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Abstract

A PRELIMINARY STUDY OF THE GRIEF PROCESS IN BIRTH MOTHERS RELINQUISHING INFANTS FOR ADOPTION

by

Wayne Loyd Norman, Jr.

The issue of grief in the relinquishment of an infant for adoption is one not readily recognized in society or in the church. The reason for this lack of recognition is that the loss precipitating the grief is the direct result of a choice by the birth mother to place her infant for adoption. Grief and mourning have traditionally been connected to a loss due to the death of a significant person in an individual's life. A grief support group was used to explore the grief process of birth mothers relinquishing their infants for adoption. The Grief Experience Inventory constructed by Sanders, Mauer & Strong (1985) was used to measure level of grief being experienced by group members at the beginning of the support group experience. The inventory was given again at the conclusion of the support group experience and six months following the support group. To measure the effect of the loss upon the group members' well-being, the Spiritual Well-Being Scale developed by Ellison and Paloutzian (1982) was given at the same intervals. This preliminary study suggests that there is a similarity in the grief experienced by birth mothers who place an infant for adoption and parents who experience the loss of a child through death. The study also suggests that well-being is affected by the grief process of birth mothers. Implications of the study were discussed and further research was suggested.

DISSERTATION APPROVAL

This is to certify that the dissertation entitled
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A Dissertation
Presented to
the Faculty of Asbury Theological Seminary

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Ministry

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Wayne Loyd Norman, Jr.

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CHAPTER 1

Overview of the Study

Background

Many who experience the loss of someone or something significant in life often call on the local church for ministry. On these occasions the community uses certain rituals and calls upon one commissioned to speak to and for the community. Rituals of death or ending have been developed to help individuals find hope in resurrection and are part of the grieving process. The one commissioned by the community to speak is usually the pastor or priest. In speaking at the time of loss the pastor or priest does not foster denial of the reality of the loss but helps those who are grieving maintain contact with their pain. Speaking to and for the community of faith, the pastor or priest is able to address the grief that occurs from losses other than death. This need exists because of the lack of rituals for losses other than those from death. Such losses include retirement, divorce, work layoffs and adoption relinquishment. While some religious bodies are developing services for those who experience loss in other ways such as through divorce, it appears that these losses like adoption relinquishment are still not fully recognized by the community of faith.

The purpose of this preliminary study is to develop a support group model for use in the church to facilitate the grief work and recovery of birth mothers who place infants for adoption. To understand the need for this study and model one must recognize the need of those who experience losses in the variety of ways other than through death. Specifically addressed here is the relinquishment of a baby for adoption by a birth mother. This loss represents one of a variety of losses the church has failed to ritualize and in many cases to recognize. The adoption process has undergone

many changes in the last fifteen to twenty years. The church, in general, has been slow to recognize the this.

Many changes are the result in society's shifting views on illegitimate children and single parenting. The Supreme Court's *Roe v Wade* decision has affected the adoption scene by providing another avenue for birth parents to deal with an unplanned pregnancy. The number of birth parents choosing adoption as a means of dealing with an unplanned pregnancy has declined since the 1970's (qtd. in Barth 323). Deykin et al reports that in 1969 80% of illegitimate newborns were placed for adoption. In 1984 records report only 4% of such children were placed (qtd. in Deykin, Campbell, and Pattie 271).

State laws on adoption, adoption agency procedures, policy and philosophy, and case worker attitudes reflect the change in society and the needs of birth parents. Such organizations as Concerned United Birthparents (CUB) have lobbied for change particularly in the area of "closed confidential adoption" versus "open adoption." Some of the change in this area has come from the increasing number of adoptees and birth parents who are seeking to have sealed records opened. Opening these records facilitates the contact between adoptees and birth parents. The debate over closed and open adoption has raged since Annette Baran, a clinical social worker. Arthur D. Sorosky, a clinical professor of child psychiatry at UCLA, and Reuben Pannor, a clinical social worker, wrote in 1976 that open adoption was an option for some birth and adoptive parents (qtd. in Pannor and Baran 245). By 1984 the authors, who are social work professionals, were advocating the concept of open adoption as the standard for all adoptions (245). In the midst of the debate little literature exists concerning the grief of the birth mother who relinquishes a child for adoption.

Even less literature exists to help adoption agency workers, counselors, and in particular pastors, who may find themselves working with an unmarried birth mother considering adoption as an option.

Research Questions

Research Question 1. What changes occur because of the grief experience of the birth parent who relinquishes their infant for adoption?

Research Question 2. Does the type of loss influence the openness of an individual to spiritual growth?

Definition of Terms

Birth parent in the context of this study will refer to the biological mother of the child placed for adoption. Because of gender of the subjects in this study the feminine pronoun will be used throughout this study.

Closed or confidential adoptions are those adoptions where the knowledge of the adoptive family is non-identifying in nature to the birth-parent. Knowledge of the birth-parent is also non-identifying. Following the placement no contact is made between the birth-parent, adoptive family or adoptee .

Open adoptions are those adoptions where there are varying degrees of contact between the birth-parent and adoptive family before and after the placement of the child. Knowledge of birth-parent and adoptive family also varies in the degree of identification.

Methodology

Population and sample The study made use of one population group, birth mothers in the Tyler, Texas, area who relinquished child for adoption. The sample from this population were self-selected volunteers from among birth mothers who placed their infant for adoption through the Lov-

ing Alternative Adoption Agency and chose to be a part of a support group experience.

Variables The independent variables in this study will include the type of adoption utilized, the amount of counseling given before and after the adoption and the individual birth mother's relationship and activity to the local church. The dependent variable is the level of grief experienced and processed by the birth parents participating in the support group experience. Other dependent variables include religious well-being, existential well-being and spritual well-being.

Instrumentation A researcher-developed questionnaire was administered to each birth mother before the beginning of the support group experience. This researcher developed questionnaire helped determine the demographics of the sample. This questionnaire was given to each participating birth mother by the researcher.

Subjects were asked to complete The Grief Experience Inventory (GEI), Loss Version (Appendix G) as a method of identifying the birth parent's processing of the loss of their child through adoption. The Spiritual Well-Being Inventory was given to those in the sample. Both inventories were given pre and post support group experience to determine changes in grief and spiritual well-being. The post tests were given at six weeks and six months following the support group experience.

Data Collection The data for this study was collected by means of a support group for birth mothers who have relinquished a child for adoption. The support group was six weeks in length, meeting once a week for an hour and thirty minutes. At the first meeting, group members were given the researcher-developed questionnaire, the Grief Experience Inventory, and the Spiritual Well-Being Inventory to be completed before the

second meeting. Following the last group session, group members were given the Grief Experience Inventory and Spiritual Well-Being Inventory to be completed and returned to the researcher.

Limitations and Generalizability The study did not seek to determine which type of adoption, open or confidential, is most beneficial. The study did try to determine how a grief support group may be beneficial to the grief experience of birth mothers.

The study did not determine which option, adoption or parenting, should be considered the best for the majority of unmarried birth mothers.

Since this preliminary study made use of a limited population and sample, it is difficult to generalize the findings to the entire population of birth mothers. One difficulty in generalization is the varying degrees of openness in open adoptions. The differences in personality type of birth parents made it difficult to say that one type or style of adoption is best. In other words, there is not a "one size fits all" in regards to adoption or to working through the grief experience.

There are perhaps other methods of gathering the information found in the study. One method that may have generated a greater sample would be to utilize an interview to gather information from birth mothers. Another would have involved using case studies as the means of gathering and reporting data.

Summary What the the grief experience of birth mothers who relinquish their children for adoption looks like and how it effects their sense of well-being was the purpose of this preliminary study. The process used includes a researcher-developed questionnaire. In addition the Grief Experience Inventory (GEI) (Appendix G) and the Spiritual Well-Being Inventory were given as pre and post test to measure growth. The process in-

cluded a support group experience of ten weeks for birth mothers who have relinquished a child for adoption.

The remaining chapters of this study contain the following. Chapter 2 of this study considers the precedents in the literature dealing with grief, adoption, birth parent choice, spiritual well-being and a biblical and theological overview of grief and adoption. Chapter 3 contains the design of the study. Chapter 4 is the presentation of the findings of the study. Chapter 5 is the summary and interpretation of the findings in light of spiritual formation and pastoral care. The appendix contains copies of the researcher developed questionnaire, release forms and the two inventories used in the study. A list of the works cited concludes this study.

In a world where loss is a daily experience, the church needs to recognize the potential for ministry with those experiencing loss in ways other than through death. It is at these moments that individuals are open to hearing the good news of hope and resurrection. Those individuals who experience loss through the relinquishment for adoption of an infant need to hear this good news and discover that they can experience a new kind of wholeness or as the writer of scripture says, "beauty from ashes."

CHAPTER 2

A Review of Literature on Grief and Loss

Introduction

Much of the research done on adoption has focused on the attitudes about adoption and illegitimacy. The literature in the area of pastoral care and counseling deals with convincing a birth parent that adoption is the best way to resolve the problem of an unplanned pregnancy (Terkelsen 1964; Vincent 1961). The literature on adoption has focused on the adoptee's and adoptive family's experience making the birth parent appear invisible. In recent years, this has changed as groups like Concerned United Birthparents have lobbied for changes in adoption laws and the opening of adoption records.

Before looking at the precedents in the literature consideration needs to be given to what scripture says about the topic of grief and adoption. "A Review of Grief and Adoption in the Bible" examines the biblical and theological view of grief. This includes examination of some of the Biblical text concerning loss and grief. Brief examination of the topic of adoption lays some ground work for a Christian understanding of adoption within the concept of covenant.

The precedents in the literature are considered in four sections. The first section, "Grief and Loss," examines the grief process and how that process relates to loss through relinquishment of a child for adoption. The examination of "anticipatory grief" provides information about what may occur in the life of a birth parent between the time the relinquishment decision is made and the actual signing of relinquishment papers. Recovering from the losses of life and growth through the recovery process concludes this section.

The second section, "Adoption -- Open or Confidential," briefly examines the concept of adoption and the debate concerning open versus confidential adoption. This discussion helps give a perspective on what type of adoption may prove to be more beneficial in the grief process of the birth parent.

The third section, "Decision Making," examines some of the factors that lead a birth parent to make the decision to place a child for adoption. Brief consideration is given to the influence of parents and peers in the decision making process. Consideration is also given to the influence of future goals on this decision. The characteristics of those birth parent's choosing to relinquish and those who choose to parent are presented to help in understanding the context of relinquishment and the change in societal attitudes toward unwed mothers.

The fourth section, "Spiritual Well-Being," examines the concept of well-being related to spirituality. While difficult to measure, spiritual well-being may give an indication of the depth of one's spirituality and relationship to God, oneself and others.

A Review of Grief in the Bible

The Old Testament. Any study involving the church must find its roots in scripture. This is necessary because the church's understanding of its life and mission in the world are found in the revelation of God in the Old and New Testaments. The foundation for all biblical doctrine is found in the first book of the Old Testament, Genesis. Therefore a study of the scriptures concerning grief and adoption begins by looking at the book of Genesis.

If grief is anxiety, specifically separation anxiety as suggested by some, then at the foundational level of Genesis will be found a discussion of

grief and death. When Adam and Eve rebelled and sinned their first impulse was to hide from God. This desire was produced by their guilt-anxiety. They feared punishment. The greatest punishment to be feared was that of "separation from the loved object," to use Freud's terminology. Fred Berthold writes, "fear of separation implies the positive impulse of tenderness, love, and longing about the loss of which one is anxious." (qtd. Switzer, 194). From this point of view, loss and grief are rooted together in the very beginning and are the result of man's rebellion and sin.

The biblical account of the flood reads, "The Lord was grieved that he had made man on the earth, and his heart was filled with pain." (Genesis 6:6) In this instance, grief and pain are connected. God is grieving because of the loss of the relationship He had with man in the beginning. The results of that loss are reflected in the way man, the creature, continues to pursue the wicked inclination of the heart, rather than seeking a relationship with God, the Creator. This account shows the pain connected with grief. This passage also gives the foundation for the biblical teaching that God understands grief and pain because He has suffered the same.

In the Old Testament are found illustrations of men and women dealing with the loss of someone or something. Genesis gives the account of Jacob grieving over the loss of his favorite wife, Rachel, after the birth of Benjamin. In Genesis 37:34-35, Jacob weeps over the supposed loss of Joseph. Found in these verses is what might be called "morbid" grief as Jacob refuses to be comforted saying he will mourn or grieve the loss of Joseph to his own death. Weeping as a part of grief is illustrated in the story of Joseph's reunion with his brothers found in Genesis 42-50. When Joseph first confronts his brothers and tells them one will have to stay in Egypt, he weeps as he listens to their conversation. When his brother,

Benjamin, is brought to Egypt again Joseph turns away to weep. At this point (Genesis 43), Joseph leaves the room to weep privately. Again when he hears his brother, Judah, make the offer to spare their father any more pain by remaining in Egypt in Benjamin's place, Joseph turns aside to weep. A fourth occasion is found when Joseph reveals himself to his brothers and his plan for bringing the entire family to Egypt. At Jacob's death Joseph weeps and is grieved at his brothers' message asking him to forgive them again since they fear he will now seek retribution for the wrong they inflicted upon him earlier (Wright, 46-47).

In I Samuel 15:35 is found the account of Samuel grieving over the loss of Saul as king because of his disobedience. In the same verse, I Samuel 15:35, God also grieves because he had made Saul king over Israel. In the opening verse of I Samuel 16 the Lord ask Samuel, "How long will you mourn for Saul, since I have rejected him as king over Israel?" God then gives Samuel a new assignment, to find a new king from among the sons of Jesse.

II Samuel opens with David's hearing of the death of Saul and Jonathan. II Samuel 1:17-27 is David's lament for Saul and Jonathan. Here he pours out his grief over the loss of the king and his friend, Jonathan. David's grief is again revealed when the child of his adultery with Bathsheba dies as a result of God's judgment. His grieving begins when the child becomes ill and is so intense that the servants are afraid to tell him the child has died fearing what he might do. The most poignant picture of grief due to the death of one dearly loved is found in II Samuel 18:33 where David weeps and grieves because of the death of his son, Absalom. In the first verses of II Samuel 19, Joab encourages David to get on with life. He uses the argument that worse things than the death of a son could

happen. Joab represents those friends who are "Job's comforters" telling the one grieving to get on with life, things could be worse.

The book of Psalms contains many passages that ask the common question "Where is God? When will He hear me?" during a time of loss.

One such passage is found in Psalm 13:1,2:

"How long, O Lord? Will you forget me forever? How long will you hide your face from me? How long must I wrestle with my thoughts and every day have sorrow in my heart? How long will my enemy triumph over me?" (Psalm 13:1,2 NIV)

The New Testament The New Testament also has stories about grief. The death of Lazarus is told in John 11. John writes that Lazarus and his sisters were friends of Jesus. In John 11:3, John writes that this friendship was more than superficial when the sisters send word to Jesus saying, "Lord, the one you love is sick." The writer says that Jesus delays going to Bethany until after Lazarus is dead. When He arrives in Bethany, He is confronted by the grieving sisters who display their anger with the Lord because of His delay. This particular story is used to teach that Jesus is "the resurrection and the life." It also gives a glimpse into the humanity of Jesus as he stands before the tomb and weeps. Those who are looking on see his tears as a sign of how much he loved Lazarus. Here again the scriptures indicate that weeping is a natural part of the grief process when a loss is experienced.

Also in the gospel of John, Jesus tells the disciples that their grief will turn to joy after His death. In John 16:21ff, Jesus uses the illustration of a woman who gives birth in pain. Upon seeing the child however, she is filled with joy, and the grief and pain are forgotten. The disciples will grieve because Jesus is gone, but He promises they will see Him again, and they will rejoice. Not only is this a passage of hope for the disciples but

for all believers. Though there is loss and grief in the case of death there will be joy when loved ones are seen again.

The author of The Revelation writes that there will be a time and place where there will be no more losses, no more grieving, and no more pain. John writes these words:

“Then I saw a new heaven and a new earth, for the first heaven and the first earth had passed away, and there was no longer any sea. I saw the Holy City, the new Jerusalem, coming down out of heaven from God, prepared as a bride beautifully dressed for her husband. And I heard a loud voice from the throne saying, ‘Now the dwelling of God is with men, and He will live with them. They will be His people, and God Himself will be with them and be their God. He will wipe every tear from their eyes. There will be no more death, or mourning or crying or pain, for the old order of things has passed away.’” (Revelation 21:1-4 NIV)

The New Testament writers indicate that grief due to sin or the loss of our relationship with God is the impetus for change. For example II Corinthians reads, “Godly sorrow brings repentance that leads to salvation and leaves no regret but worldly sorrow brings death.” (II Corinthians 7:10 NIV) Thus grief over sin is a part of experiencing the salvation Jesus purchased on the Cross.

The Apostle Paul writes to count the things that society considers as being important; family ties, community status, character, etc. as being loss. Paul is suggesting that these things be placed at a lower level of priority so that Christ and eternal life might be gained. The loss of such things is not to be compared with the gain the believer has in Christ. Therefore, if and when there is the actual experience of the loss of these things, then there will be rejoicing because of the gain rather than grief because of the loss.

Summary Humankind’s sense of loss and grief are a result of the value placed on an object or person. In the case of a person that value is

intrinsic because of divine creation. The sense of loss and the experience of grief are rooted in the foundation for all biblical teaching in the book of Genesis. The experience of loss is the result of the sinfulness of mankind. Grief is a natural part of responding to loss. God knows first hand about loss and grief. His experience of loss and grief are rooted in the value He has given mankind when He created mankind in His image. He has experienced both, first, in man's rebellion and second, in the experience of Jesus as man. Therefore He knows, feels and understands our feelings in our times of loss and grief. Unlike God, humankind has no way of restoring that which is truly lost. The choices are those of acceptance of the loss or a life time of grief such as Jacob demonstrates in the loss of Joseph. Acceptance usually takes time as one learns that life continues and can have meaning even in the light of the loss. Acceptance means acknowledging the permanence of the loss. This does not mean a person may not continue to search for the lost object or person for some time. It does mean there does come a time when that search ends with the realization that such searching is useless and the object or person is indeed gone. The New Testament teaches that faith in Christ offers hope that one day there will be a reunion with those who have died in faith. There is also the realization that the loss of material objects is ultimately of no consequence because it is the spiritual and not the material that is of ultimate importance.

A Review of Adoption in the Bible

The adoption motif concerning our relationship with God is found primarily in the writings of the apostle Paul. Yet the idea of being chosen or elected is rooted in the covenant God made with the children of Israel, beginning with the patriarchs through to Moses at Mt. Sinai.

God chose Abraham. In Genesis 12 is found the covenant made with Abraham.

“I will make you into a great nation and I will bless you; I will make your name great, and you will be a blessing. I will bless those who bless you, and whoever curses you I will curse; and all peoples on earth will be blessed through you.” (Genesis 12:2-3)

This covenant is repeated in Genesis 15 and 17. God makes covenant with Isaac and with Jacob.

In Deuteronomy 7, God reveals that His choice of the children of Israel was motivated by His love and the covenant He made with their forefathers.

“The Lord did not set his affection on you and choose you because you were more numerous than other peoples, for you were the fewest of all peoples. But it was because the Lord loved you and kept the oath he swore to our forefathers that he brought you out with a mighty hand and redeemed you from the land of slavery from the power of Pharaoh king of Egypt.” (Deuteronomy 7:7-8 NIV)

In verse 9 of the same chapter, people are called to keep “His covenant of love.”

In keeping with the idea of God’s choice, Paul writes in Ephesians 1:4,5 that God chose and predestined the Gentile Christians in Christ to be His sons. This choosing took place before the beginning of time and has to do with redemption through the blood of Christ and the forgiveness of sins according to God’s grace.

The idea that God’s covenant is one of love as well as choice is found in the adoption motif of Paul and the Gospels. In Galatians 4:4 Paul writes that God sent His only Son to be born of woman under the law that He might redeem those under the law. This is in keeping with the Gospel of John where we read, “For God so loved the world that He gave His one and only Son, that whoever believes in Him shall not perish but have eter-

nal life. For God did not send His Son into the world to condemn the world, but to save the world through Him.” (John 3:16-17 NIV) The further reason for God the sending His Son, according to Paul, is found in the last part of Galatians 4:5, “that we might receive the full rights of sons.” This verse is translated in the King James Version, “that we might receive the adoption of sons.” This spiritual adoption is also mentioned in Romans 8 where Paul is encouraging the believers in Rome to live by the Spirit that they received when they accepted Christ.

This spiritual adoption, like physical adoption today, entitles one to certain rights. In Romans and Galatians, Paul tells us that because we have been or have received the Spirit we are entitled to call God, Abba or daddy. In Romans and Galatians, the apostle writes that we are no longer slaves but sons. This sonship carries with it the rights and privileges of an heir, just as adoption through our court system does today. This means that all of the promises of scripture belong to those who believe. Ephesians 1:14 says that the Holy Spirit is the deposit guaranteeing our inheritance until the full redemption Paul writes about in Romans 8:22-25 is received.

Summary Our spiritual adoption is rooted in God’s unconditional love for us and His sovereign choice to redeem and adopt us in Christ. This choice is seen most clearly in God’s choosing of Israel and His making a covenant of love with the people. Like the adoption of a child today conveys to that child certain rights, so our spiritual adoption by God grants us the status of sonship and thus, the right to be considered a legitimate heir of the promises of God. Viewing adoption as covenantal helps us understand that the choice of the birthmother to place her child for adoption is one of sacrifice and love and not one of selfishness or toxic shame. It also

helps the adoptive family understand that though they are the child's real parent's, their joy comes as the result of another's pain and choice.

Grief and Loss Literature

At one time or another everyone has experienced grief. Scott Sullender writes, "Loss is inevitably present in all of the life cycle,... To the extent that loss is present, then grief is present too as the human psyche seeks to adjust to the 'rupture' of emotional attachments..." (Sullender 23). In the past, grief was seen as the emotional state one entered at the death of a loved one. Today, grief and grieving are seen as the reaction an individual has to loss. This loss may be caused by the move of the local church to a new location. Loss occurs when a marriage ends in divorce. Grief may be triggered in response to an anticipated or perceived loss as much as by the actual loss of a person, place, object, relationship or idea (25). Grief is the normal emotional response to a significant loss. According to Kenneth Mitchell and Herbert Anderson;

"Grief is universal and inescapable even when its existence and impact are denied. It is a composite of powerful emotions assailing us whenever we lose someone or something we value. Grieving is the intentional work grief-stricken persons engage in, enabling them to return eventually to full, satisfying lives. . . . Loss, not death, is the normative metaphor for understanding those experiences in human life that produce grief" (Mitchell and Anderson, 1983, 18-19).

Erich Lindemann was one of the first to look at grief from a symptomatological view point in 1944. His study is regarded as ground breaking in the area of grief. Lindemann identified what he called acute grief in his study of 101 patients. Lindemann was called upon to help the victims and their families in the Coconut Grove Fire and much of his research comes from that experience (Lindemann 1944).

Elizabeth Kubler-Ross is one of the renown researchers in the area of grief, death and dying. Kubler-Ross has helped the general population and

professionals understand the grief process in her book On Death and Dying. In her book, she outlines the following stages of grief, 1) denial, 2) anger, 3) Bargaining, 4) Depression, and 5) Acceptance. Kubler-Ross bases her stages of grief theory on research she has done with terminally ill patients and their families.

Sullender in Grief and Growth highlights three main theories of grief. The first is that grief is conceived as "separation anxiety." This idea was first put forward by Otto Rank an early follower of Freud. In recent times, this idea has been articulated by the pastoral theologian David Switzer. Freud, Rank, Switzer and others theorize that birth is the primal and original separation experience. This experience influences the individual's development either in a positive or negative direction depending on the birthing process. "Rank argued that all life is characterized by a continual series of such separation experiences, each one linked back to the primal anxiety." (26,27) Switzer building on the idea that the foundation of the Self is the internalized response to the significant other. He also says that the individual self is interpersonal at its core therefore grief is experienced not only as separation anxiety, but also fear because what one fears is losing the self through separation.(26-30).

A second approach to understanding grief is as a function of the attachment instincts. This approach is also rooted in Freudian psychology. Freud understood mourning in terms of his concept of libido or psychosexual energy. This libido attaches itself to all types of objects. When one of these objects no longer exist Freud says that the ego demands that the libido be withdrawn. The withdrawal can be painful but it is a necessary process so that the libido can be displaced onto a new object. "Therefore, grief's purpose in the economics of the psyche seems clear. Grief's task is

to withdraw the libido from the lost object, thus freeing it for new attachments." (31). Edgar N. Jackson and William Rogers build upon this view of grief. Sullender writes,

"This theoretical view of grief suggests that grieving is not just a function of loss, but a function of the attachment of the bereaved to that which is lost. Obviously, if we lose someone who means very little to us we grieve very little, even though the loss might seem to be a major one to outsiders. Conversely, the loss of an object of seemingly minor significance may be, in fact a major loss to someone, because that person had great emotional investment in that object (34)."

A third understanding of grief given by Sullender is that grief is a process of realization. This particular understanding according to Sullender does not have a single spokesperson and cannot be found in any particular textbook (37). Freud touches on this idea but does not fully develop it. This understanding of grief is that grief's task is to adjust the psyche to reality. Thus when one has completed his or her grief work, there is an emotional acceptance of a new reality. In this understanding, grief is seen as a process of forgetting, remembering and forgetting again. The ultimate goal then of grief work is to remember without pain. This process of realization is not smooth flowing, because of one's tendency to avoid pain and to not face reality. These two tendencies oscillate throughout the grief process moving the individual toward a full realization of the loss (37-40). This view informs this study from the stand point that in the relinquishment of a child for adoption a birth mother's realization of the finality of her loss is a process. Relinquishment is merely one step along the way.

According to the stage theory, grief is a process with stages through which an individual passes. The process is not linear, where one moves through one stage to another without moving backwards to a previous stage. The process is dynamic with an individual moving forward one, two

or three steps and then going back and repeat the process. The stages of the grief process are described by various names and divisions. Watson in his study labels the stages as: (1) shock and denial, (2) guilt, (3) anger or depression, (4) sadness, and (5) acceptance (Watson 1986). Judy Tatelbaum in her book The Courage to Grieve, divides the grief process into three phases. The first is Shock. The middle is Suffering and Disorganization. The final is Aftershocks and Reorganization (25-47).

In many of the theories, the first stage of the process is shock. The mind denies the reality of the loss and the body slips into its own kind of shock to protect the individual for a time following the loss. This may vary from a few hours to several weeks depending on the individual. In the second stage, the individual experiences guilt. It is often now when the "if only's" appear. The person wants to take some of the blame for the loss, even if there is no blame involved. Anger follows as the individual senses abandonment. Depression may then follow when the individual realizes that their anger is directed towards the lost object, the person, or even God. The next stage is sadness. The reality of loss sets in and the individual begins to mourn. The final stage is acceptance. In this stage, the individual acknowledges the loss and begins to put the pieces of life together again. If a person gets stuck in a stage or their grief is not resolved then the pain of loss continues. Unresolved grief is what Lindemann calls acute grief. Acute grief must be understood and dealt with if an individual is not to have difficulty in other aspects of living (Lindemann 1944, Watson 1986).

In a recent Ph. D. Dissertation, Michael De Simone, explores the topic of unresolved grief in birthmothers who relinquish their baby for adoption. De Simone examines the key social and psychological variables

which may impede the grief process in this group. In his abstract De Simone says in his sample of 264 birthmothers he found that when a birthmother felt she was being coerced to relinquish there was a higher level of grief. The same held true for those who had feelings of guilt and shame regarding their decision to relinquish the child for adoption. These feelings of grief were seen to moderate when life events, experiences, and accomplishments improved the birthmothers' self-esteem (De Simone 1994). Discussion of this dissertation impact on this preliminary study are found in chapter 5 on implications for ministry.

Anticipatory Grief Anticipatory grief is a phenomenon Erich Lindemann describes as the process in which a person experiences or moves through the grief process before the expected notification of a loved one's death (qtd in Oates 12). Anticipatory grief is the type of grief that Kubler-Ross deals with rather than acute grief because her work is with terminally ill patients. The process of anticipatory grief is seen in the family of the terminally ill as they watch the loved one's physical condition deteriorate. The five stages which Kubler-Ross identifies and describes are not neat categories that follow one after the other. Various situations can and do have an effect upon the process. Situations as the remission of the disease or the hope offered in an experimental treatment can complicate the process so that stages overlap and become confused (14).

Anticipatory grief may be brought on by separation of individuals from a significant person in their life. The separation may come about from war, chronic illness, distant employment, etc. An example of this is seen in those wives whose husbands go off to war or are called to active duty during a time of military conflict. These women are concerned about the adjustments they may to make in the event of their husband death.

Consequently, they go through all the phases of grief which may include imagining the various forms of death their loved one may suffer. While this anticipatory grief may prove to be a safeguard against the impact of a sudden death notice, it can also severely handicap the reunion process (Kutscher and Kutscher 1971, Schoenberg et al. 1974, Schoenberg et al. 1972).

C. Knight Aldrich points out that there are some important differences between anticipatory grief and normal grief. One difference is the endpoint. In normal or conventional grief the process of grieving can be prolonged depending upon the psychology of the individual. Anticipatory grief has a finite endpoint that depends on the physical occurrence of the anticipated loss. Though grief may continue after the actual loss, it is no longer anticipatory grief (Schoenberg et al. 1974, 4-5).

Another point of difference is in acceleration. In normal circumstances, grief decelerates or diminishes with the passing of time. Theoretically, anticipatory grief should accelerate as the anticipated loss comes closer. Yet if the survivor's time of anticipation is prolonged then they may accomplish some of their grief work before the loss thus experiencing a deceleration of grief as the anticipated loss approaches (5).

Ambivalence is another area where anticipatory grief and conventional grief differ. In conventional grief, feelings of ambivalence can prolong the grief process. These feelings about the lost object or dead person are unacceptable to the grieving person, so they are repressed. These may be feelings of hostility or anger because the grieving person feels abandoned. This may keep the person from working through their grief because they believe if they stop grieving they are saying they are glad that their loved one is dead. In anticipatory grief, the impact of ambivalence is dif-

ferent because the target of the feelings is still alive and vulnerable. The vulnerability of the loved one who is balanced between life and death makes a death wish more potent and dangerous for the person anticipating loss (5-8).

Grief and the Birth Parent Kenneth W. Watson in his Public Welfare article "Birth Families: Living with the Adoption Decision" states that the placement of a child for adoption has complicated and life long implications because it is not something that birth mothers can easily put behind them and go on with their lives as if nothing ever happened (Watson, 5). One of the reasons for this is the residual pain that birthmothers must deal with through out their life. This pain is due to the loss birth mothers continue to feel long into the future. Robin Winkler claims for some, it may even intensify as the years go by (qtd. Watson, 8). The grieving experience in the life of the birth parent has been long ignored by researchers. As Patricia Role, a birth mother, has written, "Society does not recognize the right of birth parents to grieve (ix)." Many reasons exist for society's blindness to birth parents' grief, (1) the whole picture of adoptive parents and an adopted child coming together to form a family tends to deny the reality of the separation that must take place for this to happen; (2) the stigma which society once attached to out of wedlock births and teenage pregnancy until recent times; and (3) the idea that adoption meets the needs of all parties in the adoption triangle (x). Role indicates that, "Loss is only one of the shared themes in adoption (x)."

For many adolescent birth parents, the relinquishment of their child may be the first significant loss in their life. There are some who say adolescents are incapable of mourning a loss. Yet, according to Cathy Chapman, et al "adolescents are not only capable of mourning but do in fact ex-

perience grief when they lose their child by choosing to make an adoption plan" (Chapman, et al 209). Birth parents find it difficult to work through their grief because loss through adoption is usually a private and often a secret affair. A birth parent may seemingly have worked through their grief only to find it resurfaces in later years because of other changes that occur in their life (Role 17-21).

The grief that birth parents experience begins as anticipatory grief. As the birth parent considers all the options open to her and the decision to surrender the child for adoption is made, she begins to anticipate the loss that will occur when the child is relinquished. Following the relinquishment, the normal stages of grief may be experienced with some differences. Following a period of numbness and denial, there is a need to accept and own the decision made. The birth parent must acknowledge that she made the decision and accept the relinquishment as permanent. Another part of the grief process is known as searching. On this subject, Chapman says that the first task of mourning is "accepting the reality of the loss" (Chapman, et al, 209). The sign that a birth mother has not completed this task is what is called "searching." This is demonstrated when a birth mother reports how she saw a child that looked to be the same age as theirs, and wonders if the child was indeed theirs (09). Accepting the loss as real paves the way for the birth parent then to accommodate their decision thus keeping their thoughts and emotions under reasonable control (Role 21-26).

"The second task requires that the birth parent experience the pain of the loss. It is imperative to give the birth parent permission to grieve the loss" (210). This is done by helping the birth mother realize she has relinquished the right to parent the child. She has given up the parenting role to

the adoptive family. One way to assist in the process is to have the birth mother write a letter to their child explaining why they choose adoption. This letter forces the birthmother to face her responsibility in the decision and to acknowledge her loss (210).

“The third task involves the birth parent adjusting to not having the child with them” (210). This is most difficult for those who have parented the child for a period of time out of the hospital. Those who place their child directly into foster care or with the adoptive family have an easier time completing this task.

“The final task is to withdraw emotional energy from the child and place that energy in another relationship” (210). This task is facilitated when the birth mother hears from the adoptive family. She is then reminded that her decision was a good and loving one. What may happen at this point is when the pain of grief lessens the birth mother may have feeling of dislocation.

Another previously mentioned problem with birth parents grief is its private and secret nature. William Chiaradonna gives another side to this private/secret nature surrounding adoption in today's world. He writes that the acceptance of single parenting has made those women who place their child for adoption a distinct minority. Many, if not all birth parents who choose adoption have never know anyone who made the same decision (Chiaradonna, 1982). Many birth parents do not or have not spoken about their experience with others because of the pain involved and the fear of rejection. When a birth parent begins to acknowledge the fact they surrendered a child they discover the anger and hostility that has lain dormant. Many times this anger and hostility is directed toward themselves because of a feeling of being responsible for the pregnancy. She will then experi-

ence a deep sense of remorse and guilt, feeling the she has abandoned her child to the unknown. Some of the bitterness and rage a birth parent may have will be directed toward others who might have prevented or eased the traumatic events of the adoption. When the privacy and secrecy barrier is broken then the accommodation process can begin and the birth parent can acknowledge that she has and is, in effect, mourning a significant loss in her life (Silverman 1981).

Kenneth Mitchell and Herbert Anderson writing for those who provide pastoral care in their book All Our Losses, All Our Grievs identify and define six major types of loss. Those losses are *Material Loss, Relationship Loss, Intrapsychic Loss, Functional Loss, Role Loss, and Systemic Loss* (Mitchell and Anderson 35-46). There are other variables that need to be considered as well as the type of loss being experienced. Some of those variables are whether the loss was avoidable or unavoidable; is it a temporary or permanent loss; is the loss actual or imagined; was the loss anticipated or unanticipated; or will the loss be one of leaving or being left (46-51). When considering the loss experienced by a birth parent, it must be determined if a birth parent may also be grieving other losses that complicate the process, in addition to grieving the loss of a child. The adolescent grieves the loss of childhood. There may be the loss of relationship with the birth father, a parent or a family member. The loss of a job, schooling, or a significant friend may also be part of the mix (Watson 1986).

As a significant factor in the adoption process, birth parent grief is highlighted in the findings of researchers in recent years. Watson concludes that the adoption agency should work toward the open expression of feelings by birth parents. This may include offering not only adoption ser-

vices but support groups and counseling for birth parents (Watson 1986). In another article, the researcher's study indicate the need for agencies to consider the needs of the birth parent more fully at the time of the adoption and following the signing of relinquishment papers. Their findings show that agency workers should facilitate the grief process rather than discourage it (Deykins et al. 1984). In her dissertation and subsequent article, Terril Blanton indicates that the differences in preadoption and postadoption services may play a part in the acceptance and adjustment of birth parents in the adoption and grieving process (Blanton 1988, Blanton and Deschner 1991).

Recovery and Growth Recovering from the losses of life is not a once and for all conclusion reached at a certain point in time. It is for many an on going process. In the recovery process, growth takes place. Growth occurs because the individual becomes open to change, for to grow is to change.

Growth and change occurs as one pursues "life giving questions" as Paula Ripple writes in Growing Strong at Broken Places. It is our tendency to want ready made answers to the questions of life, particularly those questions that arise when we suffer loss. Such questions which seek a formula or fail-safe blueprint for living are "lifeless." For such questions avoid the need for change in life and thus growth (Ripple 57). "Life giving questions" are those questions which lead us to the process of self-reflection to find some of the resources for living from our own past. Rethinking particular events or situations open the possibility of gaining insight into the present. Questions like "What would I Do?" gets the individual involved with an event or situation before it happens and thus prepares us to deal with it in a better way. The question "What would seem to be an

ideal response in terms of my own dreams for the future?" helps one to clarify ones goals and the path one needs to travel to reach those goals (61-62).

"Life giving" questions when asked about God often reveal one's own image of who God is. Some of the images individuals have of God create shackles that bind them to misinformation about God. This is particularly true when one is considering God's wrath and punishment as well as His love and forgiveness.

There are factors that can block, delay or even prolong grief in all losses, but particularly in the loss due to the placement of a child for adoption. Patricia Roles, in Saying Good-bye to a Baby lists the following factors.

"1. Lack of acknowledgment of the loss by society, family friends, and professionals. 2. Lack of expression of intense feelings. 3. Not having a mental image of the baby as a result of lack of information or not having seen the baby. 4. Preoccupation with the fantasy of reunion in such a way as to avoid dealing with the loss. 5. Preoccupation with searching for something to fill the gap, to avoid facing painful feelings. 6. Belief that having a choice takes away the right to grieve. 7. Self-depreciation and self-blame. 8. Pressure from others to decide on adoption, which makes it difficult to take responsibility for making a decision. 9. Lack of support. 10. Numbing through abuse of alcohol or drugs. 11. Maintaining secrecy and not acknowledging the loss to yourself or others" (Roles, 27,29).

A number of these factors were also identified by Chiaradonna in his work with small groups of post-surrender treatment of unwed mothers. He particularly identified the fantasizing about a reunion as one of the ways the birthmothers in his study avoided dealing with their loss. He observed that nearly all of the birthmother's fantasies of reunion revolved not around a grown child, but their child remaining an infant (Chiaradonna, 64). Another of the factors Roles mentions that Chiaradonna also found was the

perceived and sometimes actual lack of support from family, friends and agency workers (56-59).

These two authors inform this study by providing the researcher with some key factors to look for when dealing with birth mothers who appear to be stuck in the grief process. They also show that there are some unique ways which influence whether a birth mother is able to process her grief or not.

David Switzer, in The Dynamics Of Grief writes that anyone who has experienced the pain of grief knows the need for healing and recovery. The human personality seeks relief from the pain and disruption grief brings to life. Switzer writes, "The most obvious reason growing out of the feeling of distress is simply that it hurts. It hurts desperately. Agony cries for relief." (Switzer, 182). Working through grief requires time depending upon the nature of the loss and the attachment to the person, relationship or object that has been lost. In the case of death, healing and recovery come in both intrapersonal mechanisms and social forms: talking about the deceased, making funeral plans, social and religious customs and the care given by others (185). Recovery generally begins about six weeks after the loss as a person begins moving back into a normal routine of living. Switzer indicates that after about a total of three months, a person usually completes most of the tasks of readjustment (185). This period may be longer or shorter in other types of losses.

In the area of recovery the question to ask is, where and how does the bereaved begin the task of readjustment to life without the object or person that has been lost. According to Switzer and others, one of the primary means of completing the task of readjustment is the ability of the individual to talk about the loss. Since talking is a fundamental element in

pastoral care, an individual should be given the opportunity to talk about their loss. Talking enables the individual to work through the negative emotions such as hostility, anger, hate and guilt. Encouraging the individual to talk about the loss and the relationship of the object or person lost helps in the process of clarifying the individuals real emotions. A second need talking meets in the bereaved is to help the individual affirm a positive attitude towards one's-self. In the midst of the negative emotions, it is easy for one to develop self-punitive behavior. When one considers the element of depression there is often a lowered estimate of one's self. "But it is also possible to use language to reinforce positive attitudes toward oneself. Words become the means of reestablishing one's threatened and disrupted selfhood" (197). A third need met through talking is the "breaking of libidinal ties" (198). Talking helps an individual free the self from bondage to the deceased. It helps remove the libido from the lost love object, using Freudian concepts. This process comes as the individual remembers and forgets until one by one the objects and situation associated with the loss are released and an emotional freedom returns (198-200). The renewal of relationships is another important need met through speaking. Being able to talk with those who share one's grief, particularly those who are loved and trusted, helps restore one's inner harmony and reduce one's fears and distress. Finally, talking helps one to rediscover the meaning of life. When the other needs mentioned above are met, they have the force necessary to produce meaning in the new life that must be shaped after a significant loss (202-203).

The Role Of The Community of Faith The needs met through talking are often best met within the context of the community of faith. Other people--family, friends and the pastor should be considered one of the main

resources for those facing the crisis of loss. The local church is at its best when as a network of persons it is characterized by friendship, compassion and genuine care for one another (Sullender, 116). Those who make up the community of faith have a common commitment to God. They are committed to the values of loving their neighbor and caring for those in need. It is in such communities that Paul's words in I Corinthians 12:36, "when one suffers, all suffer" becomes a reality. In this type of community an individual should be able to find healing and recovery in their grief. For such a thing to take place within the church there must be a recovery of what community life really is. Sullender gives this definition of community, "a network of affectional bonds between any group of people"(117). There are many types of communities but from this definition it is obvious that community is more than just the physical approximation of people.

The concept of "love" is misused and commonly misunderstood. Within the community of faith the best definition of "love" is found in the theological word "agape". Agape is the unconditional, totally committed and caring kind of love that God has for the individual. It is this "agape" kind of love that has been reflected in the lives of the saints through the ages. "Agape" is forgiving, accepting, empathic and compassionate. When this type of love is present in the community of faith it facilitates the healing of mind, psyche and relationships. Those within the community of faith designated for the "care-giver" role, whether clergy or lay, need to exhibit the characteristics of "agape".

In terms of the psychotherapist or pastoral counselor, Robert R. Carkhuff identifies three essential characteristics of effective helping.

They are:

1. An effective therapist is integrated, non-defensive and authentic or *Genuine* in his therapeutic encounters.

2. An effective therapist can provide a non-threatening, safe, trusting or secure atmosphere by his acceptance, unconditional positive regard, love or *Non-possessive Warmth* for the client.
3. An effective therapist is able to 'be with,' 'grasp the meaning of' or *Accurately and Empathetically* understand the client on a moment-by-moment basis (125)."

From Carkhuff's conclusions the mere presence of a supportive community is not enough to promote healing in and of itself. Those who are grieving need people who embody an attitude of empathy. It is in the presence of such persons that the individual is free to express their feelings. There is not just sympathy but a sharing of kindred feelings with one another.

Unfortunately, as William Chiaradonna observes, most birth mothers are unwilling to identify themselves or commit themselves to long-term pastoral counseling or psychotherapy. Therefore, if the church is to provide care it must explore other possibilities such as small groups. In this context, the church might find small support groups led by caring lay persons who display genuine empathy may provide the atmosphere needed for healing to take place in the life of the one grieving a loss.

Summary Grief is the natural reaction to the loss of something or someone significant. Anticipatory loss is experienced by the terminally ill, their families and birth parents who decide to relinquish a child for adoption. While there are common stages in the grief process that do not necessarily follow one after the other, there are some unique parts in the anticipatory grief and grief processes of the birth parent. Among these being the need to accept and own the decision to relinquish. Working through the grief of any type of loss precipitates growth, because the individual experiences change. The recovery process may be facilitated by openness to change and the facts surrounding the loss. In the same manner, the recov-

ery process can be delayed or prolonged by such factors as denial, lack of expression of emotions, preoccupation with "what if" questions, etc.

Talking about the loss is the primary way that individuals can complete the task of readjustment. A supportive community of faith that provides opportunities for the bereaved to share their feelings with empathic listeners is helpful in the recovery process. Only recently has the idea of birth parents' grief been accepted by society. With the passage of time, more and more birth parents are coming forward with their own stories of pain that have persisted through the years in spite of the advice given them at the time to forget the child and get on with life. Researchers and agencies are now seeing the need to help birth parents work through their grief in their preadoption and postadoptive services. The church stands in a unique place of helping individuals experience the love, grace and forgiveness of God. The church is called to comfort not only those who mourn their individual's sinful condition but also in their loss and accompanying grief. The church needs to stand ready to help birth parents work through their grief because of its unique position and God given ministry to those who mourn.

Adoption Literature

The method of dealing with an out-of-wedlock pregnancy has changed through the years. The most common way is the hasty marriage of the girl and the father of the child. For those who did not choose this solution the other options were (1) To leave home, live with a friend or relative until the baby was born and placed for adoption; (2) Go to a maternity home specifically designed to care for such girls; or (3) Leave home to bear the child and raise it as a single parent away from family and friends (Ooms 1981).

The attitude toward girls who became pregnant out-of-wedlock was one of judgment. They were considered as "bad girls," "sinful," or "whores." Many of the maternity homes were established by churches or Christians who saw their purpose as helping "bad girls" deal with their mistake. Adoption was seen as the way to atone for the evil done by the girl. Leontine Young, writing in the fifties, observed that American society's response to out-of-wedlock pregnancies was condemnation and punitive (Young 1954). Young's dogmatic and simplified explanation of unwed pregnancy (when a young unmarried woman became pregnant it was no accident, but was the result of some pathological family relationship,) influenced a generation of social workers (Ooms 1981). Those young women who choose adoption were told they did not need to know about the adoptive family and that they should forget it and get on with their life. Adoptive families were given little information about their child's birth parent and assured they need not fear any contact. The secrecy and anonymity of the closed or confidential adoption may have aided the adoptive family in their denial that the adopted child was not their own biological child (Curtis 1986).

Beginning in the late sixties and seventies, as many adoptees and birth parents were searching for each other, the debate over the sealed or unsealed adoption records led to discussion about what type of adoption would be most beneficial to those in the "adoption triangle". Adoption agencies, courts and state legislature were forced to deal with the problems created by decades of confidential adoptions. During this period and even currently, the media ran articles dealing with the tearful, joyous reunion of birth parents and their surrendered offspring. In 1978 Arthur Sorosky, Annette Baran and Rueben Pannor wrote the book The Adoption Triangle:

The Effects of the Sealed Record on Adoptees, Birth Parents, and Adoptive Parents in which the concept of "open adoption" was defined and encouraged in certain cases.

"Open Adoption" as defined by Rueben Pannor and Annette Baran is:

"...the process in which the birth parents and the adoptive parents meet and exchange identifying information. The birth parents relinquish legal and basic child rearing rights to the adoption parents. Both sets of parents retain the right to continuing contact and access to knowledge on behalf of the child (Pannor and Baran, 1984)."

In the past two decades the "open adoption" option has become more acceptable and popular with birth parents. During this time the concept of "open adoption" has evolved so that there are varying degrees of openness in "open adoption" practice. The degrees vary from 'restricted' to 'continuing'. In a 'restricted open adoption' only pictures and non-identifying information are shared by the adoptive family with the birth parent with the adoption agency acting as a liaison. In a 'continuing open adoption' contact between the adoptive family and birth parent is planned and continuous over the course of the adoptees growing up (Berry 1991).

"Confidential or Closed Adoption" is the means of placement traditionally used by most agencies. Some agencies today still use 'confidential or closed adoption' and there are some birth parents who request this type of placement. In this type of adoption, only basic non-identifying information about the birth parent is given to the adoptive family. Generally, the birth parent is given no information about the adoptive family and is told to forget the child and get on with her life.

Both types of placement or adoption have their supporters and opponents. Those who oppose 'open adoption' do so on the basis that such practice does not help the birth parent with the grief process. They say 'open adoption' practice does not make the loss of the child seem final so

the birth parent can grieve the loss as permanent. Opponents further see problems with the continued contact between the adoptive family, birth parent and adoptee. They point out the confusion such contact can create in the mind of the adoptee when two sets of parents are seen. Others point to developmental difficulties with the child in an 'open adoption.' Proponents of 'confidential adoption' claim, adoptive parents in 'confidential adoptions' are able to nurture the child as their own. They also indicate that the child is able to internalize a single set of parental values. Proponents of 'confidential adoption' advocate bonding between the adoptive parents and the adopted child (Byrd 1988, Kraft et al. 1985, Curtis 1986, Pannor and Baran 1984, Berry 1991).

The birth parent's ability to mourn the loss of the child surrendered is perhaps the most debated issue in the 'open versus confidential' adoption discussion. In the 'confidential adoption' birth parents were told to "forget the experience and get on with their life." Those who try to follow such advice simply deny that part of their life by shutting off their feelings. Betty Jean Lifton suggests that adoption is like amputation to the birth parent. Lee Campbell (1979) wrote, "It is not difficult then to envision the trauma surrounding the act of surrender, a trauma that generally endures through the lives of birth parents (p.24). The view that adolescents do not have the ability to experience loss and grief is held by some researchers (Kraft et al. 1985). Chapman et al. (1986) write that in their experience adolescents are capable of mourning and do experience grief in losing a child when choosing adoption (209). They write,

"They are not mourning the 'death' of the child, but rather, the loss of the parenting role. It is possible to grieve that loss while still acknowledging the reality of the child and his/her new family." (209).

Proponents of 'open adoption' say this type of placement offers the birth parent a better opportunity to mourn the loss because first, it helps them feel more in control of the decisions related to the child and second, the birth parent does not have to worry about the child's well-being. They believe 'Open Adoption' creates a need for persistent effort to find out information by any member of the adoption triangle unnecessary.

Concerning the bonding issue, Kenneth Watson writes that there are no studies which suggest that children from one type of placement fare better than those from the other type of placement (Watson 1988). Watson believes that the bond that exists between a mother and child because of the psychological and physiological closeness in pregnancy and birth cannot be duplicated or broken by separation, time or distance. Those who favor 'open adoption' say the crucial thing is attachment and not bonding. Attachment is defined as the psychological connection between people that permits them to have significance to each other. An individual learns how to make attachments during the first three years of life. The primary caregivers are the persons from whom a child learns attachment. If the primary caregivers are the adoptive parents and circumstances favor the development of the capacity to attach properly to other persons then 'open adoption' will not hinder the process (Watson 1988).

Writing in the Fall 1994 edition of *IMAGE - Journal of Nursing Scholarship*, Jana L. Lauderdale and Joyceen S. Boyle discuss the implications of "open adoption" procedures on the birth mother compared to the implications of "closed or confidential adoption". Their study indicates that there is a difference in the way birth mothers view themselves that seems to be connected with the type of adoption procedure used. In their article, "Infant Relinquishment Through Adoption" they give a portrait of

the relinquishing birthmother. They refer to their models as "The Grateful Giver" and "The Reluctant Giver." "The Grateful Giver" represents the woman who experienced an open adoption. "The Reluctant Giver" were those women who experienced a closed adoption. The authors list some of the characteristics of each type of women. "The Grateful Giver" are women who:

- 1) described attachment to their pregnancy, i.e. they sought early prenatal care, maintained a healthy diet, avoided drugs, smoking and alcohol, etc.
- 2) They felt in control of their decision to relinquish for adoption.
- 3) They were active participants in the adoption.
- 4) They accepted their loss and believed they were "giving a gift of someone".

These women demonstrated that they had come to terms with the loss of the relinquished baby by moving on with their lives, returning to work, forming new relationships and completing their education.

"The Reluctant Giver" on the other hand are women who:

- 1) chose to conceal their pregnancy in various ways. Many denied they were pregnant, ignoring the common signs of pregnancy. Thus many did not seek prenatal care until late in their pregnancy, if at all.
- 2) They felt the decision to place their baby for adoption was out of their control.
- 3) They felt like passive participants in the adoption. The process was described as, "my baby was taken away from me".
- 4) This resulted in their inability to resolve their grief at the loss of the relinquished baby.

These women still expressed feeling of anger and resentment (Lauderdale and Boyle, 1994).

Summary The debate over 'open versus confidential' adoption may continue for years to come until enough empirical data is gathered to provide more information about what is the best possible way to meet the needs of those persons in the adoption triad. Though the use of 'confidential adoption' in the traditional sense is rare today, many agencies struggle with what degree of openness is beneficial and when does it become detrimental to those in the adoption triad.

Decision Making

The options a birth parent had prior to *Roe v. Wade* were: (1) a hasty marriage to the father of the child, (2) keep the child and raise it as a single parent and (3) relinquish the child for adoption. Prior to the advent of the single parent family, few choose to keep their child. The *Roe v. Wade* decision by the United States Supreme Court added another option "abortion" to the list. With the change in society's attitudes, more and more birth parents are choosing to keep their child rather than relinquish the child for adoption (Festinger 1971, Grow 1979).

What are some of the factors that lead some birth parents to keep their child while others surrender or relinquish them for adoption? This question has been overlooked. In recent years, researchers have begun to discover these factors, so some type of prediction can be made about the decision that different birth parents will make. Such information is needed so agencies can provide the needed assistance for those who decide to parent. In a 1980 study on adolescent's decision to parent or adopt, one researcher indicated that previous studies showed there should be more concern shown for adolescent mothers who choose to parent than for those who choose to surrender (Leynes qtd in Resnick et al. 1990).

The decision to keep or surrender was first linked to cultural, racial and religious factors. Culturally and racially it appears that in the Afro-American and Mexican-American communities, adoption is not considered an option for the unmarried adolescent. It appears that Anglos in the Roman Catholic community are more disposed to surrender the child for adoption (Meyer et al. 1956, Jones et al. in Terkelsen 1964). Later studies have found there are other factors that enter into the decision of the birth parent to surrender the child for adoption. The family environment appears

to contribute to the decision. Those who come from broken homes are more likely to keep their child than those who come from a stable home environment. Birth parents who surrender a child for adoption, appear to come from families that are economically in the upper middle and upper class and live in the suburban setting. Those who have goals for further education and career are more likely to surrender their child for adoption. The one single factor that appears to be constant is the birth parent's ability to think about the future and the effect that being a single parent will have on such things as educational goals and career goals (Resnick 1984, Festinger 1971, Gerber and Resnick 1988, Low et al. 1989, Resnick et al. 1990, Mclaughlin et al. 1988).

Some adolescent birth parents choose adoption as the choice for pregnancy resolution because they have experienced adoption through family members, friends or perhaps they themselves are adopted. Yet, this choice of adoption as a pregnancy resolution option places the adolescent in a difficult place. The choice is viewed by many as being loving and caring but by the birth parent's peers it can be seen as selfish and unloving (Resnick et al. 1990). This factor raises the issue of direct or indirect pressure being put on the birth parent by family members, the peer group and/or the agency social worker. When the birth parent perceives there is pressure, the outcome may be a great deal of regret about the decision, to place or keep the child in later life (Courtney 1986). Knowledge concerning adoption versus parenting also enters the decision making mix for most adolescent birth parents. Most adolescents have little knowledge of the life long effects of surrendering a child for adoption because there is little contact with other birth parents who have surrendered. Therefore, the

lack of knowledge sometimes leads a birth parent to fantasize about their role in the adoption process (Barth 1987).

Summary The decision making process concerning pregnancy resolution is complex and difficult. Many factors such as life goals, family environment, social status and knowledge must be considered. The role of counseling in this decision making process is very important if the birth parent is going to make an intelligent decision. Pressure from the agency social worker, the counselor, family or friends may not be perceived at the time as being significant; however, in later life it can lead to a great amount of regret for the decision to surrender rather than parent.

Spiritual Well-Being

The subjective well-being of individuals has been explored in the last three decades using a variety of tools and measurements. Well-being has been considered from the aspects of basic needs such as the need for having, the need for relating, and the need for being. Some of the other needs considered have been the need to belong, to experience intimacy and to be needed. Yet, the need for transcendence has been overlooked by many researchers. This need is exhibited in a person's desire to find purpose in committing oneself to some ultimate purpose in life. This need has been described as the non-physical dimension of awareness and experience or the spiritual dimension of life.

The measurement of spiritual well-being is difficult because it involves concepts which are subjective and thus difficult to operationalize by those in the behavioral sciences. However, Craig Ellison, says

“. . . if we are willing to live with question of validity that are involved with the measurement of any phenomenon which cannot be directly observed . . . we should be able to systematically and scientifically develop indicators of this hidden dimension (Ellison 1983).”

The next difficulty is in defining what is meant by spiritual well-being. Spiritual well-being involves two components: a religious component and a social-psychological component. Some have conceptualized spiritual well-being with both vertical and horizontal components. The vertical dimension refers to one's sense of well-being in relation to God. The horizontal dimension refers to one's sense of purpose and satisfaction in life. This is the existential sense of well-being (Ellison 1983).

Spiritual well-being according to Ellison may not be the same as spiritual health or spiritual maturity. Spiritual well-being comes from the underlying state of one's spiritual health. It is an expression of spiritual health much as the color of one's complexion, and pulse rate are expressions of one's good physical health. Spiritual maturity may be measured by such things as the "fruit of the Spirit" given in Galatians 5. Yet, such measured maturity does not measure one's spiritual well-being. Even the new Christian may have a sense of spiritual well-being and be very immature spiritually. Spiritual well-being should be seen as a continuous variable. It is not whether a person has it, but rather it is a question of what degree a person senses one's spiritual well-being (Ellison 1983).

Spiritual well-being has been studied from the point of view that personality integration and resultant well-being can be indicated by the use of instruments designed to measure spiritual well-being. Other research has indicated that in certain settings the spiritual well-being of an individual has an effect upon physical health, psychological health and relational well-being (Ellison and Smith 1991). In another study spiritual well-being and loneliness were studied in connection with the quality of life of an individual experiencing loneliness. This research found that loneliness is best

looked upon as an index of the perceived quality of *social* life and not life in general (Paloutzian and Ellison in Loneliness 1982).

Summary Spiritual well-being while being difficult to measure with certainty and accuracy, can be conceptualized and understood. Spiritual well-being is not measured by the spiritual maturity or the spiritual health of an individual. Spiritual well-being is not a dichotomy, but a continuous variable. Spiritual well-being is an indicator of one's psychological health and relationship.

The foregoing data found in the scripture and in professional literature demonstrates the importance of a study like the one undertaken by the researcher. As observed by William Chiaradonna, the literature dealing with helping unwed mothers has focused on helping them make the decision to relinquish for adoption or not. There seems to be a vacuum when it comes to helping birth parents deal with and work through their feelings of loss and resultant grief. This vacuum suggest the need for this study. The next chapter will show how this information applies to the real-life struggles of birth parents who have relinquished their infants for adoption.

CHAPTER 3

A Birth Parent Grief Support Group Model

Overview of the Study

The purpose of this preliminary study was to develop a model for use in the church to facilitate the grief work and recovery of birth mothers who place infants for adoption. The study considered how this loss can be an opportunity for spiritual growth as well as examining the variables of birth mother's grief and spiritual well-being. The factors influencing these variables are the types of adoption used and pre-adoption and post-adoption counseling.

A description of the population, sample, instrumentation, data collection procedures, research questions, operational questions, variables, data analysis, and limitations of the study follow.

Research and Operational Questions

Research Question 1. What changes occur because of the grief experience of the birth parent who relinquishes their infant for adoption?

Operational Question 1A What is the nature of grief for the birth parent?

Operational Question 1B Are there unique factors the grief process of a birth parent?

Research Question 2 Does the type of adoption influence a birth parent's openness to spiritual growth?

Operational Question 2A Does a loss that is seen as permanent create a climate for spiritual growth?

Operational Question 2B. Does a loss that is not seen as permanent create a climate for spiritual growth?

Population and Sample

The study made use of one population, birth mothers in the Tyler, Texas area who have relinquished their child for adoption through the Loving Alternatives Adoption Agency. The sample from this population was those birth mothers who choose to participate in a support group experience.

The researcher made contact with the population of birth mothers through the Loving Alternative Adoption Agency representative in Tyler, Texas. This contact was made through a letter (Appendix A) inviting those birth mothers who placed their infant for adoption through Loving Alternative in the past five years. The letter was sent by the agency representative so the agency's pledge of confidentiality may be preserved.

Instrumentation

The researcher-developed questionnaire (Appendix C) and a release form (Appendix B) was used to gather demographic data from those birth mothers who choose to participate in the study by attending the sessions of the support group. Along with the questionnaire and release form, each participant was asked to complete the "Loss Version" of the Grief Experience Inventory and the Spiritual Well-Being Inventory. These inventories were used as a pre-test before participation in the support group and for post-test measurement following support group participation.

Researcher Questionnaire The researcher designed questionnaire was used to gather demographic information on the birth mothers who participated in the support group experience. This questionnaire sought such information as number of children surrendered for adoption, marital status, age at time of placement and type of adoption, i.e., open, semi-open, confidential.

Grief Experience Inventory - Loss Version The Grief Experience Inventory (GEI) (Appendix D) was developed by Catherine M. Sanders, Paul A. Mauger and Paschal N. Strong. The purpose for its development was to “. . . meet the need for an objective multidimensional measure of grief. . .”(Sanders 1985, 2). The inventory makes use of standardized scales representing the separate components of grief. The inventory was developed over five years of testing and validation.

The Grief Experience Inventory (GEI) consists of 135 statements found to be associated with grief and bereavement. The respondent is asked to make a true or false response on a separate answer sheet. The 135 GEI items yield scores on twelve scales including three validity scales and nine clinical scales. There are also six research scales that can be scored but not used clinically.

GEI protocols are scored by hand using response sheets and scoring stencils available from the Center for the Study of Separation and Loss in Charlotte, North Carolina. From the raw scores, a profile sheet is prepared. The design of the profile is such that a T-score is automatically obtained. The norms are based on a total of 693 respondents.

The profile for the GEI is divided into two parts (1) the validity scales and (2) the bereavement scales. The validity scales include Denial, Atypical Responses and Social Desirability. The validity scales also measure the test-taking attitude of the respondent. The bereavement scales are Despair, Anger/Hostility, Guilt, Social Isolation, Loss of Control, Rumination, Depersonalization, Somatization, and Death Anxiety. The research scales are sleep Disturbance, Appetite, Loss of Vigor, Physical Symptoms, Optimism/Despair and Dependency. These scales according to the authors

have not been well developed so they are not plotted on the profile and should not be used in the clinical setting (5).

The GEI scales are expressed as T-scores. The T-score is a standard score with a mean of 50 and a standard deviation of 10. The larger the T-score the greater the intensity of the behavior measured. The GEI T-scores have not been normalized but are transformations of raw scores (5).

The Loss Version of the GEI will be used in this study of birth parent grief. This version of the GEI was developed to study the grief of individuals who suffer a loss other than death. The questions in the Loss Version have been rephrased so that they reflect loss grief rather than bereavement from death.

The validity scales of the GEI reflect the test taking attitude of the person taking the inventory. The Denial Scale (Den) indicates a hesitancy to admit to common but socially undesirable weaknesses and feelings. The Atypical Response scale (AR) indicates the tendency to endorse items which less than twenty-five percent of the normative sample endorsed. The developers of the GEI indicate there are several reasons why individuals would score high on this particular scale. Those reasons are:

1. The person is overwhelmed by his/her feelings and is too upset and confused to closely attend to the items of the test.
2. The person has a reading problem and can't understand the test items.
3. The person has a visual problem and can't see well enough to make out all of the words.
4. The person is unable to understand the nature of the test.
5. The person lost his/her place on the answer sheet and responded to items in the wrong order or there was an error in the scoring of the test such as keypunching all the items one field to the right.
6. The person is motivated, for some reason, to present himself/herself as experiences an extreme type of bereavement. Such an exaggerated presentation implies secondary gain of some sort. Possible reasons include:
 - a. A cry for help. The persons feels that he/she needs to appear in dire straits in order to received the support needed.

- b. Impression management. (If I am really in deep grief, maybe no one will blame me for what happened.) The person in this case sees this as socially required of him/her.
 - c. An attempt to play the role of dramatic grief, because the person see this a socially required of him/her.
7. The person answered randomly. He/she may have been bored or negativistic but made a show of cooperation by filling out the answer sheet (even if he/she didn't bother to read the items (Sanders, et al, 8).

The Social Desirability scale (SD) reflects the tendency to respond in a socially more desirable or acceptable manner (7-8).

The bereavement scales measure the degree of bereavement experienced as indicated by symptoms associated with the grief process. The Despair scale (Des) measures the mood state of the subject. This mood state is generally characterized by pessimism, feeling of hopelessness or worthlessness, slowing of thoughts or action and low self-esteem. The Anger/Hostility scale (AH) indicates the subject's level of irritation, anger, and feeling of injustice. The Guilt scale (GU) is the expression of feeling somehow responsible for the loss or in some way to blame. The Social Isolation scale (SI) indicates behaviors characterized by withdrawal from social contacts and responsibilities. The Loss of Control scale (LC) indicates the subject's inability to control overt emotional experiences. The Rumination scale (RU) measures the amount of time spent with thoughts concerning the loss or preoccupation with thoughts of the loss. The Depersonalization scale (DR) measures the numbness, shock, and confusion of grief. The Somatization scale (Som) measures the extent of somatic problems which occur under the stress experience. The Death Anxiety scale (DA) measures the intensity of one's personal death awareness. (8-10)

The reliability of the GEI scales have been studied in several samples. Test-retest reliability coefficients, drawn from two of the samples, show the scales to be stable over a moderate length of time. The two sam-

ples in the test-retest were college students (N=22). The test-retest interval was nine weeks while individuals in an Early Bereavement Group (N=79) had a test-retest interval of eighteen months. According to the authors the test-retest values in the college student sample compare favorably with the reliability of personality inventories over such a period of time. The reliability data suggest that the GEI scales are suitable for research use (13).

The validity of the GEI has been explored by correlation with other scales or inventories which measure similar constructs and the comparison of bereaved and nonbereaved individuals. Comparison of the types of bereavement i.e., the death of a child, spouse, or parent have also been done. The scales of the GEI were compared with scales of the Minnesota Multiphasic Personality Inventory. The correlation in the two scales appeared to be reasonable indicating that the scales relate to each other in patterns which support the theoretical formulation of the GEI scales. (15)

The Spiritual Well-Being Inventory The Spiritual Well-Being Test (Appendix E) was developed by Craig Ellison and R.F. Paloutzian. The inventory consists of a twenty question paper and pencil test using a six point Likert Scale, 1= Strongly Agree and 6=Strongly Disagree. The test measures Religious Well-Being (RWB) and Existential Well-Being (EWB) to determine Spiritual Well-Being (SWB). Spiritual Well-Being is built on two dimensions: vertical, one's sense of well being in one's relationship with God and horizontal, the sense of life purpose and satisfaction with everyday life and relationships.

The SWB is affectively oriented. It shows high reliability after being used in many studies since its development. There are strong correlations with other tests that measure religiosity, self-esteem, value orientation, etc. (Sappington and Wilson).

Data Collection

Data was collected first from the demographic questionnaire developed by the researcher. This data included information concerning age, education, age at the time of relinquishment, and type of adoption utilized. Before the first session of the support group, each participant was asked to complete the Grief Experience Inventory - Loss Version and Spiritual Well-Being Inventory as a pretest measurement of their grief experience and sense of well-being following their loss. The Support group was conducted during a six-week period of time. The first session was a trust building session. During this session, each individual was asked to share their story giving only the important details. The second session explored the events surrounding the pregnancy and decision to place the baby for adoption. The third session explored what changes each birth mother sees in herself as a result of her experience. The fourth session dealt with the negative thoughts associated with the unwed pregnancy and adoption. During this session the topic of forgiveness were discussed. The fifth session participants looked at the need for acceptance of the loss and moving toward the future. The sixth session focused on the future and what it may hold. An outline of each session is found in the appendices. At the conclusion of the support group experience the Grief Experience Inventory - Loss Version and the Spiritual Well-Being Inventory were given as a post-test of the experience. Six months following the support group both inventories were given again to determine the long term effectiveness of such a group.

Variables

The independent variables in the study include the type of adoption utilized, the amount of counseling given before and after the adoption and the individual birth mother's relationship and activity to the local church.

The dependent variables include the level of grief experienced and processed by the birth parents participating in the study and the spiritual well-being of those participating. The grief experience was measured according to the profile form used in the Grief Experience Inventory - Loss Version. While the spiritual well-being was measured by the Spiritual Well-Being Inventory.

Since teen pregnancy is a fact of life in our society and the church, there is a pressing need for the church to open its doors to those teens and their families facing a crisis pregnancy offering the hope of redemption and reconciliation. The church needs to develop effective ministries to assist these persons in making informed decisions concerning the options of single parenting and adoption. When adoption is the choice, the church needs to assist those making the decision in dealing with the loss brought about by the decision. The researcher hopes to provide the church with an effective model of ministry for those who choose adoption.

In keeping with the purpose of the study the researcher hoped to produce a support group model that can be used in the local church to help persons grieving the subtle losses of life. Since the purpose of the church is to disciple persons in the Christian faith, helping persons use all of life as a tool of discipleship, includes the grieving of all types of losses. This also means that the church must recognize that persons grieve other losses besides the loss coming because of death.

The next chapter will reveal the findings of this study as they relate to the grief process for birth parents who relinquish their infant for adop-

tion. These findings will hopefully help the local church in its mission of making disciples.

CHAPTER 4

The Model in Action

Population and Sample

The population for the sample of this preliminary study were fourteen birth mothers who had relinquished an infant for adoption in the last six years through the Loving Alternative Adoption Agency of Tyler, Texas. Each one received a letter of invitation from the researcher with a cover letter from the agency case worker. One week prior to the start of the group, the researcher contacted each birth mother by phone to issue a personal invitation to participate and to determine how many would be attending the first session of the group. Of the fourteen contacted, five or 36% of those invited responded by attending the first session. Only four of the five attended all of the support group sessions.

Sample Demographics. The group was composed of three Caucasians and one Hispanic birth mothers. The average age of the sample was 19 years old with the oldest being 34 and the youngest 16 at the time of the group meeting. Each participant had relinquished only one child for adoption. The average age at the time of relinquishment was 21 with the oldest being 28 and the youngest 16. The oldest birth mother participating was divorced at the time of her relinquishment with two children. She has since remarried her first husband and has two more children. The other birth mothers were all single at the time of relinquishment and at the time of group participation. All participants were high school graduates or were completing their high school education in local high schools. Two are currently employed.

All participants received counseling during their pregnancy with either the agency's social worker and/or the agency's licensed counselor.

This counseling was done one-on-one and not in a group setting with other birth mothers considering adoption. All were encouraged to consider the alternative of single parenting. In the counseling setting, all were encouraged to discuss any doubts they may have about their decision to relinquish their infant for adoption. All four were counseled concerning the probability of grief following their relinquishment and that this was a normal reaction for those who relinquish a child for adoption. All four birth mothers rated their counseling as very helpful.

In response to questions concerning the adoption itself, three of the birth mothers made specific request concerning the type of family they would prefer for their child. One birth mother, the oldest, had more of a traditional type of adoption where the adoptive family was selected without her input by the adoption agency. The three younger birth mothers were given non-identifying information about the adoptive family and had been given a choice in the selection of a family. Two of the younger birth mothers met their adoptive family before giving birth to their child but all three were present at the time of placement. Again the older birth mother's experience was more traditional in this regard. All of the birth mothers were given the opportunity to see and hold their child before signing the relinquishment papers. All were given a special time in which they could say good-bye to their child. Only the youngest of the birth mothers expressed a desire to have spent more time with her child before the time of placement.

On the issue of grief, all of the birth mothers indicated they did experience some grief after the relinquishment of their child for adoption. At the time of the group, two of the birth mothers were experiencing either a great deal of grief or a fair amount of grief. These two birth mothers were

either in the middle of relinquishment or just a couple of months away from the actual event. One birth mother indicated she experiences a small amount of grief presently. Her relinquishment occurred three years ago. The oldest of the group expressed feeling little or no grief. Her relinquishment occurred six years ago. All of the birth mothers expressed the opinion that the topic of grief should be discussed with those considering adoption and were grateful they had received such counsel. Looking back at their decision all of the group expressed confidence in their decision to relinquish their child for adoption. One of the birth mothers wrote, "Yes! Yes! Yes! Yes! I can't say it enough times!" in response to the last question of the Birth Mother Questionnaire.

Birth Mother Grief

What changes occur because of the grief experience of the birth parent who relinquishes their infant for adoption?

All of the group members completed the "Grief Experience Inventory - Loss Version" following the first session of the support group. The GEI was completed again at the conclusion of the support group and then again at six months after the last session. Table 1 page 55, compares the initial GEI results with a study of parents experiencing bereavement after the death of a child and a general reference group (Sanders, Mauger, & Strong, 1985).

There are no significant differences in the three groups in the validity scales. Although it would appear that the Birth Mothers in this support group made fewer Atypical Responses than the General Reference Group. It also appears though that the birth mothers score on the Social Desirability scale shows the group perceives it is less socially desirable for them to demonstrate their grief than for those in the General Reference Group.

In the Bereavement Scales there are no significant differences in the three groups. One of the notable exceptions is seen in the Despair (Des) scale where the Birth Mother group would seem to indicate more despair in the situation than the other two groups. On the "Guilt" (Gu) scale the Birth Mothers mean score is slightly higher than the Bereaved Parents mean but still significantly higher than the General Reference mean. The Guilt scale seems to indicate that the Birth Mother group felt more guilt about their loss than did the other two groups. The last exception is seen in the Somatization scale where the Birth Mother group seems to show they have less somatic problems than the General Reference group.

Table 1
Grief Experience Scores of Birth Mothers Compared with Bereaved Parents and a General Reference Groups

Variables	Birth mother Mean	Bereaved Parents Mean	General Reference Mean
Validity Scales			
Den	2.00	2.45	3.13
AR	6.75	6.60	8.85
SD	5.25	4.38	3.94
Bereavement Scales			
Des	9.00	7.37	7.18
AH	4.75	4.66	4.86
Gu	3.00	2.07	1.85
SI	3.25	2.53	2.67
LC	4.75	5.48	4.54
Ru	3.50	5.24	5.10
DR	4.75	4.80	4.42
Som	6.75	5.65	8.79
DA	6.75	5.79	5.67

Table 2 page 56, compares the birth mother mean scores at the conclusion of the support group and six months following the group experience. The biggest change in the birth mother group mean is found in the Denial (Den) scale. This scale indicates a hesitancy to admit to common but socially undesirable weaknesses and feelings, that is it measures an

individual's defense mechanism. The Denial scale will only detect rather naive defensiveness (Sanders, 7). It would appear by the lower mean score that six months following the support group the birth mother who participated were less defensive in admitting to negative feelings and attributes.

The comparison of all three GEI Birth Mother Means seems to suggest that the support group was effective in helping the group work with grief issues. The effectiveness of the group seems to be long term as most of the third GEI mean scores are lower than those of the initial GEI. The exceptions are seen in the Despair (Des) and Loss of Control (LC) scales. In comparing the individual scores for the GEI completed at six months, it was noted that scores for the youngest participant in the birth mother group were very high. In conversation with her the researcher discovered that problems at home and at school were affecting her thinking and emotions. The high scores in these two scales would appear to have skewed the results making any real conclusion difficult to reach concerning the effectiveness of the support group in the areas of despair and loss of control.

Table 2
Grief Experience Scores For Birth Mother Support Group

Variables	First GEI Mean	Second GEI Mean	Third GEI Mean
Validity Scales			
Den	2.00	2.25	0.75
AR	6.75	7.25	6.75
SD	5.25	4.50	4.75
Bereavement Scales			
Des	9.00	6.00	7.50
AH	4.75	3.25	3.00
Gu	3.00	2.50	2.00
SI	3.25	3.00	2.75
LC	4.75	5.00	6.25
Ru	3.50	4.50	2.75
DR	4.75	2.00	4.75

Som	6.75	4.00	5.75
DA	6.75	5.00	6.00

Support Group Observations In the third group session the participants looked at changes in themselves that occurred in their lives as a result of their loss. All of the participants agreed there have been significant changes in their life. The youngest participant perhaps has experienced the greatest amount of change because she went from a large public school to a small private Christian school. This change was made necessary because threats were made against her if she followed through with her adoption plan for her baby. She summed up the difference in the two sets of friends she has by saying her old friends don't think about things, or look at the consequences of their decisions. On the other hand, her new friends at the Christian school do think about the decisions they make because they have been taught that decisions have consequences.

The oldest member of the group indicated that a major change had just occurred in the last year which centered around special occasions like Christmas. Her child was born in December. For the first three years following the relinquishment she would become depressed beginning in November without realizing it. She said her family noticed it because of her lack of enthusiasm in decorating for the holiday season. But, during the last year (1994) things were different. Her husband commented on the change which was the only reason she recognized what had been happening the previous three years.

In session four, the group explored some of their negative thoughts concerning their loss. One participant said she rarely has a negative thought about her placement until someone makes a comment like, "Oh, I could never do that." or something similar. Then she begins to wonder if

she really "blew it" by placing her baby for adoption. Yet, when she stops and thinks about it, she knows that the decision she made was the right particularly when she receives pictures that show how happy her baby is. All of the participants admitted to being angry at times about making the decision to place their baby for adoption. Two of the women expressed a desire to have spent more time with their baby before the relinquishment took place because they now wondered what it would have been like to have parented their child for even just a few days.

Sessions five and six focused on accepting the loss as being permanent and moving on to the future. The three single women agreed that as they look at the future the experience has changed their outlook on life. The two high school age girls said that it had caused them to look at things differently from their peers. The oldest of the three said the experience has helped her to clarify her life goals and to become more of a pro-active person. All of the participants look forward to the time when they will be able to be reunited with their child. The youngest said concerning this reunion, "I can't wait!" while the other high school girl said, "I think I can wait." The collages for the three single participants centered around future goals of marriage and having a family. All three indicated a desire to have a career but those careers were directed at helping others, perhaps young women in similar situations as theirs. The oldest participant's collage centered around her family and in also finding ways she could help women in a crisis pregnancy situation.

Spiritual Growth

Does the type of loss influence the openness of an individual to spiritual growth?

“The Spiritual Well-Being Scale” was given at the same intervals as the Grief Experience Inventory. Table 3 shows the mean scores from the initial Spiritual Well-Being Scale for the birth mothers who participated in the support group. These means are compared with mean scores from three other larger group (Ledbetter, et al, 1991). This comparison seems to indicate that the birth mothers’ sense of existential and religious well-being is similar to those they would identify with in terms of religious experience and preference. That is their daily life has a firm foundation in their religious experience.

Table 3
Comparison of Initial Spiritual Well-Being Scale Mean Score

Scale	Birth Mother Mean	Evangelical Christian	Born again Christian	Seminary Students
RWB	53.25	53.96	55.64	56.19
EWB	48.50	50.12	52.48	53.78
SWB	101.75	104.08	108.13	109.99

Table 4 is a Pre- and Post-Test comparison of the mean scores from the Spiritual Well-Being Scale. These scores seem to indicate the same sense of well-being existentially and religiously by all of the participants at the conclusion of the support group. Due to the small number in the sample for the study, it is difficult to really draw any definite conclusions as to the effectiveness of the support group on the spiritual well-being of the birth mothers in the group.

Table 4
Pre- and Post-Tests Comparisons on Spiritual Well-Being Scale

Collection Times	RWB Mean	EWB Mean	SWB Mean
Pre-Group	53.25	48.50	101.75
6 Weeks	52.00	47.75	99.75
6 Months	45.00	48.50	84.50

Summary The support group while helpful to the birth mothers who participated was too small to make any definitive interpretations from the “Grief Experience Inventory” and the “Spiritual Well-Being Scale” scores.

Conversations with participants by the researcher during the six months following the support group plus notes taken during the support group sessions perhaps give greater evidence of the changes experienced by the group's participants.

While each birth mother is an unique individual, the common thread of having relinquished an infant for adoption did provide the group with a sense of community. Since there is no forum for birth mothers to share their experiences and feelings the group's sense of community gave participants not only the chance to share, but also permission to be open in their sharing. Perhaps that sense of community was one of the factors involved in the changes experienced by participants.

The support group concept may be valid, but larger and more varied population and sample is needed to provide that validation. There are implications and preliminary conclusion that can be drawn from the birth mother support group. These are discussed in the next chapter.

CHAPTER 5

Summary and Interpretation

General Overview

This preliminary study of birth mother grief looked at the questions of the uniqueness of birth mother grief, the possibility of spiritual growth in the midst of such grief and a support group model that might be used to help facilitate the grief process and enhance the possibility of spiritual growth. The support group model was participated in by four birth mothers who had relinquished an infant for adoption during the last five years through the Loving Alternative Adoption Agency of Tyler, Texas.

In addition to participating in the support group and completing a demographic questionnaire, the women completed the "Grief Experience Inventory - Loss Version" and the "Spiritual Well-Being Scale." These instruments were given at the beginning of the six weeks support group, at the end of the support group and six months following the completion of the support group.

Discussion and Evaluation of Findings

Limitations of This Study Due to the small number of participants and the utilization of only one adoption agency this study is only a beginning. Further work needs to be done with a larger number of participants that represent a more than one agency. Working with birth mothers from other agencies who represent different philosophies and perspectives on adoption would make the results of further study more generalized than the current study.

Birth Mother Grief The study found that the grief experienced by birth mothers is to a large degree the same as that experienced by parents who experience the death of a child. There are some notable differences

though found in the Grief Experience Inventory (Loss Version) scores. First, the birth mothers in this study appear to give more "Atypical Responses" to the questions than do those in the Bereaved Parent group. The developers of the GEI indicate there are several reasons why individuals would score high on this particular scale. Those reasons are listed in the general discussion of the GEI found in Chapter 3. The t-test scores are below the 70 which the developers of the GEI say would call for cautious interpretation. Taking these into consideration it would appear one cause for the higher scores among the birth mothers is that there is a uniqueness in their experience of grief. This uniqueness is a result of their deliberate choice to relinquish their infant for adoption. This may also be seen in their higher scores on the "Social Desirability" scale.

The next difference is found in the "Anger/Hostility" scale. Following the support group sessions and up to six months post-group the birth mothers appear to have less anger and hostility than those in the Bereaved Parent group or the General Reference group. This may be the result of having the opportunity to openly express these emotions in the support group setting where they were surrounded by others who understood and accepted those feelings as being legitimate.

Another difference is seen in the "Rumination" scale. Before and six months after participation in the support group the birth mothers score on the scale was lower than the other two groups. This may reflect a difference in the amount of time in the giving of the instrument to the two research groups and their loss or the fact that in the case of these particular birth mothers they did not spend a large amount of time thinking or being preoccupied with thoughts about their child. The interesting difference in this scale is found between the pre-test and the post-test given at the end of

the group. The birth mother scores at this time were higher than those on the pre-test and of those on the six month post-test. The reason for the higher score would appear to be the increase amount of time spent thinking about their loss as a result of support group participation. The lower six-month post-test score would suggest that because the support group ended with an emphasis on the future, this group of birth mothers were beginning to "remember without pain".

In comparing the birth mother mean scores from all three tests, it would appear that being a part of the support group was helpful from the stand point of the "Depersonalization" scale. While the pre-test and six month post-test are the same, the mean score for the test given at the end of the group is significantly lower. Again, this may be a result of being a part of a group of birth mothers who have had a similar experience and the general acceptance of one another by group members.

One unexpected result from the GEI scores is found in the "Guilt" scale. Given the nature of the loss of the participants, one would expect them to score somewhat higher than those of the Bereaved Parent group. Yet, the scores on this scale are much the same not only for the Bereaved Parent group but for the General Reference group as well. Looking not only at the GEI but the Spiritual Well-Being Scale the conclusion drawn seems to be that because the participants since of well-being is well rooted in their religious well-being, their since of guilt is not excessive due to their experience of grace.

The youngest of the group participants gave some written responses to several of the questions found on the GEI taken at the conclusion of the group. To question 8 which reads; "It seems to me that I could have done more to prevent the loss." she wrote: "This question was hard to answer!

Because I could have prevented the loss by not having sex in the first place and the other by being selfish and just keeping him for myself. Did I want to prevent it? The answer would be yes out of selfishness, but no out of Love for him!!!” In answer to number 17 which reads; “I often experience confusion.” she wrote: “I get confused a lot because I wonder if what I did was the right thing.” To question 56, “I find it difficult to cry.” she wrote, “It’s hard to cry when I’m happy for him, but I cry easily in prayer and hardly if I am happy.” To question 57, “Looking at photographs of times before the loss took place, is too painful.” Her written response was: “Sometimes it is painful for me, but sometimes not.”

The Spiritual Well-Being Scale indicates that the birth mother participants all began the group with a fairly well integrated Existential and Religious well-being. At the conclusion of the support group, it would appear group members were moving towards a better integration of their Existential and Religious well-being. At the end of six months, all of the participants are seen as moving closer to the mid point of the scale which may indicate that they continue to integrate their daily living successfully. They appear to be using the foundation of their spiritual experience as the basis for their understanding of events and circumstances in their daily lives.

The scores on both the Grief Experience Inventory and the Spiritual Well-Being Scale seem to be somewhat affected by the current life situation of the individual taking the test. The scores on both instruments pre-test for one participant and at the six months post-test for another would seem to indicate a lack of adjustment or well-being. Upon further investigation, it was discovered that in both cases the participants were experiencing a

great deal of stress due to other things in their life that really had nothing to do with their grief.

Implications On Existing Subject Knowledge This study would seem to indicate that the existing knowledge on the topic of "birth mother grief" continues to need expansion. As Terrel Blanton indicated in her 1988 Masters' thesis,

"Further research needs to be conducted in the area of grief related to the relinquishment of children by birth mothers in order to provide quality services to these women. A longitudinal study involving the examination of the grief intensity at various stages of the birth mothers' pregnancy and adoption process would be very helpful in determining specific periods which appear to be significantly related to the grief experience (Blanton, 33)."

The preliminary nature of the study indicates that further study is needed in the area of open Vs closed adoption and the effects each has on a birth mother's grief. The study indicates that an open adoption where there is a meeting between the birth mother and the adoptive couple prior to the child's birth and having the birth mother present at the time of placement is helpful in the grief process. This is indicated from the fact that three of the four birth mothers who participated in this study experienced their relinquishment in this way. These three according to the instruments and their participation were doing as well six months to two and one half years from their placement as the one birth mothers who was five years from the relinquishment of her child.

Since the birth mothers in this study all received counseling during their pregnancy and continue to be relationally connected to the adoption agency, the study would indicate that perhaps the existing body of knowledge needs to be revised. This study indicates that counseling and a continuing relationship does make a difference in the grief experience of a birth mother. Furthermore, since the counseling and relationship each birth

mother received was grounded in the Christian faith, the study indicates a preference for this type of counseling and relationship.

Possible Contributions Though there may have been other studies done using a similar methodology, the researcher found only one in his review of the literature. That study was reported by William Chiaradonna's article "A Group Work Approach to Post-Surrender Treatment of Unwed Mothers". Chiaradonna's article was printed in the Winter 1982 edition of "Social Work with Groups". More work using the support group model needs to be explored in order to determine the long term effectiveness of this methodology. Chiaradonna's work focused primarily upon the immediate results of a support group for birth mothers. This study extends that by looking at the possible results six months following the support group.

Relationship to Previous Studies Chiaradonna's work and the study indicate that until a birth mother is ready to explore the issues surrounding her grief there is not much that can be done by social workers, psychologist or pastors. This study along with Blanton's study on birth mother grief and the study by Jana L. Lauderdale and Joyceen S. Boyle show the need for more study concerning open adoption. A longitudinal study would help determine how much openness is helpful in grief process and how much is detrimental. Such a study is needed to determine the effects of open adoption not only on the birth mother but also on the child relinquished for adoption. This study would indicate that Lauderdale and Boyle are correct in their classification of birth mothers as either "grateful giver" or "reluctant giver" based upon the type of adoption utilized.

Practical Applications As previously stated teen pregnancy is no longer confined to a particular segment of our society. The fact is the crisis of an unwed pregnancy has found its way into lives of young women

who come from families who are active in the "evangelical" church. The church can no longer ignore the fact that it's own teens are as sexually active as those outside the church. The church needs to once again take the lead in providing ministry to those who find themselves with teen pregnancy. This study gives some preliminary help to pastors, youth pastors and youth sponsors in helping them understand birth mother grief and also a support group model to aid them in their ministry.

Working with birth mothers who have relinquished a child for adoption through a support group can be a means of pastoral care. Since teen pregnancy is prevalent in our society the church should not see it strictly as a moral condition to fight but also as an opportunity for loving care. Teen pregnancy can be a chance for the church to share the Good News of Christ with those caught in its web.

Another area of practical application is dealing with those who grieve other unacknowledged losses. Within, as well as outside the church are those who experience grief when they retire from a job they have held for many years or when being layed off because of "downsizing" in industry. Individuals experience grief when they move from one community to another. Churches themselves experience grief when pastors leave or key lay people move. All of these losses need to be acknowledged as being real and what better way than for the church to offer ministry than through small, short-term support groups. This study provides a basic structure for such groups within the life of the local church.

In connection with such groups, there is a need to explore and study the grief process of those who experience losses other than through death. The Center for the Study of Separation and Loss has begun such work but more needs to be done. In addition, study could be done on the impact of

loss on the spiritual well-being of individuals and how this differs between those in the church and those not a part of the church.

Impact of Study The impact of this study on the researcher has been in strengthening the resolve to help implement some type of on going grief support group within the program of the adoption agency where he now works. The experience has opened up avenues of further research particularly in the whole area of family systems and teen pregnancy. The experience helped the researcher understand some of the dynamics of his own grief due to the losses he has experienced, including that of having a grandchild placed for adoption.

The support group seems to have helped the birth mothers who participate. In later communication, the oldest of the participants expressed her appreciation for the group. She indicated that even though it had been five years since she placed her child, the group helped her look at things in a new light. This helped her move to a new place in her own grief over the loss of her child through adoption. The older high school age birth mother also communicated that her participation had helped her be more open about her experience with her current boy friend.

The researcher now works for the Loving Alternative Adoption Agency. His work laid the foundation for the establishment of an on going support group open to all birth mothers who place their infants for adoption. The agency hopes that this program will be another tool that they can use to help birth mothers make good adoption choices and learn to live more productive lives following their placement.

Critique of Study Design

Appendix

Appendix A

«date»

Dear «salutation»,

I hope that this letter finds you doing well and experiencing the goodness that only God can bring to you. We here at Loving Alternatives think and pray for you often and are always asking God for new and better ways to serve and encourage you in your walk with Him. Your unselfish and courageous choice to place your child for adoption continues to make a lasting impact on many lives. We want you to know that we are still here for you and are anxious to continue to remain a part of your life. You are very important to us and we feel God has such valuable and important plans for you.

Enclosed is a letter from one of our newest staff members, Wayne Norman. He and his family have also experienced the joys and the hardships of placing a child for adoption. He has a heart to develop a support group that will be able to encourage and minister to you as a birthparent. As his letter explains, this group will be a valuable tool to assist us and others who deal with adoption issues to better meet birthparent's needs.

I believe this support group can be a major blessing to your life and I want to encourage you to attend. It is a great opportunity for you to meet and become acquainted with other birthmothers from our community who have also placed their children through Loving Alternatives. It will give you a chance to share "your story" with others who have had similar experiences and can truly understand your joys and struggles through adoption.

If transportation is an issue for you, we may be able to assist you. Please don't let that keep you from attending. Please feel free to bring pictures to show off.

I look forward to seeing you on March 21, 1995.
Blessings to you,

Carol Morgan
Caseworker

Appendix B
WAYNE L. NORMAN, JR.
15681 C.R. 4191
LINDALE, TX 75771
HOME PHONE (903) 882-3716

March 8, 1993

For many years, young women have turned to the option of adoption to assist them with unplanned and untimely pregnancies. Only in the past several years however, have professional adoption workers, pastors and pastoral counselors realized the long term emotional affects relinquishment of a child(ren) for adoption has on a birth mother. I am a Doctor of Ministries student at Asbury Theological Seminary in Wilmore, Kentucky. I am currently doing research for my dissertation. The purpose of my research and dissertation is to study the grief experience of birth mothers who relinquish a child for adoption. This study will provide information that will aid pastor and pastoral counselors in their understanding of the feelings of birth mothers following relinquishment. The information received from this study will be helpful in developing more appropriate and helpful support by those in the local church or Pastoral Counseling Center for those women who utilize the adoption option in the future.

In the interest of exploring the grief experience of birth mothers after placing a child for adoption, I will be conducting a six session support group. This group will meet at Place of Meeting beginning Date at Time. I would like to invite you to participate in this support group experience.

If you are interested in participating in this study, please contact either Ms. Beverly Kline at Loving Alternatives or me at the address and phone number listed above. Please understand that your decision to participate in this research project is strictly voluntary. Should you decide to participate in the study, you will be making a great contribution to the quality of future services being offered to young women who choose the adoption option.

Thank you for participating in the project.
Sincerely,

Wayne L. Norman, Jr.
Doctor of Ministries Department
Asbury Theological Seminary

Appendix C

Consent Form

I, the undersigned, freely give my consent to participate in this research study which is being conducted by Wayne L. Norman, Doctor of Ministries Student at Asbury Theological Seminary, Wilmore, Kentucky. This study involves an exploration of the grief process of birth mothers who have relinquished a child for adoption. The information resulting from this study may be helpful in developing future services by the local church and professional Pastoral Counselors for women who face this difficult emotional decision.

I understand that my participation in this investigation is in three parts, 1) to complete the enclosed questionnaire, the Grief Experience Inventory - Loss Version, the Spiritual Well-Being Inventory and return them to the researcher. 2) participation in a six week support group experience. 3) Completing the Grief Experience Inventory and the Spiritual Well-Being Inventory at the conclusion of the support group and six months post support group experience. I further understand that any information collected from these interviews will be kept strictly confidential.

I understand this consent form will be separated from the questionnaires at the time it is received to maintain confidentiality.

I understand that I may freely withdraw from the study at any time without fear of any penalty or prejudice whatsoever. I also understand that I have the right to not complete the questionnaires if I so choose.

I understand that this consent form is a legal requirement of research which simply gives the researcher permission to use the material I give on the questionnaires.

Finally, I understand that I may request a brief copy of the study's findings and implications by writing to the researcher who is listed below.

Date

Printed Name of Participant

Signature of Participant

Signature of Parent or Guardian
(If under 18 years of age)

Wayne L. Norman, Jr.
15681 CR 4191
Lindale, TX 75771
(903) 882-3716 or (903) 882-1856

Appendix D
Birth Mother Questionnaire

Study number: _____

Part I.

This first section involves questions about your background.

Your present age: _____ Age at time of relinquishment: _____

Your present religious affiliation (circle number):

1. Protestant(specify denomination) _____
2. Jewish
3. Roman Catholic
4. Other (specify) _____
5. None

Marital Status (circle number):

1. Single, never married
2. Married
3. Living with a partner in a stable relationship
4. Separated
5. Divorced
6. Widowed

Your relationship status at the time of relinquishment (circle number):

1. Single, living at home
2. Single, living alone
3. Married
4. Living with a partner in a stable relationship
5. Separated
6. Divorced
7. Widowed

Highest level of education (circle number):

1. Some High School
2. High School Graduate
3. Some College
4. College Graduate Degree received: _____
5. Some Graduate Work
6. Graduate Degree (specify degree) _____

Are you currently employed? _____

If so, what is your position or title? _____

How many children have you surrendered for adoption? _____

Other than the child (children) you surrendered, how many children do you have? _____

What are their ages? _____

Have you adopted any children? _____

Part II.

This section asks for some information about the counseling you may have received. These questions refer only to counseling you received during your pregnancy and up to two years after your child was relinquished. Take your time and answer the questions as best you can remember your situation.

Mark only one answer by putting an X for the answer which best describes your situation.

1. Did you receive counseling services regarding the relinquishment of your child for adoption?
 No (IF NOT, SKIP QUESTIONS 2-12, AND MOVE ON TO PART III.)
 Yes
2. About how many counseling sessions did you have with a counselor during your pregnancy?
 None
 One
 2 -5
 6-10
 More than 10
3. Did you participate in any group counseling session with others considering adoption?
 No
 Yes
4. About how many counseling sessions did you have with a counselor during the two years following relinquishment?
 None
 One
 2 -5
 6-10
 More than 10
5. Which of the following provided the counseling services to you?
 An agency social worker
 A private therapist
 Other (Please specify) _____

6. Did you feel comfortable talking with the individual who provided the counseling?
 No
 Yes
7. Did your counselor discuss alternatives other than an adoption?
 No
 Yes (Please specify what alternatives were discussed)
-
8. Did you discuss doubts you may have had about adoption with your counselor?
 No
 Yes
9. Did your counselor tell you that you would probably have feelings of grief before and after signing the relinquishment papers?
 No
 Yes
10. Did your counselor tell you that grieving is a normal reaction when a woman relinquishes a child for adoption?
 No
 Yes
11. Who do you think your counselor was most concerned with helping?
 You
 Your child
 The Adoptive couple
 Other (Please specify)
-
12. How would you rate the counseling you received?
 Harmful
 Not helpful
 Somewhat helpful
 Very helpful

Part III.

This section involves questions about how much you were personally involved in the selection of the couple who adopted your child. The term "intermediary" refers to the person who had the most responsibility in carrying out the adoption plan.

Again, mark only one answer by putting an X for the answer which best describes your situation.

13. Who was the intermediary that was primarily responsible for handling the adoption plan for your child?
 An agency social worker
 Lawyer
 Other (Please specify)
-

14. Did you make specific requests about the type of adoptive family you preferred?
 No
 Yes
15. Were you given information about the adoptive family before signing relinquishment papers?
 No
 Yes
16. Were you given a choice between a number of prospective adoptive families?
 No
 Yes
17. Did the intermediary ask you if you would like to help select the adoptive family?
 No
 Yes
18. Did you have any contact with the adoptive family?
 No
 Yes (Please specify type of contact)
-

Part IV.

This section involves questions about the time you may have spent with your child prior to signing relinquishment papers. Continue to mark only one answer by putting an **X** for the answer which best describes your situation.

19. Were you given a choice about seeing your child before signing relinquishment papers?
 No
 Yes
20. Did you see your child prior to signing relinquishment papers?
 No (IF NOT, SKIP QUESTIONS 21-23, AND MOVE ON TO SECTION V.)
 Yes
21. Did you hold your child prior to signing relinquishment papers?
 No
 Yes
22. Were you allowed a special moment to say good-bye to your child?
 No
 Yes
23. Do you wish you had spent more time with your child before signing relinquishment papers?
 No

Yes

Part V.

This section involves questions relating to your feelings of grief following the relinquishment of your child. Some may be difficult to answer. Please take your time and mark an **X** for the answer which best describes your situation.

24. Did you experience any grief about relinquishing your child for adoption?

No

Yes

25. Who was the person who helped you the most in working through your grief?

26. How much grief about relinquishing your child do you still experience today?

None

A little amount of grief

A fair amount of grief

A great deal of grief

27. Do you believe counselors should discuss relinquishment as an alternative with women who are experiencing an unplanned pregnancy?

No

Yes

28. Do you believe counselors should discuss the grief involved in the relinquishment decision?

No

Yes

29. Looking back today, do you feel you made the best decision in relinquishing your child for adoption?

No

Yes

Appendix E

The Grief Experience Inventory, Loss Version

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The Grief Experience Inventory

Loss Version

Catherine M. Sanders

Paul A. Mauger

Paschal N. Strong, Jr.

INSTRUCTIONS

This questionnaire is concerned with the experience of grief. The statements included represent thoughts and feelings commonly expressed by people who have suffered a severe loss. Read each statement and then try to determine how well it describes you during your period of bereavement. If you are still experiencing some of these thoughts or feelings, please respond in the same manner. If the statement is true or mostly true as applied to you, blacken the space under true on your answer sheet. If the statement is mostly false, blacken the space under false on your answer sheet. If a statement does not apply to you leave it blank.

Please mark your answers on the sheet provided. In marking your answers, be sure that the number of the statement agrees with the number on the answer sheet. Write only on the answer sheet. Do not make any marks on the booklet.

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The Center for the Study of Separation and Loss

Charlotte, North Carolina

GRIEF EXPERIENCE INVENTORY

Loss Version

1. Immediately after my loss I felt exhausted.
2. I tend to be more irritable with others.
3. I am strongly preoccupied with thoughts of the loss.
4. I frequently experience angry feelings.
5. It is not difficult to maintain social relationships with friends.
6. My arms and legs feel very heavy.
7. I am unusually aware of things related to death.
8. It seems to me that I could have done more to prevent the loss.
9. I showed little emotion after the loss.
10. I felt a strong necessity for maintaining the morale of others after my loss.
11. I feel cut-off and isolated.
12. I rarely take aspirins.
13. I feel reluctant to attend social gatherings.
14. I was unable to cry at the announcement of the loss.
15. I have feelings of guilt.
16. I have a special need to be near others.
17. I often experience confusion.
18. I feel lost and helpless.
19. I am comforted by believing the loss was meant to be.
20. I have had frequent headaches since the loss.
21. It was difficult to part with certain articles that I used before the loss but have no need for now.
22. It was necessary to take sleeping pills after the loss.
23. The yearning to have things back the way they were before is so intense that I sometimes feel physical pain in my chest.
24. I cry easily.
25. I have taken tranquilizers since the loss.
26. I experience a dryness of the mouth and throat.
27. I feel restless.
28. Upon first learning of the loss I had a dazed feeling.
29. Concentrating upon things is difficult.
30. I have feelings of apathy.
31. I experienced a feeling when the loss occurred that "something died within me."
32. Aches and pains seldom bother me.
33. I find I am often irritated with others.
34. I could not cry until well after I learned of my loss.
35. I feel that I may in some way have contributed to the loss.
36. I find myself still acting in ways which are similar to ways I acted before the loss.
37. I made all the arrangements after the loss.
38. I lack the energy to enjoy physical exercise.
39. I rarely feel enthusiastic about anything.
40. I feel that the loss has aged me.
41. I have never dreamed about things as they were before the loss.
42. I find myself frequently asking why did the loss have to happen in this way.
43. I have difficulty believing the loss has actually occurred.
44. I feel a strong desire to complete certain unfinished tasks begun before the loss took place.
45. I have often dreamed of times that took place before the loss.
46. I am often irritable.
47. I have dreamed of the loss after it happened.
48. I feel extremely anxious and unsettled.
49. I feel tenseness in my neck and shoulders.
50. Sometimes I have a strong desire to scream.
51. I am so busy that I hardly have time to grieve over my loss.
52. I feel angry toward God.
53. I have the urge to curl up in a small ball when I have attacks of crying.
54. I feel the need to be alone a great deal.
55. I rarely think of my own death.
56. I find it difficult to cry.
57. Looking at photographs of times before the loss took place, is too painful.
58. Life has lost its meaning for me.
59. I have no difficulty with digestion.
60. I have had brief moments when I actually felt anger at having my loss.

61. I have had no trouble sleeping since the loss.
62. I have a hearty appetite.
63. I feel healthy.
64. It comforts me to talk with others who have had a similar loss.
65. I yearn for my life before the loss.
66. I seldom feel depressed.
67. I have the feeling that I am watching myself go through the motions of living.
68. Life seems empty and barren.
69. There are times when I have the feeling that the loss did not take place.
70. I often take sedatives.

71. I have frequent mood changes.
72. The actions of some people make me resentful.
73. My feelings are not easily hurt.
74. I am losing weight.
75. Small problems seem overwhelming.
76. I sometimes feel guilty at being able to enjoy myself.
77. I frequently have diarrhea.
78. I often wish I could assume the burden of the loss without anyone else suffering.
79. I have lost my appetite.
80. I sometimes talk with myself about the loss.

81. I am not interested in sexual activities.
82. At times I wish I were dead.
83. It is hard to maintain my religious faith in light of all the pain and suffering caused by the loss.
84. I seem to have lost my energy.
85. I dread viewing a body at the funeral home.
86. I find myself idealizing my life before the loss.
87. I have problems with constipation.
88. I frequently take long walks by myself.
89. I avoid meeting old friends.
90. I have a special need for someone to talk to.

91. It often feels as if I have a lump in my throat.
92. I think about the loss all the time.
93. I seem to have lost my self confidence.
94. I drink more alcohol now than before the loss.
95. When I learned of the loss, I thought "this could not be happening to me."
96. I have nightmares.
97. The thought of death seldom enters my mind.
98. I have never worried about having a painful disease.
99. Funerals sometimes upset me.
100. I would not feel uneasy visiting someone who is dying.

101. I often worry over the way time flies by so rapidly.
102. I have no fear of failure.
103. I am close with only a few persons.
104. The sight of a dead person is horrifying to me.
105. I always know what to say to a grieving person.
106. I often seek advice from others.
107. It does not bother me when people talk about death.
108. I cannot remember a time when my parents were angry with me.
109. I do not think people in today's society know how to react to a person who is grieving.
110. I never have an emotional reaction to funerals.

111. I often think how short life is.
112. I am not afraid of dying from cancer.
113. I do not mind going to the doctor for check-ups.
114. I shudder at the thought of nuclear war.
115. The idea of dying holds no fears for me.
116. I never lose my temper.
117. I have always been completely sure I would be successful when I tried something for the first time.
118. I am not usually happy.
119. I feel that the future holds little for me to fear.
120. I cannot ever remember feeling ill at ease in a social situation.

121. I feel myself sighing more now than before the loss.
122. I spent a great deal of time with myself before the loss.
123. I find that comforting others helps me.
124. My family seems close to me.
125. I feel that I handled the loss fairly well.
126. My religious faith is a source of strength and comfort.
127. I am smoking more these days.
128. I am not a realistic person.
129. I am awake most of the night.

130. I feel exhausted when I go to bed but lie awake for several hours.
131. I lose sleep over worry.
132. I often awake in the middle of the night and cannot get back to sleep.
133. I sleep well most nights.
134. Things seem blackest when I am awake in the middle of the night.
135. I can sleep during the day but not at night.

Appendix F
The Spiritual Well-Being Inventory

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SWB Scale .

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = Strongly Agree
 MA = Moderately Agree
 A = Agree

D = Disagree
 MD = Moderately Disagree
 SD = Strongly Disagree

- | | |
|---|-----------------|
| 1. I don't find much satisfaction in private prayer with God. | SA MA A D MD SD |
| 2. I don't know who I am, where I came from,
or where I am going. | SA MA A D MD SD |
| 3. I believe that God loves me and cares about me. | SA MA A D MD SD |
| 4. I feel that life is a positive experience. | SA MA A D MD SD |
| 5. I believe that God is impersonal and not interested in
my daily situations. | SA MA A D MD SD |
| 6. I feel unsettled about my future. | SA MA A D MD SD |
| 7. I have a personally meaningful relationship with God. | SA MA A D MD SD |
| 8. I feel very fulfilled and satisfied with life. | SA MA A D MD SD |
| 9. I don't get much personal strength and support
from my God. | SA MA A D MD SD |
| 10. I feel a sense of well-being about the direction
my life is headed in. | SA MA A D MD SD |
| 11. I believe that God is concerned about my problems. | SA MA A D MD SD |
| 12. I don't enjoy much about life. | SA MA A D MD SD |
| 13. I don't have a personally satisfying relationship with God. | SA MA A D MD SD |
| 14. I feel good about my future. | SA MA A D MD SD |
| 15. My relationship with God helps me not to feel lonely. | SA MA A D MD SD |
| 16. I feel that life is full of conflict and unhappiness. | SA MA A D MD SD |
| 17. I feel most fulfilled when I'm in close communion with God. | SA MA A D MD SD |
| 18. Life doesn't have much meaning. | SA MA A D MD SD |
| 19. My relation with God contributes to my sense of well-being. | SA MA A D MD SD |
| 20. I believe there is some real purpose for my life. | SA MA A D MD SD |

Appendix G

Birth Mother Support Group

Session 1

This session will focus on group building by having each member of the group share their story. The following questions will be handed to each participant to aid in their sharing.

1. Set the stage for your story by telling the group when, where, how and who of your story.
2. What advice were you given and by whom?
3. When did you make the decision to place your baby for adoption?
4. Did you have a role in choosing the adoptive family?
5. Do you hear from the adoptive family, receive pictures, etc.?

Session 2

During our time together this evening we will be exploring the events surrounding your pregnancy, decision to place your baby for adoption and the actual birth and placement of your baby. To help us do this we will be using what is called a "relationship history graph" that has been modified for our purposes.

This history graph will be constructed on the blank sheet of paper you have in front of you. Down the middle of the paper, I want you to draw a line. Label one end "pregnancy discovered." Label the other end "birth and placement." Now label a third point "decision" according to where in the chain of events you made the decision to place your baby for adoption. Okay, now we will take ten minutes for you to fill in the graph with the negative and positive things that happened during your pregnancy. Place the negative things on the bottom of the graph and the positive things on the top.

Session 3

This evening we will be looking at the changes that have occurred in our lives as a result of the loss we have each suffered. To help us get a handle on these changes I want you to take a few minutes and complete a simple questionnaire. After everyone is finished, we will discuss the questionnaire.

Changes in Myself Because of My Loss

On a scale of 0-10 (0 meaning "not at all" and 10 meaning "total recovery in that area") rate yourself in response to the following questions.

I have returned to my normal levels of functioning in most areas of my life.

0-----5-----10

My feelings do not overwhelm me when I think about my baby or someone mentions him/her.

0-----5-----10

Most of the time I feel all right about myself.

0-----5-----10

I enjoy myself and what I experience without feeling guilty.

0-----5-----10

My anger has diminished and when it occurs, it is handled appropriately.

0-----5-----10

I don't avoid thinking about things that could be or are painful.

0-----5-----10

My hurt has diminished and I understand it.

0-----5-----10

I can think of positive things.

0-----5-----10

I have completed what I need to do about my loss.

0-----5-----10

I can handle special days or dates without being totally overwhelmed by memories.

0-----5-----10

I have handled the secondary losses that accompanied my major loss.

0-----5-----10

I can remember the loss on occasion without pain and without crying.

0-----5-----10

There is meaning and significance to my life.

0-----5-----10

I see hope and purpose in life, in spite of my loss.

0-----5-----10

I have energy and can feel relaxed during the day.

0-----5-----10

I no longer fight the fact that the loss has occurred. I have accepted it.

0-----5-----10

I am learning to be comfortable with my new identity and in being without what I lost

0-----5-----10

I understand that my feelings over the loss will return periodically and I can understand and accept that.

0-----5-----10

I understand what grief means and have a greater appreciation for it.

0-----5-----10

Session 4

Negative thoughts about ourselves and events often keep us from moving through the grief process. In the situation each of us has experienced there are plenty of negatives. This evening, we want to look at some of the negative thoughts we have or have had concerning adoption and in particular the placement of our own child for adoption.

Session 5

The reality of any loss is that it is permanent and that life continues after the loss. This is true in the death of a loved one or in the placement of a baby for adoption. This evening, we will explore ways in which perhaps you have moved on with life through acceptance of your loss and ways you can continue to use acceptance as the means of empowering you to move into the future.

Session 6

This evening, we will continue to look at the future but I want us to look further into the future than tomorrow and even next year. I have brought with me poster board, magazines, scissors and glue for each of us to construct a collage of what we believe the future will be like in the light of the past. I want you to look six months, one year, three years perhaps even further down the road and imagine what your life will be like or what you hope your life will be like. After we've finished, we will share our collage with each other.

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