding out about the participant's pregnancy.

The participants reported the amount of deception that surrounded the pregnancy led to a feeling of lowered self worth. They also felt that they were not allowed to discuss this major event in their lives with family or friends. The expectation was that if they could pretend this event never took place, they could go on with their lives as though nothing happened. Trying to live this lie prevented them from feeling able to express their emotions or to even partake in conversations about being a mother. Even though they had gone through the process of being pregnant and giving birth they felt they needed to lie to the world about being mothers. The denial of this part of their identity contributed to the sense of loss, grief and lowered self esteem. This supported Lauderdale and Boyle's (1994) finding that the participants who felt they needed to hide their pregnancy had lowered self esteem.

The culmination of the pregnancy was the birth itself. No matter the degree of deception related to the pregnancy the memory of the birth was clear.

THE BIRTH

The dimension of the birth describes the emotions and events the participants reported they experienced at that time. The discussion is separated into the personal and social meaning of the birth.

The Social Meaning of the Birth

The major finding of the social meaning of the birth was that all of the participants perceived the hospital staff present at the delivery and post partum as extremely rude and cold. They could recall exact words, actions and facial expressions of the staff who assisted at their birth and cared for them post partum. The participants felt the hospital staff were prejudice against them because they were young, single mothers. This perceived

attitude of prejudice contributed to the participants' feelings of shame and their sense of loss.

The Personal Meaning of the Birth

The personal meaning of the birth refers to the way the participants recalled the birth of their child. The most striking feature of this attribute was the clarity with which the participants could recall the birth and the intensity of emotions they expressed. Even those who had repressed most of the other memories related to the relinquishment were able to recall the birth.

Those who had been allowed to have contact with their newborn spoke of their first moment together. They could recall how they their baby felt in their arms that first time. Each of the participants, whether or not they were able to see their baby, expressed the importance of being able to see and hold and touch their baby. Holding on to their newborns allowed them to let go. Those who were not allowed to hold their newborn stated that they felt it would have been beneficial in the grieving process. Lauderdale and Boyle (1994) had similar findings in that the participants who were allowed to touch their newborns were better able to resolve their grief. Women who did not see or hold their babies after a stillbirth have been reported to have a more difficult time with the grieving process (Kirkley-Best & Kellner, 1982). Evidence from other grief and perinatal loss literature also stresses the importance of allowing the mother who has a pregnancy loss to view and touch her baby (Covington & Theut, 1993; Gryte, 1988).

Regardless of the pregnancy decision-making process, the course of the pregnancy and birth, each of the participants reported difficulty living with the decision to relinquish their newborns.

LIVING WITH THE DECISION

The dimension of living with the decision describes the how the decision has affected the participants since the relinquishment. This dimension had only personal meanings.

Pain, Loss and Grief

The most profound finding of this study was the amount of pain, loss and grief the participants report living with every day. Regardless of their situation, whether or not they had control over the decision, how much contact they had with their newborn after the birth, it did not lessen the amount of pain loss or grief they experienced. One participant reported that only one thing eclipsed her pain of losing her newborn and that was the death of another child.

Pain

Each of the participants reported a significant amount of pain in relation to the relinquishment of their newborn. They all recalled with clarity moments that were significantly painful to them regardless of the amount of time that had passed. The pain never went away. They described a hole in their hearts where the child belongs and which will never be completely filled.

No studies were found that explored the pain birthmothers live with after they relinquish their newborns. The pain is intense and long-lasting, and is the result of their sense of loss.

Loss

The amount of loss identified in this study was striking. The participants not only lost their newborn but the love relationships they had with the fathers of the baby, dreams

they had for their futures, a sense of trust in the world, a part of their youth and innocence, and more importantly comfort with expressing their identities as mothers.

There seems to be an assumption that the loss of a child through adoption is different than a perinatal loss through death. The loss felt by these participants is no less valid than the loss felt by women who experience the death of their newborn. Relinquishment is another form of perinatal loss. The birthmothers went through the stages of pregnancy and gave birth. They are mothers who no longer have their children. This study demonstrated that even when the participants perceived having control over the decision and knew during the pregnancy that loss was eminent, they experienced a great loss. However, because of society's expectations, these women were not allowed to experience the loss. Hence their grieving process was affected.

Grief

The participants grieved differently and at different rates, but they all grieved the loss of their newborn. Some participants reported feeling that they were not allowed to, nor worthy of, grieving. This attitude only heightened their grief and made it more difficult to express. Some tried to ignore their pain and sense of loss, but eventually each of these participants were faced with their grief.

Most of the participants were confident that their decision had been in the best interest of both the baby and themselves. However, knowing that this was the was the greatest parenting decision they could have made at the time and that they gave a gift of life to another couple, themselves and their babies, did not alter the amount of grief they felt. There was little comfort in knowing that they had done the best thing when they were

longing for their baby. This attitude did not fill the hole in their hearts where their newborns belonged.

Having contact with their newborns after the adoption through open or familial adoption did not lessen the need for grieving. Even though these participants had contact with their newborns, they experienced the loss of the bonding that takes place between a mother and child. They watched another woman nurture and care for their child sometimes in ways with which they did not agree. These women felt the loss and needed to grieve as much as those who did not have contact. This is a different conclusion reached by Lauderdale and Boyle (1994).

Lauderdale and Boyle (1994) concluded that women in their study with an open adoption were better able to come to terms with their loss and grief. They felt this was demonstrated by these women continuing with their lives, working, forming new relationships and completing their education. The women in this study had all continued their education and work. All but one were presently married and had other children. The only participant in this study who was not in another relationship nor parenting at the time of the interview had a familial adoption and had contact with her child. Even though it appears externally that the women in this study came to terms with their loss by continuing on with their lives, it was apparent in the interviews that this was not true. It seems that successfully moving on may actually have been an alternative to grieving for these women instead of evidence that they had actually successfully grieved.

Each of the participants in this study experienced grief over the loss of their newborn. Though the grief was expressed in a variety of ways, the most powerful aspect of grief was that it never went away. No studies were found that explore the long term

grief experienced by women who relinquish their newborns. However, Brice (1991) described the experience of mothers who lose their children. He described their mourning process in terms of a series of 17 paradoxes rather than through stages of grief. The paradoxes are not linear nor hierarchical nor do all of them need to be experienced. However, Brice found that if the none of the paradoxes are experienced or are closed before they are resolved, then pathological mourning takes place. Pathological mourning occurs when a grieving mother cannot mourn because the " bereaved mother finds herself in an environment that disallows her mourning." (p. 11). Grief is never resolved but negotiated and integrated into one's life. But for the integration of grief to be successful, the mourning mother needs catharsis (Brice, 1991). She needs to be able to acknowledge and express her grief.

The women in this investigation demonstrated signs of pathologic mourning. They lived with the grief but did not feel that they were allowed to express it. Even though they went on with school, jobs, relationships and other children they still reported signs of depression, i.e., feeling chronically ill, having troubles with relationships, unresolved anger, and total repression of the memory of the relinquished child. The women in this study were now able to talk about their experience and their grief. They were able to talk about it and did not want to stop talking. They were trying to integrate successfully their grief into their lives. Kirkley-Best and Kellner's (1982) study of women who experienced a stillbirth supported the notion that those who delay expression of grief have more prolonged psychological symptomology than women who express their feelings.

When women delay expression of their grief they delay the integration of it into their lives. The societal notion that birth mothers can feel good about their decision and

can continue on with their lives does a great disservice to these women. Society applauds them for their selfless decision yet does not allow them normal, healthy grieving. The grief birth mothers experience due to the loss of their newborn needs to be recognized and supported by health care providers.

Anger

Anger was experienced by all of the participants. It was directed at all of the people they perceived as not supportive or who had hurt them. They were also angry at themselves for not living up to their own expectations of themselves. Anger subsided with time except for the anger directed toward the father of the baby and for a few, their mother. The participants who had resolved their anger had also forgiven their mothers and were more content living with their decision to relinquish their newborn than the women who were still angry. Lauderdale and Boyle (1994) found more anger in their participants who had less perceived sense of control over the adoption and closed adoptions. In this the study the anger was similar in all participants. There was no difference among the women who maintained contact and those who had closed adoptions.

Consequences of Living with the Decision

The decision to relinquish the newborn had a lasting impact on the participants' lives. It affected their sense of self worth, the way the attached to other pregnancies, and how they parented.

Self Worth and Self Esteem

Each of the participants reported that living with the decision to relinquish their newborn contributed to a lowered self worth or self esteem. The father of the baby and their mothers were not supportive of them at a time when they needed other people to

help them. The negative reactions of family, friends and society all contributed to making them feel they had done a really terrible thing when they got pregnant. The sisters who adopted the newborn were now the focus of attention in the family and the participants were left feeling as though they had nothing. They also reported a need to have to hide this part of themselves from other people.

There is a societal attitude that supports the notion that birthmothers do better after relinquishment because they have 'done the right thing' .However, these participants did not feel that the knowledge of having made the right decision was enough to counter the amount of loss they felt. Nor did 'doing the right thing' make them feel good about themselves. No studies were found that explored the impact relinquishing a newborn has on self esteem or self worth.

Additionally, these participants reported that their lowered self esteem influenced the way they attached to other pregnancies. The following section will describe the subdimension of effect on other pregnancies.

Effect on other pregnancies

Four of the participants were parenting other children at the time of the interview. They reported that relinquishing their first newborn did impact the way they felt about subsequent pregnancies. Most of the participants reported that they were very happy when they became pregnant and they attached much more intensely to subsequent pregnancies. One participant said that she never got over the shame she felt over the first pregnancy and was never able to fully enjoy any of the others.

No studies were found that looked at the way women who relinquish their first newborn attach to subsequent pregnancies. But it seems in this study that the loss of the first newborn can either intensify or hinder the attachment to subsequent pregnancies.

Relinquishment of the newborn had an impact on the parenting style of the women who had other children. The following section will describe the subdimension of parenting.

Parenting

The participants who had other children reported that the decision to relinquish their first born had a positive effect on their parenting style. They reported feeling more cognizant of their children's needs and felt they could avoid parenting mistakes to which they had been exposed. No studies were found about parenting styles in subsequent children of women who relinquish their newborns.

Because of the lasting impact of the decision to relinquish the newborn, the participants developed strategies to help themselves live with the decision on a daily basis. The following section will describe the subdimension of living with the decision.

Strategies for Living with the Decision

Living with the decision to relinquish the newborn had a long term impact on the participants in this study. They reported lasting feelings of loss, pain, sadness, grief and lowered self esteem. The participants described strategies which did and did not help them live with the decision to relinquish their newborns. These strategies were acknowledging, forgetting, moving on, closing and forgiving.

The most powerful strategy described for helping to live with the decision to relinquish the newborn was acknowledging. Each of the participants stated a desire to be acknowledged as a mother to their first born child. They were sad after the delivery when

people would not acknowledge that they had become mothers. Because they made the decision not to parent their child does not mean they are not mothers. The absence of the child does not negate the fact that these women gave birth and experienced the essence of motherhood. They want to be able to express that fact, if not to the world, at least to their families and friends. Not being able to speak about this experience as a mother makes them feel that they are hiding a large part of who they are, which lowers their self esteem.

There are no studies which explore the importance of acknowledging these women as mothers. However the perinatal loss literature does emphasize the importance of acknowledging and honoring this event. The acknowledgment can give permission to grieve (Gryte, 1988).

Another way these participants reported to help them live with the decision to relinquish their newborn was to forget the experience. The next section will describe the subdimension of forgetting.

Forgetting

Forgetting was reported to be a means of detaching from the pain of the loss of the newborn. It was an effective strategy for a time, but eventually most of the memories returned. There were no studies that described forgetting as a strategy for living with the decision to relinquish the newborn. The expectation for these birth mothers is that they would forget about the pregnancy and move on with their lives. The following section will describe moving on.

Moving On

Friends, families and health care professionals will often tell birth mothers that the best way to deal with their situation is to forget it and move on with their lives. However,

the participants in this study showed that this strategy did not work. One participant who was able to forget this event in her life by repressing the memory was eventually confronted with her grief and loss. Others reported that even thought they were able to resume their former lives, this did not help them live with the decision to relinquish their newborn.

Lauderdale and Boyle (1994) attributed evidence of moving on with life evidence of effective means of coping in their participants. In this study, moving on with their lives as though nothing happened was actually an ineffective means of coping with the loss which interfered with the grieving process. The participants in this study continued on with their lives but continued to live with their grief on a daily basis. Lauderdale and Boyle did not explore whether or not their participants moved on with their lives as a means of coping or if moving on was truly an expression of resolved grief. Moving on may also have prevented the participants from closing. The following section will describe the subdimension of closing.

Closing

Each of the participants discussed the importance of closure. Those who had not been able to give closure to the loss of their newborn through relinquishment expressed a desire to do so. No literature was found to support any sort of closing ceremony for birth mothers. However the perinatal loss literature expresses the importance of closure to the loss of not only the newborn, but the dreams the mothers had for these children (Harr & Thistlethwaite, 1990; Gryte, 1988). Birth mothers, too, fantasize and dream about what might have been. They, too, lose dreams as well as their child. There is a need for them to have closure to the loss of their newborn.

Forgiving

The final strategy that some of these participants found helpful in living with the decision to relinquish their newborn was forgiving. The participants who were able to forgive their mothers seemed to be more content with their decision. No literature was found to support this phenomenon.

The participants in this study described many strategies which did or did not help them live with the decision to relinquish their newborn. The most helpful strategies were to be acknowledged as a birth mother, to have some closure and to be able to forgive. Moving on and forgetting were not helpful because they did not facilitate the grief process.

Summary

The section discussed the influences that the participants perceived as important to their decision-making process and the ways in which making this decision affected their lives. The most important influences for these participants seemed to be the perceived lack of support from the mother and the departure of the father of the baby. There was a general perception of lack of support from anywhere. The most clinically significant finding of this study was the amount of grief these women lived with and how it has affected their lives.

The results of this study raises many questions that deserve to be explored with further research. The results also have implications for supporting a woman who is considering adoption, going through the process of relinquishment and supporting her after she has relinquished her newborn.

STRENGTHS OF THE INVESTIGATION

A major strength of this investigation was that the perspective of what it has been like for the birth mothers to live with their decision to relinquish their newborns was described. The goal of dimensional analysis is to generate a social theory that describes the problem area from the perspective of the participants. While this study did not conclude with a theoretical statement, many important themes were identified. This study succeeded in identifying how birth mothers have been affected by and found ways to live with their decision to relinquish their newborns.

This small investigation also identified important influences on a teen's pregnancy decision-making process. Relationships and attitudes important to the teen were identified and discussed as initial categories.

LIMITATIONS OF THE INVESTIGATION

The limitations of this investigation warrant discussion. They include the sample size and sample composition. This study was structured to be a pilot investigation where the major themes and events would be tentatively identified. The small number of participants may leave the dimensional categories incompletely described. A larger sample would allow for theoretical sampling and saturation of the identified categories. Further analytic work might lead to a restructuring of the categories as a theoretical perspective was selected.

The participants in this investigation were recruited through birth mother support groups. This added a self selection bias to the sample studied. Birth mothers not ready to seek support or who feel they do not need support may describe different responses to these situations than the women in this study. This group of participants may be unique in

some aspects when compared to other groups of birth mothers. Different recruitment strategies that would attempt to capture these participants would add to the depth of the data.

Finally the principal investigator's personal experience as a birth mother may have biased the analysis. This source of bias was addressed by sharing data examples and analytic process with the members of the qualitative research group and faculty mentors. Nonetheless, it is believed that the investigator's experience gives unique insight into the participants' experience. However, the implications generated from this study need to be tentatively considered.

IMPLICATIONS FOR FURTHER RESEARCH

The findings of this study identify a need for further research into birthmothers' experience of living with the decision to relinquish their newborns. Birth mothers are frequently forgotten and their lived experience has not been studied in depth. There is a need to explore further the dynamics within the family of origin of the birthmother as well the experienced grief after the relinquishment.

The social meaning of pregnancy within a family was an important influence on the participants' pregnancy decision-making process but the meaning was not fully described. The results of this study indicated a need to explore further the relationship between the birthmother and her mother and the impact of keeping the baby within the family.

The relationship between the birthmother and her mother was important, but this investigation was unable to describe fully its meaning. There is a need to explore further the relationship between the mother and daughter before the participant became pregnant. It is not clear what impact the mother-daughter relationship had on the participants'

decision to become sexually active and then ultimately to relinquish. The mothers in this investigation were perceived as not supportive. It was not clear from the participants' perception whether or not the mothers were truly unsupportive or if the participants were unable to perceive any gesture of support from the mother. It is possible that the participants were unaware of what they needed from their mothers and were unable to ask for or accept any help from them. perhaps the mothers truly were unsupportive. This are requires further investigation.

Another area for further investigation is the social meaning of adoption within the family. Relinquishing to a sibling has a different meaning than relinquishing outside the family. The birthmother may be constantly exposed to her child and may or may not be recognized as the birthmother. The exposure to the child may be helpful or may make the situation even more difficult. The grief that results may be different, depending on the situation with in the family. The relationship between the birthmother and the sister may be shown to be more significant in further studies. The impact of having the newborn raised within the family may be shown to have a much different impact on the birthmother than the child who is raised outside of the family.

The results of this study highlighted the profound grief with which birthmothers live. Many aspects of the grief and grieving process were not fully described. The meaning of grief to birthmothers and how they grieve needs to be studied further. The attitude that birthmothers made the best decision for them and their babies and that they should just go on with their lives has prevented birthmothers from openly grieving. The impact of the social refusal to acknowledge the birthmothers' pain needs to be investigated.

The birthmother loses her infant through relinquishment. The loss experience is not dissimilar to infant loss through death. However, there is a difference in living with the loss because the child who was relinquished is still a live and growing in another family. Closure is different for the birthmother than the mother who suffers infant loss through death. The grief and perinatal loss literature needs to expand to include the loss of an infant through relinquishment so that birthmothers may feel entitled to grieve. Ways to support the birthmother with her experienced loss and grief of the loss of her newborn need to be explored further and put into practice.

Other situations which warrant further exploration include how the impact of open adoptions differs from closed adoption. There is a prevalent opinion in society that open adoption lessens the sense of loss and grief. This study did not support that opinion. The sense of loss and grief was just as prevalent among the women who had contact with their children. The open adoption may or may not facilitate the grief process. It may be that seeing that the child is well cared for lessens the lack of knowing but may take away the feeling of being entitled to grieve. If the birthmother accepts society's notion that she did the best thing for her and her baby, she may be helped along in the grief process or she may accept that she should just go on with her life and live with her decision and not feel like she has a valid reason to grieve. These questions can be explored in further research.

IMPLICATIONS FOR NURSE-MIDWIVES

Nurse-midwives care for women during the pregnancy decision-making process and while they are living with the decisions they have made. It is important that nurse midwives be aware of the influences on the pregnancy decision-making process and the

impact these decisions have on women. The findings of this investigation offer suggestions of ways to support women who chose relinquishment as a parenting option.

One way a nurse midwife can be supportive of a woman who is considering relinquishment is to help the woman identify the important influences on her decision. Nurse-midwives can offer a safe environment for the woman to explore her parenting options, her own attitudes and attitudes from others who are important to her. As part of the decision-making process, the nurse-midwife can speak frankly with the woman about what to expect after the relinquishment in terms of grief and loss. She can prepare the women for the experience of the sense of loss after the relinquishment of her newborn.

The nurse-midwife can acknowledge the pregnancy prenatally as she would any other pregnancy. She can allow the birth mother to express her changing emotions as she progresses through her pregnancy. The birth mother can be encouraged to experience her moving fetus and her beauty as a mother. The birth mother's parenting choice should be acknowledged and validated and her fears should be addressed. If the birth mother changes her mind at any point, the nurse-midwife should support her right to do so and remain supportive of her.

The nurse-midwife can act as an advocate for the birth mother while she is in the hospital to ensure that she is treated with respect by all of the employees regardless of her age or marital status. She can prepare the birth mother for the labor process and help to provide the same beautiful birth as a mother who is going to parent. It is important to acknowledge her strength and a job well done after the birth. The birth mother works just as hard to deliver her baby as a parenting mother and deserves to be acknowledged.

The nurse-midwife can then ensure a private, safe setting for the birth mother to see her baby so she can say good-bye. It is important that the mother know her baby is all right and that she touch her baby before she lets go. A picture can be taken of the mother and baby. A lock of hair, footprints and possibly a formal booklet with information about the birth and relinquishment could be given to the birth mother. This is similar to what is done for mothers who lose their newborns through death (Gryte, 1988). If the birth mother does not want it at that time, it can be kept for her to see later. Once the relinquishment is completed, a ritual ceremony can be offered to the birth mother so that she may start to grieve the loss of her newborn as she lets go of the dreams and hopes she had for a life they could have had together.

After the birth mother has gone home, the nurse-midwife should keep in touch with her. When she comes in for her post partum visits, her feelings should be explored and acknowledged. If she has an open adoption she should be asked if she has seen the baby or if she has any pictures. The nurse-midwife can continue to offer on-going support of the birth mother and her grieving process. And possibly, the nurse midwife can share in the joy of the next pregnancy with these women.

Conclusion

The influences on a teen's decision to relinquish her newborn are multifaceted and complex. They include relationships with her mother, her family, the father of the baby and society as well as her own values and beliefs. However, regardless of why the teen chooses to relinquish her newborn, living with the decision is painful and causes a lifetime of grief. The role of the nurse-midwife is to provide a supportive environment for the teen

to explore this parenting option and to continue that support after she has followed through with her decision.

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Appendix A

IRB # _______________

Approval Date_________

OREGON HEALTH SCIENCES UNIVERSITY

CONSENT FORM

TITLE The teen's decision-making process during adoption

PRINCIPAL INVESTIGATOR Molly Strattan, RN, BSN, (503) 452-8523 (h)

Linda Robrecht, CNM, DNSc Research Advisor (503) 494-3832 (w)

PURPOSE You have been invited to participate in the study. You will be asked to answer questions and tell your story about relinquishing your baby as a teen. You will be interviewed only once. The questions are meant to guide the interview; all of them may not be asked or answered. The interview will be tape recorded so that it can be transcribed and searched for common themes and ideas among participants. You will also be asked to give information about your age, marital status, children now, educational level, ethnic background, religious preference, and age at time of relinquishment. This study will last until approximately until January 31, 1997.

RISKS AND DISCOMFORTS The questions and story telling may bring up feelings or concerns that may be uncomfortable. If the interviewer sees that you are in distress, she will stop the interview. She will ask you if you would like to withdraw from the study.

BENEFITS You may or may not personally benefit from participating in this study. However, by serving as a subject, you may contribute new information which may benefit others in the future.

CONFIDENTIALITY Your answers and story will be kept strictly confidential and neither your name nor identity will be used for publication or publicity purposes. The tape recordings of the interview will be used only for the purpose stated above and they will be destroyed once they have been transcribed.

COSTS There are no costs to you to participate in this study.

LIABILITY The Oregon Health Sciences University, as a public institution, is subject to the Oregon Tort Claims Act, and is self-insured for liability claims. If you suffer any injury from this research project, compensation would be available to you only if you establish that the injury occurred through the fault of the University, its officers, or employees. If you have further questions, please call the medical Services Director at (503) 494-8014.

PARTICIPATION Molly Strattan has offered to answer any questions you may have about this study. She may be reached at (503) 452-8523. You will receive a copy of this consent form. If you have any questions regarding your rights as a research participant, you may contact the Oregon Health Sciences University Institutional Review board at (503) 494-7887.

You may refuse to participate, or you may withdraw from this study at any time without affecting your relationship with or treatment at the Oregon Health Sciences University.

Your signature below indicates that you have read the forgoing and agree to participate in this study.

Signed: ____________________________________

Signature of participant　　　　date

____

Printed name of participant　　　　date

Witness: ____________________________________

to participant signature　　　　date

Investigator: ____________________________________

date

Appendix B

Questions

1) Tell me what is was like for you when you found out you were pregnant?

    How old were you?

    How did you feel at the time?

2) When did you tell your mother/father/parents?

    What was their reaction?

    Why did you choose this time to tell them?

    How did their reaction influence you?

3) When did you tell the FOB?

    What was his reaction?

    Why did you choose this time to tell him?

    How did his reaction influence you?

4) Who else did you tell?

5) How did your friends' experiences influence your decision?

    What other influences were there?

6) Who was most influential in helping you decide not to parent your child?

    Why this person?

    How did s/he react?

    Who was the first person you told?

    Who was most supportive?

7) What did you think about when you decided to continue with the pregnancy?

    What options did you consider?

8) What were the reasons you chose to relinquish?

9) How did your religious beliefs influence your decision?

10) Tell me how you feel now looking back?

11) What was it like for you after 1 month? One year? Now?

When was the hardest time?

12) What was the most difficult thing for you? The easiest?

13) What else would you like to say about this choice?

Appendix C

Decision-Making

Demographic Record

Date ________________ Identification #____________

Age now_______________________________________

Ethnicity ______________________________________

Religious preference______________________________

Highest grade completed ___________________________

Are you currently employed? ________________________

If YES, what is your job? __________________________

Age when you relinquished__________________________

Do you have a spouse or significant other now?__________

Do you have other children now? _____________________

If YES, how many _________________________________

how old?__________________________________

Table 1
Demographic data for participants

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
Race	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Religion	Protestant	Raised Catholic no preference now	N/A	Left blank	Raised Catholic no preference now
Education	BA	Graduate student	some college	BS	Graduate student
Current employment	yes	yes	yes	yes	yes
Age now	54	50	22	31	46
Age at relinquish	18	20	16	20	20
Age of child now	35	30	6	11	26
Type of Adoption	closed	sister	open	sister	closed
Marital status	married	married	married	never married	married
Ages of Other children	29 31	20 22 24	21 months	none	11 15 if living Died at 5yrs 17