

LIBERTY UNIVERSITY
JOHN W. RAWLINGS SCHOOL OF DIVINITY

LEADERSHIP INFLUENCE: ADOPTION PROFESSIONAL, BIRTH MOTHER,
AND ADOPTIVE PARENTS' KNOWLEDGE OF OPEN ADOPTION

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

by

Vicki K. Colls

Liberty University, Lynchburg, VA

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ABSTRACT

Adoption needs a minimum of three sets of participants: the birth mother, the adoptive parents, and the adoptive professionals. Being the adoption expert, the adoption professional leads all parties through the process of adoption. However, as adoption research grows, it focuses on the adoptee, birth mother, and adoptive parents but rarely on the adoption professional. As the central figure in the adoption process, the assumption is the adoption professional would be the primary influencer affecting the culture of adoption practices. The purpose of this quantitative descriptive, correlational study was to evaluate if a relationship exists between the adoptive professional's leadership and the existence of open adoption knowledge experienced by the birth mother and the adoptive parents controlling for the birth mother, adoptive parents, and adoption professionals for adoptions between 2010-2020. In addition, this study used quantitative methods to discover if the adoption triad members believe the adoption professional's leadership contributed to the knowledge of openness in adoption. A Likert scale was distributed to birth mothers, adoptive parents, and adoption professionals to discover the adoption professional's role in their knowledge of open adoption. The Likert scale to the adoption professional asked about their thoughts on open adoption and their role in the process. Descriptive statistics were used to analyze the results from the birth mothers and adoptive parents, and inferential statistics were used to analyze the results of the adoption professionals. The results showed that adoption professionals educate birth parents and adoptive parents about open adoption, and adoption professionals educate about the option of open adoption regardless of their age.

Keywords: adoption, adoption professional, birth mother, adoptive parents, open adoption, leadership.

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Dedication

Committing to classes, writing papers, taking exams, conducting research, more writing, experiencing frustration, finding joy in the professor's comments, and more writing would not have been possible if not for my family, Nestor, Jared, Ryan, and Terah. The family movie nights, the dinners, the games, and the countless "I can't, I have to finish my homework" that you all tolerated with grace and understanding beyond what should have been expected has made my twenty-three-year dream come true. The encouragement you all have so freely given, your excitement for my graduation, and the love you all have shown can never be fully repaid, but I hope these words will let you all know I noticed, and I am forever grateful.

Nestor, you are so much more than I could have dreamed of in a husband, best friend, and leader. You have championed our family, protected me, and pushed me to follow my dream. Thank you for going first and being my biggest cheerleader throughout it all. You have my heart today and forever!

Jared, Ryan, and Terah, I hope watching Daddy and I chase our dreams even though we are old and witnessing our complete dependence on Jesus to make this happen will inspire you never to stop dreaming and never stop trusting.

Lastly, I want to dedicate this dissertation to my daddy, Henry Fletcher, and my mama, Wanda Fletcher. Growing up, both of you taught me that Jesus was and must always be the anchor of my soul and that as long as I say "yes, Lord," nothing could hold me back. All those crazy dreams I had around the dinner table that you both encouraged and supported are the reason I am the woman everyone sees today. Thank you for teaching me and showing me what faithful obedience and service to the Lord should resemble.

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List of Abbreviations

Baby Scoop Era (BSE)

Children's Aid Society (CAS)

Children's Bureau of Delaware (CBD)

Relational Leadership Theory (RLT)

Traditional Leadership Theory (TLT)

CHAPTER ONE: RESEARCH CONCERN

Introduction

At the beginning of the twenty-first century, one-third of American families were impacted by adoption, ushering in the evolution of a multiethnic and multicultural society that redefines family (Wolfgram, 2008). The acceptance that family is not always connected by blood but may be created through adoption has become more commonplace. The eras of adoption norms, from open to closed to more open (Sales, 2012), have created a platform for members of the triad to either conceal or expose their truth. The rise of social media and digital platforms has given a voice to the voiceless, such as birth parents and adoptees, in the world of adoption that adoption professionals and adoptive parents dominate (Samuels, 2018). The paradigm shift within the adoption culture, powered by birth mothers and older adoptees, is to know one another and have unfettered access to their family of origin, advocating for open adoptions (Samuels, 2018).

Although open adoption is proving through research to be in the best interest of the birth mother (Clutter, 2017; Krahn & Sullivan, 2015), the adoptee (Balenzano et al., 2018), and the adoptive couple (Siegel, 2013), the adoption professionals continue to justify old myths (Robinson, 2013) limiting access to openness. The adoption professional is represented through an agency or attorney and includes social workers. The adoption professional has the most influence on the quality of the adoption plan before the match, during the match, during pregnancy, delivery, and post-delivery due to their expert and legal status, making them the leader. As a leader, the adoption professional is responsible for adhering to a high moral and ethical standard due to all parties' fragility.

Background to the Problem

One's birth, the original connection, "is a dominant form of truth and knowledge through which subjects recognize and form themselves" (Sales, 2012, p. 13). Family and connections to family are vital to every person, regardless of race, culture, education, or socioeconomic status. "Humans are born wired for connection—it's in our DNA, as strong a need as food, water, and warmth" (Roberts, 2018, para. 1). The inherent desire to know who you are and where you came from by searching for family connections has been a central topic of articles within *Natural History* magazine for 117 years (The importance of family connections, 2017). Consequently, due to a person's identity and truth being attached to their birth, then separation from their birth origins through adoption yields the wish or need to uncover their truth (Sales, 2012) and is especially crucial for those disconnected from their family of origin (March, 1995; The importance of family connections, 2017).

Before 1940, adoptions were predominantly open (Javier et al., 2006; Wolfgram, 2008). But, during the era of World War II and in the 1950s following the war, adoptions increased, and secrecy became common (Javier et al., 2006; Kahan, 2006; Sales, 2012). The purpose behind the secrecy originally was to protect the birth mother's identity (Kahan, 2006). However, due to the rise of Freud's psychoanalytic theory and the Oedipus complex, birth mothers were labeled as neurotic, psychotic, and feeble-minded (Field, 1980; Herman, 2008). It was taught that these traits could be passed down to the children; therefore, justifying the complete secrecy of adoption records and terminating all family of origin contact (Kahan, 2006). Another component behind ending contact with the family of origin was the perception that adopted children were second-class citizens; thus, secrecy regarding adoption protected the child by allowing full integration

into the adopted family because the adoptive family was considered above reproach (Kahan, 2006; Wolfgram, 2008).

Theological Background

Within the Christian culture, adoption is viewed as one of the clearest examples on earth of believers' adoption into God's family (Fagan, 2012). Firmin et al. (2017b), in their qualitative study of why Christian couples adopt, report that several of the motivations Christian couples identify included reflection of being adopted into God's family, the mandate to take care of orphans (*New American Standard Bible*, 1971/1995, James 1:27), the call to share one's abundance of blessings, and the fact that it is a biblical mandate. Another consideration to why adoption is biblical, used by Christians, is the story of Moses (Foskett, 2002). Although Moses was placed in a basket to be parented by Pharaoh's daughter, he continued to be attached to his family of origin (Foskett, 2002). As a result of the study and the articles researched, the researcher discovered three core themes. These included agape, familial relationships, and connection to one's family of origin.

Agape

Agape is the word biblical writers use to "describe God's love for us, our love for him, and our love for each other" (Robinson, 2015, p. 61). Agape is not a set of emotions one can conjure up within oneself; it is "a mindset, an orientation of the will" that seeks the highest good of all people regardless of race, socioeconomic, education, or status (Robinson, 2015, p. 61). In His great love for humanity, God allowed people to become members of His family while they were considered less than desirable (*New American Standard Bible*, 1971/1995, Romans 5:8). Agape is at the heart of all a Christian sees, hears, and does.

Paul argues humans are neither a slave nor free, rich, or more, Jewish or Gentile through the saving grace of Christ Jesus, but under cover of God's love, agape, is a member of God's family (*New American Standard Bible*, 1971/1995, Galatians. 3:26-29). Agape love, the mindset to seek another's highest good, is how a birth mother can relinquish parental control of her child to another woman (Post, 1997). Agape is the mindset of Christian ethics that sustains "that even if blood is thicker than water, it is not thicker than agape" (Post, 1997, p. 151).

Familial Relationships

A core theme discussed is that adoption is a "spiritual category and practice" (Firmin et al., 2017b; Westerlund, 2012, p. 327). Through the metaphor of spiritual adoption, Paul creates an image of the Christian being a new creation, aligned as a co-heir and a protected member of God's family (*New American Standard Bible*, 1971/1995, Romans 8:14-17; Post, 1997; Westerlund, 2012). As noted earlier, members of God's family are found in all humans, regardless of distinctions (Galatians 3:26-29). Therefore, the call, act, and acceptance of adoption transcends biological bonds and extends to every child regardless of ethnicity, race, and biological ties, creating a family (Westerlund, 2012). Quoting from Exodus Rabbah 46:5, the Jewish midrash interpreting Exodus, "one who brings up a child is to be called its parent, not the one who gave birth" (Rosenberg, 2000, p. 17), which extends directly to the adoptive parent. Another interesting component of the Jewish faith is found in the B. Sanhedrin 19b, which specifically shares that whoever teaches someone about the Torah or God is equivalent to being his biological parent (Rosenberg, 2000). The Christian faith anchors a family built through adoption as a legitimate family that mirrors God's family built through agape (Post, 1997).

Family of Origin

One of the biblical stories quoted by Christians supporting the premise of adoption is the story of Moses found in Exodus. The story found in Exodus 1 and 2 shares how Moses was taken by the Pharaoh's daughter into the palace and raised as her son. The word adoption is not used, but the act is implied as Westerners understand adoption to be. The other side of Moses' adoption is overlooked and not discussed; his return to his family of origin and his dual identity (Foskett, 2002).

Moses' identity was entwined with his Egyptian upbringing. After fleeing Egypt, he is easily recognized as an Egyptian and not a Hebrew (*New American Standard Bible*, 1971/1995, Exodus 2:19; Foskett, 2002) and was unsure where he belonged. Moses being called out by God, who declared his heritage as a Hebrew (Exodus 3:6) during the burning bush moment (Exodus 3:1-4, 17), solidified Moses' connection to his family of origin.

Theoretical Framework

Adoption is relational at its core. Adoption does not happen in a vacuum as it affects three sets of lives, the birth parents, adoptee, and adoptive parents. The theory this author seeks to use is Relational Leadership Theory (RLT), founded by Mary Uhl-Bien (Clarke, 2018; Uhl-Bien, 2006). Rather than adhere to leadership being a single person with certain traits or skills, RLT focuses on the process of the interdependent relationships influenced by the context of where, why, and how those relationships are built (Clarke, 2018; Uhl-Bien, 2006).

Traditional leadership theories (TLT) focus on the leaders as persons, grounded in the technique, approaches, and ability of a leader to create meaning between themselves and the organization's members, moving people from here to there (Cunliffe & Eriksen, 2011; Uhl-Bien, 2006). TLTs are centralized in "conceptualizing leadership as discrete individuality and in

object/discursive/technique-oriented ways” (Cunliffe & Eriksen, 2011, p. 1429). Instead, RLT emphasizes “leadership occurring in embedded experience and relationships” (Cunliffe & Eriksen, 2011, p. 1429). Utilizing the RLT approach, leadership is understood as a social process intermingling simultaneously with interdependent relationships and intersubjective meaning (Uhl-Bien, 2006).

RLT, as established, focuses on the inter-dynamics of relationships bound together by intersubjective meaning that happens as the follower recognizes themselves in a leadership relationship with the leader (Clarke, 2018). Within RLT, leadership is a dynamic social construct that prompts a closer evaluation of the leader's ethics (Clarke, 2018). The two ethics under consideration are virtue ethics and the ethics of care.

For a Christian, virtue ethics begin and end with being obedient to God, the sovereign and supreme lawgiver (Yiu & Vorster, 2013). Virtue ethics, secularly, are grounded in a person's rightness to seek another person's good (Yiu & Vorster, 2013). But, fundamentally, the ability to live and enact virtue ethics is grounded in a relationship with God by the power of the Holy Spirit, who works through each believer to uphold a biblical standard of faith, hope, love, power, and justice (Yiu & Vorster, 2013).

The ethics of care are embodied by the individual who serves as the leader (Uustal, 2003). According to Uustal (2003), basing the description and actions of the ethics of care on the Good Samaritan story, the ethics of care are evident through showing up, being fully present, encouraging a person to share their story, suspending judgment, and giving the assurance of help. The ethics of care for a Christian leader involves recognizing that they are the embodiment of caring and represent the ministry (Uustal, 2003), which borrows from the name and example of Jesus.

Thematic Background

Adoptions began to shift from complete secrecy to a more open approach in the 1980s, allowing more interaction between the birth mother, adoptive parents, and adoptee through pictures and letters passed through the adoption professional (Siegel, 1993; Wolfgram, 2008). Open adoption has many variables and does not have a consistent definition within the professional community. Open adoptions range from the semi-open as described previously to knowing each other's first and last names to exchanging addresses and agreeing to visits two times a year dictated by the adoption professional (Siegel, 1993). Open adoption has proven to help birth mothers with unresolved grief (Krahn & Sullivan, 2015) and adoptee create positive identities (Luu et al., 2018) versus the adverse outcomes of closed adoptions (Baden et al., 2019; Corder, 2012).

Adoption professionals, who coordinate, approve, and arrange adoption matches, are primary and essential to every adoption placement. Adoption professionals tend to dictate the nature of openness in adoption due to their policies or inclinations (Siegel, 1993). The evidence is strong for open adoption, which begs why there is still resistance among adoption professionals (Sobol et al., 2000). Adoption is a highly personal and sensitive area known to carry psychological effects for all members of the triad; an adoption professional must do what they can to minimize it (Robinson, 2013). Open adoption is inundated with myths perceived as truths that affect an adoption professional's view and can hinder the option of openness (Robinson, 2013).

Statement of the Problem

Creating an adoption plan takes, at a minimum, three participants: birth mother, adoptive parent(s), and the adoption professional. Over the years, multiple studies have covered the

adoptive couple (Balenzano et al., 2018; Siegel, 2013) and birth mother (Clutter, 2017; Krahn & Sullivan, 2015), but less coverage on the adoption professional. The adoption professional is represented through an agency or attorney and includes social workers. The adoption professional has the most influence on the quality of the adoption plan before the match, during the match, during pregnancy, delivery, and post-delivery due to their expert and legal status, making them the leader. As a leader, the adoption professional is responsible for adhering to a high moral and ethical standard due to all parties' fragility.

With the rapidly shifting paradigms, driven by birth mothers and adoptees, of adoption within the United States, the research is trailing and failing to address many of the subjective feelings and wrongs being inflicted by adoption professionals highlighted in social media, blogs, and articles. The need is great for empirical, objective research focused on adoption professionals that address the ethical and moral practices of open adoption. Exploring the validity of the outcry against adoption professionals, one must begin with an objective research study to determine the leadership influence an adoption professional has on open adoption knowledge as determined by the birth mother and adoptive parent. Using quantitative data, this descriptive study analyzed the relationship between adoption professionals' leadership and the knowledge of the open adoption process.

Purpose Statement

The purpose of this quantitative descriptive study was to determine if a relationship exists between the adoptive professional's leadership and the knowledge of open adoption experienced by the birth mother and the adoptive parents controlling for the birth mother, adoptive parents, and adoption professionals for adoptions between 2010-2020.

Research Questions

The following research questions and hypotheses guided this study:

Research Questions

RQ1. What, if any, is the relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption?

RQ2. What, if any, is the relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption?

RQ3. What, if any, is the relationship between the age of the adoption professional and the adoption professional's view of open adoption?

Research Hypotheses

H1₀: There is no statistical relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption.

H1_a: There is a statistical relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption.

H2₀: There is no statistical relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption.

H2_a: There is a statistical relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption.

H3₀: There is no statistical relationship between the age of the adoption professional and the adoption professional's view of open adoption.

H3_a: There is a statistical relationship between the age of the adoption professional and the adoption professional's view of open adoption.

Assumptions and Delimitations

Research Assumptions

Care of orphans and adoptions in the earliest centuries resulted from the call to serve and love one's neighbor through the practice of adoption (Kahan, 2006; Wolfgram, 2008). The underlying message of the Bible is a person's ability to become a child of God (*New American Standard Bible*, 1971/1995, John 1:12) through the acts of Christ, resulting in adoption

(Ephesians 1:5). The role of adoption professionals in the adoption process can be traced back approximately 100 years and has impacted placing children by partnering with the government and placing children privately (Goodnow, 2018).

The following assumptions guided this study:

1. Adoption professionals are at the epicenter of the adoption process.
2. Adoptive parents rely on adoption professionals to guide them through the process.
3. Birth mothers rely on adoption professionals to guide them through creating an adoption plan.
4. Open adoption, where birth parents, adoptees, and adoptive parents have consistent contact and relationships, is the preferred path for the wellbeing of the adoptee.

Delimitations of the Research Design

For this research, the research is delimited to birth parents, adoptive parents, adoption professionals located within the United States in private domestic infant adoption. The birth mothers are delimited to birth mothers who placed their children between 2010 through 2020. Adoptive parents are delimited to adoptions that happened between 2010 through 2020. Adoption professionals are delimited to licensed bar attorneys and individuals working for a licensed private agency.

The research does not include subcultural distinctions. The study did not research the adoptee or the adoptive family as a unit. The research was delimited to adults only to include adult birth mothers, adoptive parents, and adoption professionals. The participants were delimited to eighteen (18) years of age or older.

Definition of Terms

The following terms and definitions are given as clarification for this study.

1. *Adoption plan*: An action plan, developed by the birth mother with the adoption professional's help, outlining the parameters of adoption according to her preferences. Preferences discussed may include a description of the adoptive parent(s), choosing the adoptive parent(s), defining openness, post-adoption contact (Glossary, child welfare information gateway, n.d.).
2. *Adoption professional*: a lawyer, social worker, caseworker who works directly with the adoptive parent(s) or birth mother to create and execute an adoption plan. The persons know state laws, training, explaining adoption, and acting on behalf of the adoptive parent(s) and birth mother to create an adoption plan (Glossary, child welfare information gateway, n.d.).
3. *Adoption triad*: the three sets of individuals involved in any adoption: the birth mother, the adoptive parent(s), and the adoptee (Glossary, child welfare information gateway, n.d.).
4. *Adoptive parent*: A person(s) who has legally adopted a child.
5. *Birth mother*: A woman who relinquished her biological child for adoption.
6. *Open adoption*: A type of adoption that integrates initial contact and ongoing contact between the birth mother and adoptive parent(s), working together to nurture healthy relationships between the triad (Glossary, child welfare information gateway, n.d.).
7. *Private domestic infant adoption*: Adoptions in the United States between an expectant mother and adoptive family using an adoption professional such as a licensed adoption agency or licensed bar attorney.

Significance of the Study

Building on the assumption that the adoption professional, as the leader, catalyzes properly executing an adoption, their behavior should be scrutinized and held to a higher standard (Root, 2021; Thompson, 2020). In addition, the research posits that adoption, at its core, is relational; therefore, the leaders of adoption should serve and lead from a relational capacity and promote relationships through open adoption. Furthermore, with the increase in empirical data supporting open adoption (Henze-Pedersen, 2019; Krahn & Sullivan, 2015; Luu et al., 2018; Siegel, 2013), the research provides a foundation for all adoption professionals to promote open adoption and the enforcement of openness in adoption (Robinson, 2013). This study was to confirm or deny the adoption professional's impact on the knowledge of open adoption and the

degree of power on adoption culture. The results could substantiate or deny that adoption professionals do not educate birth mothers and adoptive parents about open adoption.

Summary of the Design

This study aimed to determine if there was evidence supporting a link between the knowledge of open adoption of a birth parent, adoptive parent, and the leadership of the adoption professional. In addition, the study was designed to provide basic research on how the leadership influence of the adoption professional has on the adoption triad. The data collection was done through an electronic survey posted on the researcher's social media platforms and forwarded to targeted organizations of each population through social media and email platforms.

CHAPTER TWO: LITERATURE REVIEW

Overview

The Industrial Revolution immediately shifted America's economy from an agricultural base to one built through industry, evoking a paradigm shift between leaders and followers (Stone & Patterson, 2005) and shifting more of the distribution of power to the "common" people as their skills enhanced (Clawson, 2012). The paradigm shift forced leaders to adjust their approach, mindset, and actions escorting new paths for leaders with the introduction of leadership theories (Clawson, 2012; Stone & Patterson, 2005). Within the adoption culture, although not as quickly, a similar paradigm shift began to evolve with the invention of the internet as birth mothers and adoptees had a more extensive, louder platform (Samuels, 2018). This researcher believes the rise of social media is beginning to shift the distribution of power to the birth mother and adoptee and away from the adoption professionals and adoptive parents regarding open adoption and the need for unfettered access to family origins.

The adoption professional is the continuous constant throughout the journey of adoption; therefore, the leader. This quantitative study aims to determine an adoption professional's leadership influence on open adoption knowledge as determined by the birth mother and adoptive parent. This study has identified three ways an adoption professional acts as the leader, personal counseling and interaction with the birth mother; personal counseling and interaction with the adoptive parents; and the education and training for the adoptive parents. This portion of the dissertation, Literature Review, reveals the literature search, the theological framework, the theoretical framework, the related literature, the rationale for the study, and the literature gap.

Description of the Literature Search

A comprehensive electronic search was conducted from September 2019 through June 2021 to obtain scholarly peer-reviewed articles, government databases, research databases, and

books for this literature review. The peer-reviewed articles were obtained from Atla Religion Database with AtlaSerials PLUS; JSTOR; Religion Database (PROQUEST); Credo; Religion and Philosophy Collection (EBSCO); APAPsycNET; Psychology and Behavioral Sciences Collection (EBSCO); ProQuest (Central); Scholars Crossing; ProQuest Ebook Central; ProQuest Dissertations and Thesis Global; DOAJ; SAGE; and Google Scholar. The keywords and phrases used to search included adoption, closed adoption, open adoption, birth mother, adoptive parent, adoption professional, adoption social worker, adoptee, relational theory, virtue ethics, and ethics of care. The key terms and phrases were paired with history, law, closed, domestic, giving up baby, United States, agency, as sons, Bible, and theology. A total of 250 articles, books, and databases have been reviewed, with 214 being used.

Theological Framework for the Study

“...you have received a spirit of adoption as sons by which we cry out, ‘Abba! Father!... that we are God’s children... heirs of God and co-heirs with Christ” (New American Standard Bible, 1971/1995, Rom. 8:15b, 16, 17)

The theology of adoption is a complex union between the secular and the sacred that can only be accomplished through the power and saving grace of Jesus. The doctrine of adoption, its redemptive status, “incorporates transformational and judicial as well as eschatological dimensions” (Braeutigam, 2008). Adoption throughout the years has been connected to justification and regeneration (Davids, 2017). Justification and adoption are two different aspects of grace (Burke, 2006). Justification declares someone not guilty (Morris, n.d.) through the sacrifice of Jesus, thereby opening the door for adoption entry into familial relationships (Burke, 2006) with God. Burke (2006), quoting Packer Buchanan and Murray, shares, "adoption is the highest privilege that the gospel offers; higher even than justification owing to the richer

relationship with God it involves; the apex of redemptive grace and privilege” (Burke, 2006, p. 26).

Defining adoption within a biblical context has its challenges as scholars debate the proper application of huiiothesia. The doctrine of adoption is and will remain transcendent as no human mind has the capacity to fully integrate its impact on the earth (Braeutigam, 2008). “The sheer fact that an infinite God declares finite beings to be His beloved children is mindboggling” (Braeutigam, 2008, p. 15). Therefore, adoption is the intimate move of a Holy God to reconnect and restore His relationship with humanity through the sacrifice of His only begotten Son (*New American Standard Bible*, 1971/1995, John 3:16).

The lengths to which God went to create His family, the unconditional love, and the desire for relationships are reflected on earth through the creation of families through adoption. Earthly adoption mimics the spiritual realm as the adoptive parents add a member to their family, entitling the adoptee to all the rights and privileges given to biological children made official by a court seal. Within the spiritual realm, God seals His children with the Holy Spirit (*New American Standard Bible*, 1971/1995, Ephesians 4:30). Upon reviewing adoption from a theological perspective, several themes became evident such as the study of implied adoption, the study of sonship, and the study of the literal translation of adoption. Upon reviewing the theological options and the adoption process in the twenty-first century, the theological concepts were chosen that most resemble twenty-first adoptions were huiiothesia, the literal translation of adoption, familial relationships, family of origin, and agape.

Huiiothesia

Completing a word search for adoption in the Bible reveals one word located in the New Testament, huiiothesia. Huiiothesia is a Greek word that is translated as adoption, meaning to

place as a son, creating sonship (*Strong's Greek: 5206. Υιοθεσία (Huiiothesia) -- Adoption, n.d.*). Other forms of the word adoption, such as to adopt or "sonship," are found in the searches but only huiiothesia for adoption (Gianoulis, 2009; Good, 2000; Mundhenk, 2008). Within the adoption culture, Christian professionals and agencies are accused of "bending the Bible" to justify their actions (Joyce, 2013); therefore, this author chose to rely on the truest connotation for adoption found in the Bible.

Translation

The Greek word for Adoption, huiiothesia, appears only five times in the Bible. It is found in Romans 8:15, 23, 9:4; Galatians 4:5; and Ephesians 4:5 (*New American Standard Bible, 1971/1995*). It appears only in Paul the Apostle's letters (Burke, 2006; Good, 2000; Hawthorne et al., 1996; Longenecker, 2014). Huiiothesia is comprised of two Greek words, huios (son) and thesis (placing), and "etymologically denotes either the process or act of being placed or adopted as son(s)" (Burke, 2006, pp. 21–22). Huiiothesia translated in its original context, extra-biblical sources within the same timeframe and lexical evidence support the connotation of huiiothesia is "the process or state of being adopted as son(s)" (Good, 2000; Hawthorne et al., 1996, p. xlvi; *Huiiothesia Meaning in Bible - New Testament Greek Lexicon - New American Standard, n.d.*). Hawthorne et al. (1996) and Burke (2006) state to loosely translate adoption, huiiothesia, into "sonship" alters the study of the background to adoption on the wrong course.

Within the scholarly discussion surrounding huiiothesia, other scholars believe sonship is the better translation for huiiothesia. One argument is huiiothesia is a term designated explicitly to the adoption of males that only took place when designating an heir and females were not included based on interpretation of Roman law (Polaski, 2005) and Greek law (Ellington, 1985); therefore, adoption is not the correct translation and should be translated as sonship so that

women are included (Polaski, 2005). Another argument for sonship is by linking the Romans 8:14-17 (*New American Standard Bible*, 1971/1995) passage to Galatians 4 (*New American Standard Bible*, 1971/1995), the writer asserts due to the emphasis on inheritance and God's children, sonship is more appropriate than adoption, as adoption "might introduce components of meaning which are irrelevant or misleading" (Mundhenk, 2008, p. 172). Amid several translations, *huiiothesia* is sometimes translated as sonship "because it conveys the sense of the abiding status of being a son although it does not fully capture the notion that *huiiothesia* also involves a process" (Good, 2000, p. 39). Therefore, the translation used for this research is the one meaning the process of adoption.

Process

Huiiothesia is "the process or state of being adopted as son(s)" (Good, 2000; Hawthorne et al., 1996, p. xlvi; *Huiiothesia Meaning in Bible - New Testament Greek Lexicon - New American Standard*, n.d.) and adoption in the first century and the twenty-first century involves a process. The overall adoption process is filled with complexities, but the theological components explored are judicial and spiritual.

Judicial. Adoption in the first century and twenty-first century entails a legal process where the adopter takes on the parental responsibility of the adoptee, bestowing full familial privileges to the adoptee equal to biological children (Brand et al., 2003). Adoption was a well-known legal practice during Paul's life (Kim, 2014; Lewis, 2016; Moo, 1996). The legal ramifications of the adoption metaphor of being adopted from slavery, no matter ethnicity or sex, and brought into a family with equal standing would have stunned the Roman-Greco, and Jewish worlds with having such a person legally confirmed as a family member (Kim, 2014). Society naturally accepts children born through birth and blood, but "there is no compulsion to accept the

offspring of others" (Ellington, 1985, p. 438). Legal adoption, based on facts and a declaration, forces society to recognize the adoptee as a son/daughter and heir.

Spiritual. Unlike the judicial process of adoption, the spiritual process entails a design shrouded in grace (Muller, 2017; Strobel, 2013). Every human is created in God's image (Gen. 1:26-27). Imago Dei is the anchor of every human's worthiness, dignity, and calling, but not every member of humanity is a son/daughter of God. "God's family comprises solely adopted sons and daughters – there are no natural-born sons and daughters in His divine household" (Burke, 2006, p. 89), and spiritual adoption cannot take place without the Trinity, the Holy Spirit, Jesus, and God (Burke, 2006; Decaen, 2019; Dewalt, 2015; Good, 2000; Lewis, 2016; Moo, 1996; Schreiner & Yarbrough, 2018; Wehrle, 2016). "God's eschatological family depends upon union with Jesus Christ, as evidenced by the possession of the Holy Spirit" (Wehrle, 2016, p. 31). The Spirit woos, reveals, and pierces a heart to accept Jesus as God's Son; Jesus' death and resurrection wash away sin, creating the path for restoration to God's original design forming the Father/son/daughter relationship.

Familial Relationships

Through the spirit of adoption, believers in union with Jesus enter God's eternal family, calling God "Abba, Father!" (*New American Standard Bible*, 1971/1995, Romans 8:15). Jesus declared during His ministry that His family consisted not of flesh and blood but of the ones who do the will of His Father (*New American Standard Bible*, 1971/1995, Mark 3:34-35; Matthew 12:48-50; Luke 8:21; Post, 1997; Stiekes, 2016). Jesus, during His ministry, began the paradigm shift that family is not tied explicitly to blood and common ancestry but to spiritual union with Him (*New American Standard Bible*, 1971/1995, John 14:6; 15:9; Revelation 14:12; John 3:3, 5-6; Bush & Due, 2015; Schreiner & Yarbrough, 2018; Strobel, 2013; Westerlund, 2012). Burke

(2006) quotes Irenaeus that humanity could not be "partakers of the adoptions as sons unless we had received....through the Son that fellowship" (p. 100; Moo, 1996).

Through union with Jesus, God becomes a Father to all who believe, building a family that is created regardless of biology, race, and ethnicity (Bush & Due, 2015; Cramer, 2016; Post, 1997; Westerlund, 2012). Within the Jewish faith, found in the B. Sanhedrin 19b, it is accepted that whoever teaches the Torah or the ways of God to someone and whoever raises a child is the parent, and biology is irrelevant (Decaen, 2019; Rosenberg, 2000) which is in line with family being the one who does the will of God as stated by Jesus (*New American Standard Bible*, 1971/1995, Matthew 12:50). Christians who adopt, regardless of biology, race, and ethnicity, do so as a result of their "experienced love from God and had been accepted into His family, they felt like that same love should be an outflow of their hearts, as a means of practical spiritual application" (Firmin et al., 2017b, p. 62). Family built through adoption where "there is no biological continuity, no genetic sameness, and no familial likeness" is an earthly model of God's eschatological family (Moessner, 2003, p. 52).

Family of Origin

Families built through adoption understand their children will not inherit their looks or natural talents; those things come from the family of origin (Moessner, 2003). Through adoption education, adoptive families are taught an adoptee cannot "erase their past; it is there, and it is theirs, and they must acknowledge it and incorporate it into who they are" (Rosenberg, 2000, p. 17). Lineage, blood, and ancestry do not create a family, but it does shape one. Lineage is important as evident in the life of Christ and the detailed lineage presented in Matthew chapter one. Paul discussed his lineage (*New American Standard Bible*, 1971/1995, Philippians 3:4-5) and understood how it affected his life in Christ. When called upon by Mordecai, Esther was

asked to remember her lineage, her Jewish heritage (Esther 4:13-14). Lineage, ancestry are important elements of a person's life, although it does not define one's life in Christ.

The story of Moses is an entwined story of adoption and lineage (*New American Standard Bible*, 1971/1995, Exodus 1-3). Moses was named and raised by Pharaoh's daughter as her son (Exodus 2:10); therefore, adoption is implied (Foskett, 2002). Moses knew his lineage (family of origin), a Hebrew by blood (Exodus 2:11), and he walked in his Egyptian identity (Exodus 2:11; Foskett, 2002). Moses' dual identity, Hebrew and Egyptian, his return to serve his family of origin, are not details discussed (Foskett, 2002) when he is being used as an adoption example; although, his dual identity is what God used to serve His kingdom purposes, just as He did with Paul.

Agape

Agape is the strongest Greek word used to describe God's all-encompassing, unconditional love. Paul learned to accept and walk in his new/dual identity from Saul, the great Jewish Pharisee, to Paul, the missionary to the Gentiles, because of God's great love for him and Paul's surrendering to God's purposes. Sharing in God's purposes and love starts with a "total renovation of the heart" (Strobel, 2013, p. 57). Renovation comes only through the love and the relationship connection of a person unified with Jesus leading to becoming a family member. Love attributed to God, from God, and for others is agape love (Robinson, 2015). Through union with Jesus and the cover of God's love, Paul shares that anyone can enter into God's family regardless of status, education, ethnicity, race, or socio-economic status (*New American Standard Bible*, 1971/1995, Galatians 3:26-29; Robinson, 2015). A result of basking in agape love is participation in God's mission, "the God who sends is the God who loves" (Franklin, 2017, p. 75). "God's redemptive mission is grounded more fundamentally in God's nature as

love” (Franklin, 2017, p. 79). Being adopted into God’s family, being given the Spirit of adoption, the son/daughter is commissioned to love and bear witness to the love of God through participation in His redemptive work (Bray, 2012; Firmin et al., 2017a; Franklin, 2017; Post, 1997).

Romans 8:17 states, “...and if children, heirs also, heirs of God and fellow heirs with Christ, if indeed we suffer with Him so that we may also be glorified with Him” (*New American Standard Bible*, 1971/1995). For adoption to take place spiritually, it had to be grounded in agape love (John 3:16) as Jesus died for the sinner (Romans 5:8) suffering on the cross and despising the shame (Hebrews 12:2); therefore, the believer, shrouded in agape love, will not be surprised by the suffering but will not grow weary (Romans 12:3; Galatians 6:9). It was for the joy to come before Jesus (Hebrews 12:2), not the absence of suffering that guided His mission and steered His heart. Stobel (2013) quotes Henry Scougal, “the worth and excellency of a soul are to be measured by the object of its love” (p. 25). He states further that, “What you love is the true north that orients the compass of your heart” (Matthew 6:21; Luke 12:34; Strobel, 2013, p. 25). The love of her child, agape love, guides a mother's decision to relinquish her child (Post, 1997).

Huiiothesia, adoption, was born out of love and suffering, Jesus' death, leading to redemption and entrance to the heavenly family. The suffering side of adoption is generally overlooked as one celebrates the beginning of a family, yet Paul includes suffering in the inheritance (*New American Standard Bible*, 1971/1995, Romans 8:17). Adoption cannot occur without suffering, grief, loss, and shame, especially for the birth mother (Post, 1997). In the work of redemption, Jesus endured the shame of the cross for the joy He knew was coming. Similarly, a birth mother finds hope in the joy set before her child to enable her to endure the stigma attached to her decision (Post, 1997). A woman who relinquishes is considered unnatural and not

a real mother (Post, 1997). Likewise, the adoptive couple must endure the questions and projected shame that adoption is second best, and real familial love can only be accomplished through biology (Firmin et al., 2017a; Post, 1997).

Adoption, through the suffering, the immense love, the process of assimilation, and security found in the “acceptance of differences” (Moessner, 2003, p. 52) where race, ethnicity, and gender are celebrated and embraced inside the safety of a loving family shows on earth what happens in spiritual adoption (Firmin et al., 2017a; Moessner, 2003; Post, 1997). When asked, many adoptive families stated that through their experience of growing their family through adoption, the theoretical concept of spiritual adoption became clearer (Firmin et al., 2017a). The adoptive families shared that the “previously abstract adoption constructs included the meaning of sacrifice, purification or sanctification, the idea of sonship and inheritance, assimilation into God’s family, the legal process of adoption, unconditional love, and God’s relentless pursuit of us and our affection” (Firmin et al., 2017a, p. 23) became more explicit because of their adoption journey. Likewise, these truths became entrenched in their hearts, deepening their relationship with God, and granting a high-definition view of unconditional, agape love (Firmin et al., 2017a).

Theological Framework Summary

Huiiothesia is sometimes translated as sonship “because it conveys the sense of the abiding status of being a son although it does not fully capture the notion that huiiothesia also involves a process” (Good, 2000, p. 39). Adoption, judicially, spiritually, and practically is a process that includes suffering, agape love, union with Jesus, identity as a son/daughter, and forever entrance into a family. Experiencing adoption on earth gives one a glimpse into the

intimate heart of a Father who loves deeply and fiercely. Through it all, the Holy Spirit's guiding work, Jesus, and God are at the center of every piece of the adoption process.

Noting the importance of rightly translating and understanding huiiothesisa, grasping the intimate work of the Trinity, embracing the suffering and love that is always present, noting the familial challenges of the creation of new and reconciliation of the old (family of origin), and grounded in agape love is the mission of the Christian adoption professional guiding a family through the process of adoption. As “God’s redemptive mission is grounded more fundamentally in God’s nature as love” (Franklin, 2017a, p. 79), so is the Christian adoption professional’s role in sharing the mission of creating acceptance of differences between families; therefore, becoming walking examples of spiritual adoption on earth.

Theoretical Framework for the Study

Adoption creates families independent of birth, race, ethnicity, or blood ties. However, adoption cannot happen without incorporating three persons: the birth mother, adoptive family, and the adoption professional. Throughout the process of education, pre-placement interactions, placement, and post-placement, the adoption professional is the constant. The adoption professional is the connecting link between the birth mother and adoptive family, providing the leadership needed to build what the world holds as a sacred right, the family (Righetti, 2016). Consequently, defining, understanding, and grappling with the ever-present effects adoption has on the lives of the individual, familial, and family institution makes it relational at its core.

Adoption's core concept is grounded in one person's ability to see value in one's life and one person's desire to engage deeply in one's life. This inherent human dignity of persons is universal and accepted throughout the world, as seen in the Declaration of Human Rights (*Universal Declaration of Human Rights*, 2015). In this author's opinion, the intrinsic value of

life begins with a deep acceptance of Imago Dei; therefore, the epistemology premise of the research is a conservative evangelical theology incorporating a biblically-based foundation, commitment to the inerrancy of the Bible, and the omnipotence of God. Believing in God's omnipotence and the Bible's inerrancy allows a Christian leader to have a moral and ethical compass to base interactions with humanity. Therefore, the ontological premise focuses on leadership outcomes, leadership tripod, direction, alignment, and commitment (Drath et al., 2008).

Adoption is created by relationships through the birth mother, adoption professional, and adoptive parents. The adoption professional is the constant presence throughout the continuum; therefore, the leader throughout the creation of a new family. Leadership is formed within the adoption circle by forging a relationship with the birth mother and the adoptive couple built on a high level of trust, morality, and ethics. The vulnerability present within adoption is palpable as birth mothers and adoptive parents share their most intimate fears, shameful behavior, and desperation to the adoption professional. Consequently, the prediction is the approach taken by the adoption professional, the leader, within these vulnerable moments and afterward directly impacts the birth mother's and adoptive parents' relationship with the adoption professional and each other. Unwittingly, the adoption professional “becomes the fourth person added to the triad of original parent, child, and adoptive parent” (Luehrs, 1941, p. 5).

The vulnerability of adoption requires a skilled, empathetic leader to navigate the valleys' terrain, the anxieties, and the highs and lows of permanent placement. The leader's, the adoption professional's, ontology must be anchored in providing direction, alignment, and commitment (Drath et al., 2008) and examined through the lens of Relational Leadership Theory (RLT) (Uhl-Bien, 2006). RLT encompasses the focus on the process of the interdependent relationships that

are influenced by the context of where, why, and how those relationships are built, the process (Clarke, 2018; Uhl-Bien, 2006), which mirrors the adoption professional's mission. "Process-relational leadership is a way of becoming-in-the-world (contra being-in-the-world), in which the moral responsibility of leadership rests in part in our own responses" (Wood & Dibben, 2015, p. 38). Diving into adoption requires all parties involved to commit to the process of creating and becoming a family; therefore, applying process-relational leadership, virtue ethics, and ethics of care to gather and examine the influence of the adoptive professional's leadership and the knowledge of open adoption as determined by the adoptive parents and birth mother, controlling for the birth mother, adoptive parents.

Relational Leadership Theory

Relational Leadership Theory (RLT) is not a traditional leadership theory (TLT) as it focuses on the process of social construction, which forms understandings of leadership that are made in processes, not out of processes (Uhl-Bien, 2006). Relational leadership is not "another style of leadership" (Giles, 2018, p. 12) but a theory that offers an umbrella to study the dynamics of relationships that are needed to generate and operate as a leader (Uhl-Bien, 2006). Uhl-Bien (2006) defines RLT as "a social influence process through which emergent coordination (i.e., evolving social order) and change (i.e., new values, attitudes, approaches, behaviors, ideologies, etc.) are constructed and produced" (Uhl-Bien, 2006, p. 668). RLT focuses heavily on leadership processes rather than individual traits and behaviors, granting a deeper understanding of leadership's intricacies and collaborative nature (Komives et al., 2013). RLT does not set out to define leadership, create a map for leadership, or distribute a checklist for duplication (Giles, 2018; Komives et al., 2013; Uhl-Bien, 2006; Wood & Dibben, 2015). Instead, RLT fosters an appreciation and plea to delve deeper into the multi-layered

complexities of humanity. RLT views leadership through the lens of examining how social systems change “through the structuring of roles and relationships” (Uhl-Bien, 2006, p. 668).

Drath (2001) explains it this way:

Leadership is not something independent of the way we think. Just the opposite: it is dependent on the way we organize what we take for granted as real and true. The presence or absence of leadership depends on the presence or absence of some knowledge principle that enables a person or a group or a community or organization to say, “that’s leadership.” (p. 6)

RLT places value and inference on the fluid everyday experiences and communications embedded and between people combined with the way of ‘being in’ events (Cunliffe & Eriksen, 2011; Giles, 2018; Wood & Dibben, 2015). Events are recognized as “an effect or a situation that simply occurs. Events are both affected, and they affect” absorbing humanity (Wood & Dibben, 2015, p. 32). RLT attributes the process of leadership to the leader's and followers' perceptions of events, the joint felt experiences, and personal responses to actions constructing the rules of organizing (Clarke, 2018; Uhl-Bien, 2006; Wood & Dibben, 2015). Consequently, leaders utilizing RLT must create and adhere to three principles:

Knowing. You must know—yourself, how change occurs, and how and why others may view things differently than you do.

Being. You must be—ethical, principled, authentic, open, caring, and inclusive.

Doing. You must act—in socially responsible ways, consistently and congruently, as a participant in a common community, and on your commitments and passions; (Komives et al., 2013, p. 7)

These principles guide one’s actions, working with others to create change and “a new and unique assemblage” engaging in sensemaking (Clarke, 2018; Komives et al., 2013; Wood & Dibben, 2015, p. 38).

RLT embraces leadership as “a relational and ethical process of people together attempting to accomplish positive change” (Komives et al., 2013, p. 95). The five primary components of RLT is inclusion: including people with other viewpoints; empowerment:

enabling and respecting others; purposeful: “andness” finding common ground, establishing vision; ethically driven: strong moral character; and process-oriented: focus on becoming and maintaining cohesion as a unit (Komives et al., 2013). In addition, RLT is centered on an “andness” approach (Komives et al., 2013, p. 85) when a connection is made (Clarke, 2018; Komives et al., 2013; Wood & Dibben, 2015), enabling the process of leadership to emerge.

The “andness” approach of RLT symbolizes the importance of focusing on the interdimensional and interpersonal dynamics that form and power the leader/follower dynamic. RLT views leadership as intersubjective and seeks to “unpack relating in contexts” (Jian, 2021, p. 3). Using constructivism leadership (Jian, 2021), RLT highlights the fluidity of the leader/follower relationship as both parties create their reality through exchanges where they form meaning and generate expectations. The space-between, the continuous intrapersonal processing, and meaning-making evolve from translating personal experiences, values, and interactions with others (*Constructivism*, n.d.; Howes & O’Shea, 2014; Schafer, 2014). By inviting the participants within the relationship to process conversations and consider the striking moments that evoke the participants’ feelings, draw attention to possibilities, and intuitively change the course of the leader/follower dynamic (Jian, 2021; Reitz, 2017), RLT seeks to uncover the unspoken inner workings of successful leadership.

The “andness” approach can be understood through three principles for recognizing leadership: personal dominance, interpersonal influence, and relational dialogue (Drath, 2001). Personal dominance is understanding that leadership comes from within a leader, a personal quality or characteristic, not a particular behavior, words, or actions (Drath, 2001). The personal dominance principle takes for granted that leadership is “something a person possesses, an expression of this personally possessed quality or characteristic, and followers are convinced of

the truth of their leadership” (Drath, 2001, p. 13). The interpersonal influence principle is when influence is achieved through the give and take of power between leaders and followers and mutual respect is given and earned (Drath, 2001). Interpersonal influence has the following undergirding it, “role is occupied by the most influential person, followers actively are engaged in the process of negotiating influence, and certain qualities and characteristics can be acquired” (Drath, 2001, p. 14). Relational dialogue, the third principle, is when leadership recognizes the voices of “differing perspectives, values, beliefs, cultures” listening to differing worldviews to create collaborative learning and action (Drath, 2001, p. 15). The relational dialogue principle has the following truths in play: leadership is “the property of a social system, happens when people participate in collaborative forms of thought and action, and actions taken are an aspect of participation in the process of leadership” (Drath, 2001, p. 15).

Having three participants in the adoption circle from a wide array of backgrounds, socioeconomic, cultural, and educational experiences requires an essential component noted in positive leadership outcomes, empathy (Jian, 2021). “Empathy is a reciprocal process,” not unilateral (Jian, 2021, p. 6). The reciprocity manifests itself as one party receives the empathy the other party allows the emergence of new experiences and understanding for both parties (Jian, 2021). Understanding the relational components of empathy adds another layer of analysis in RLT.

RLT’s intentional theoretical lens brings to the forefront the “relational processes and joint practices, which could be material, embodied, and discursive, among social actors to construct and transform social order” (Jian, 2021, p. 3). Attempting to measure relational processes and joint practices has been a significant challenge for RLT researchers due to the inability to capture the interpersonal components of the striking or key moments that alter the

leader/follower dyadic (Jian, 2021; Reitz, 2017). Reitz (2017), when conducting her research of the space-between in RLT, utilized personal reflection and notetaking to analyze key moments that shifted the role dynamics. While processing the key moments of the “experience of being within leadership relations,” she identified seven themes, façade, rules of the game, presence, judgments and assumptions, power, definition of dialogue, and method (Reitz, 2017, pp. 425).

Choosing to utilize RLT was due to RLT's use of relationship-based approaches to leadership, basing research on an entity perspective with the leader as the subject (Clarke, 2018; Uhl-Bien, 2006). TLT approaches center around an existing entity where hierarchy is determined, and the leader-follower exchange exists to ensure the entity's desired outcomes (Clarke, 2018; Uhl-Bien, 2006). TLT studies use the relationship-based approach to explain an individual's ability to control order, move a vision forward, and connect interpersonally with followers (Clarke, 2018; Uhl-Bien, 2006). Factoring in the complexities of adoption and how power shifts and the interpersonal interpretations of the moments create the leader/follower dyadic makes RLT the clear choice as it seeks to uncover the inner workings of leadership.

Adoption is not an entity, as discussed in TLT models. Adoption is a delicate merging of cultures, races, socio-economic statuses, and educational variances to create a family. Hierarchy, as known within an entity perspective, is not present; but a perceived hierarchy is due to legal and emotional challenges that occur. Adoption is a process of organizing where meaning is created as the parties, birth mother, adoptive family, and adoptive professional interact with one another. The act of adoption is centered on events that engulf the participants who process those events differently and attempt to create meaning and change affecting the social constructs of each party involved. Therefore, RLT was chosen because of its understanding that leadership is a unique process that demands the highest ethical principles and commitment to treating people

not as objects but with sensitivity creating a secure place where people are not afraid of their joint kinship and helping take the group where they want to go (Drath, 2001; Giles, 2018; Komives et al., 2013; Uhl-Bien, 2006; Wood & Dibben, 2015).

Ethics

Ethics include a range of philosophical thought from secular to religious. Ethics are used as a compass to guide one's actions and reactions, and at times, leadership ethics are overly simplified in terms of heroes and villains (Price, 2008) or good and bad (Hare, 2017). Price (2008) explains that most leaders do not find themselves in situations where the scale of hero or villainous ethics can be applied. Instead, most leaders find themselves in between, needing to make a decision (Price, 2008). Justification, the ability to justify one's actions, is the tie-breaking method employed by most leaders when the decision is not black and white as the hero and villain scenario. For a Christian, finding that a decision needs to be made underscored with the need for justification, the decision tends to filter through the lens of one's view of God, human dignity, and God's commands found within the Bible (Goodwin Heltzel, 2017; Hare, 2017; Melé & Fontrodona, 2017)

Ethics are rooted and find their value and meaning from the foundational principle that relationships and human connectedness are vital to existence (Jian, 2021). In a concrete relational context, the emergence or lack of generosity, care, and responsibility serve as the guiding tenets of ethics held by the leader (Jian, 2021; Wogaman, 2007). Generosity defined in this setting is not an individual character trait but the willingness to prioritize recognizing others (Gushee & Stassen, 2016; Jian, 2021). Ethically, care is relational as it simultaneously incorporates the one watching and the one cared for, requiring that both sides are fulfilled (Gushee & Stassen, 2016; Jian, 2021). Ethical responsibility accepts "the face of the other

demands a unique response and obligation by the self,” creating a ripple effect within and their relationships with others (Jian, 2021, p. 11).

Adoption professionals, with their different ethics, engage with people from various ends of the ethical spectrum. Adoption involves interactions between the adoption professional, the birth mother, and the adoptive families. Adoption affects every member of the adoption circle forever; therefore, having a solid foundation in ethics is paramount for the adoption professional. The theoretical premise of the research, RLT, combined with the persons involved, calls for a high standard of virtue ethics and ethics of care.

Virtue Ethics

During the late 1990s, virtue ethics began to emerge as a society. Philosophers and theologians noted that concentrating on a person's whole being and how the person acted and the results of that action required a renewed interest in moral psychology (Elliot, 2016). When considering moral psychology, virtue ethics is a component. Virtue ethics is based on the pattern of intention, consideration, actions, practical reasoning, and the passion behind the pursuit of a good life (Elliot, 2016). Virtue ethics is a morally driven personal disposition to respond to events and choices in life in morally appropriate ways (Price, 2008; Tsoukas, 2018; Zyl, 2018).

As virtue ethics have risen, secular and theology-driven explanations have arisen. Interestingly, virtue ethics cannot be examined thoroughly without stressing moral concepts (Elliot, 2016). Many philosophers have written a list of what virtues people should have to be considered virtuous (Elliot, 2016; van Hooft, 2014). Aristotle and Aquinas both prepared a list, and Aquinas' list was developed using Aristotle's list and theology (van Hooft, 2014). Aquinas had four items, prudence, courage, justice, temperance (cardinal), and three theological: faith, hope, and charity (van Hooft, 2014). Addressing virtue from a psychological view, van Hooft

(2014) shares Peterson's and Seligman's list, which addresses a person's healthy character state: wisdom and knowledge, courage, humanity, justice, temperance, and transcendence.

A reoccurring theme in virtue ethics is grounded in a person's character, "the virtues and/or vices they possess," and is the core of their identity more than their talents or personality traits (Zyl, 2018). Virtue traits are debatable, hence the various lists, but commonalities are found in Peterson's Seligman's list (van Hooft, 2014) as the virtue traits commonly listed are "honesty, courage, kindness, generosity, and justice" (Zyl, 2018, p. 9). Thus, a person's inner character and how they feel when they act are considered when evaluating their virtue (Elliot, 2016; Price, 2008; Zyl, 2018).

Virtue is divided into moral virtues, character, and intellectual virtues (Zyl, 2018). Moral virtues enable a person to live and act well, seeking good (Zyl, 2018). Virtue ethics are applied to one's whole life, fundamentally their character, not just independent decisions or actions needing a moral decision (Price, 2008; van Hooft, 2014; Zyl, 2018). A person's underlying moral character and virtues shape and define who they become as leaders.

Defining and shaping ethics proposed by Aristotle is shaped by the end, the end goal of life, and what it means to have lived a good life (Yiu & Vorster, 2013). The end goal, citing Keenan, shapes life's agenda and how it is lived (Yiu & Vorster, 2013). For a Christian leader, living life with the end goal in mind, union with Christ, and fulfilling one's mission through the power of the Holy Spirit configures an intrinsic desire to serve others and seek good (Yiu & Vorster, 2013). It is in a relationship with Christ that one's character is transformed, allowing for the application of virtue ethics to one's whole life (Stump, 2019; Yiu & Vorster, 2013).

The core of a person's being is anchored in virtue ethics as they live their agenda according to their end goal. The fundamental virtue ethics commonly listed are "honesty,

courage, kindness, generosity, and justice” (Zyl, 2018, p. 9), which are necessary in the field of adoption in order to attempt to protect all members of the adoption circle; therefore, examining whether the adoption professional displayed virtue ethics, a high moral character, is essential.

Ethics of Care

Ethics of care began as a feminist counterbalance approach to the patriarchal ethic of justice for a moral decision-making process (Barnes, 2012; Clement, 2018; Shapiro & Stefkovich, 2016; Stanford et al., 2017). Ethics of care theorists believe care happens in human connectedness, and "it is always through relationship that care occurs" (Barnes, 2012; Clement, 2018; Pease et al., 2017, p. 50). Ethics of care is contextual in its approach, works out of human interdependence, and maintains relationships as priorities (Botes, 2000; Clement, 2018). Tronto's and Fisher's definition of care "as something that permeates all of our lives" (Barnes, 2012, p. 5).

Actively engaging in the ethic of care requires listening and bracketing as the hearer lays aside bias and judgment, attempting to understand the person's point of view, emotions, and circumstances, respecting the uniqueness of others and their experiences (Pease et al., 2017). Applying the ethic of care well occurs interconnectedly through four tenants: caring about, increasing attentiveness; caring for, engaging responsibility; caregiving, increasing competency; and care-receiving, making one responsive (Tronto, 2015).

Although the ethic of care began as a counterbalance to the ethic of justice, as research and time have proven, sincere caring and equitable treatment is the entwining of both ethics care and justice (Botes, 2000; Tronto, 1998). Engaging in moral decisions takes receiving the whole story, and appropriately applying takes both ethics of justice and care (Clement, 2018; Pease et al., 2017; Tronto, 1998).

Ethics of care centers around the interdependency of humanity in relationships. Adoption is built through interdependent relationships. The ethic of care encourages active listening, bracketing, and suspending judgment, which are skills needed by the birth mother, adoptive parents, and the adoption professional. When learning to balance genuine care and equitable treatment, all members of adoption must be willing to engage in the ethics of care.

Theoretical Framework Summary

Adoption is a process to build families, Relational Leadership Theory (RLT) is the process of leadership, virtue ethics is a character process, and ethics of care is a process of moral dilemmas. Each process has a form of negating one's self to seek the good of others. RLT, virtue ethics, and ethics of care have the underlying principle of integrity, promoting that leadership is from within and that it should translate into noting the worth of the persons with whom the leader has the potential to influence. Treating people with dignity, navigating differences, respecting choices, leading with discernment, providing knowledge, and setting boundaries is the premise for RLT, virtue ethics, and ethics of care. Evaluating RLT and ethics against the dynamic of adoption allows leaders within the adoption community to create a joint kinship and "andness" to sensemaking in the sacred trust of the family.

Related Literature

History of Adoption

Adoption has been a part of civilization for as long as civilization has been in existence (Javier et al., 2006). Although adoption was used to serve various purposes, such as providing an heir, labor, war, or nurture, it has a distinct place in society. Adoption is comprised of humanity, and as with other institutions made up of humans, there are parts of its history and its existence

that fill one with anger and joy. The history of adoption is a compilation of ancient civilizations, the 13th to 19th centuries and 20th- 21st centuries.

Ancient Civilizations

Adoption has a long, pleasant, sordid, honorable, contentious, and confused history. The earliest records of adoption are found in the Code of Hammurabi, written by the Babylonians around 2285 B. C. (Adamec & Miller, 2007; Brand et al., 2003, 2003; Brosnan, 1922; Carp, 2000; Ladvocat & Mello, 2019; Longman, 2013) and the Hindu Laws of Manu (Adamec & Miller, 2007; Ladvocat & Mello, 2019). The Code of Hammurabi was the first to codify adoption legally, and within it gave the right for the adoption to be revoked if the adoptee showed ingratitude (Ladvocat & Mello, 2019). Adoption has been widely accepted throughout the centuries within the ancient cultures of Assyrians, Mesopotamians, Greeks, Romans, Egyptians, French, Italians, Spaniards, Japanese, Hawaiians, and Germans (Brosnan, 1922; Carp, 2000; Dry, 2012; Heim, 2017; Herman, 2011; Javier et al., 2006; Ladvocat & Mello, 2019). The law and meaning of adoption were regulated by the individual cultures ranging from an adult male for the purposes of an heir (Adamec & Miller, 2007; Brand et al., 2003; Brosnan, 1922; Burke, 2006; Carp, 2000; Dry, 2012; Heim, 2017; Javier et al., 2006; Ladvocat & Mello, 2019; Longman, 2013); to political alliances (Brosnan, 1922; Carp, 2000; Dry, 2012; Ladvocat & Mello, 2019); and to nurture and love a child (Brosnan, 1922; Firmin et al., 2017b; Herman, 2011; Hoksbergen, 1999; Howe, 2010; Moessner, 2003; *The Avalon Project: Code of Hammurabi*, 2008).

Within the Egyptian culture, Pharaoh's choice of a successor was chosen through adoption from the School of Life attached to the temples (Ladvocat & Mello, 2019). The Royal House would choose the most promising boys among the group, adopt them, and train them until "one arrived at the rank of co-reigning and being sacred like Pharaoh" (Ladvocat & Mello, 2019,

p. 202). In Greece and Rome, adoption was used for religious purposes such as performing the funeral rites for the deceased because the quality of an afterlife depended on the performance of the funeral rites (Ladvocat & Mello, 2019). Adoption also kept a sterile woman married in Greece and Rome because a married woman with no child could find herself divorced (Ladvocat & Mello, 2019).

13th Century to 19th Century

Adoption has been comprised of various shifts in the culture of what is acceptable and not acceptable practices of adoption along with questionable ethics and solid ethical practices (Adamec & Miller, 2007; Kahan, 2006; Sales, 2012). Paradigm shifts in adoption, through history, have been a result of cultural solutions and social justice reform. For example, in England during the 13th century, there was no way to adopt children; therefore, the care of orphans was done by people informally through strangers, kin, or distant kin (Adamec & Miller, 2007). The children left alone fending for themselves were kidnapped and mutilated to make them more pitiful to increase their effectiveness for begging (Adamec & Miller, 2007).

Over the next few centuries, baby farming happened in the Victorian era. Baby farming is when people would take babies from unwed mothers, promise to place them with a family, and either kill the baby or sell it to the highest bidder (Adamec & Miller, 2007). Adoption almost died out until the 19th century but was replaced with quasi-adoptive placements such as apprenticeship, voluntary transfers, or indenture (Adamec & Miller, 2007; Carp, 2000; Esposito & Biafora, 2006; Kahan, 2006). The era of orphan institutions, poorhouses, almshouses, foster homes, and orphan trains began to attempt to solve the plight of orphaned children begging, and Crittenton Homes, which provided homes for unwed mothers and prostitutes, were established to provide a solution to meet the need (Adamec & Miller, 2007; Carp, 2000; *Florence Crittenton*

Homes: A History (2014)., n.d.; *Removal of Children From Almshouses in The State of New York* (1894), 1894; Kahan, 2006).

Unfortunately, children were property and not considered persons with protections (Adamec & Miller, 2007; Esposito & Biafora, 2006; Kahan, 2006), and adoption continued to evolve as a solution to the societal problem of children needing a home. The children needed homes because of the need for dependency due to parents not having a strong work ethic; therefore, adoption served two purposes (Esposito & Biafora, 2006). First, it was a free source of labor, and second, it provided reform by showing the children a different way of life (Esposito & Biafora, 2006).

20th-21st Century

Due to the destitute conditions and abuse from the orphan trains, almshouses, poorhouses, and orphan institutions, society began speaking out against the injustices happening to children (Adamec & Miller, 2007; Carp, 2000; Esposito & Biafora, 2006; Jambor, 1958; Kahan, 2006). In 1907, Theodore Dreiser, editor of *Delineator* 1907-1909, began “a campaign to help rescue orphans from institutions and uniforms and place them as individuals in private homes” (Esposito & Biafora, 2006; Jambor, 1958, p. 35). This campaign caught the attention of President Theodore Roosevelt (Esposito & Biafora, 2006; Jambor, 1958). President Roosevelt invited 100 people to the White House in 1909 “to confer on the care of children who are destitute and neglected but not delinquent” (Jambor, 1958, p. 33). The result of the meeting was the “White House Conference on the Care of Dependent Children,” and Dreiser stated, the conference, in conjunction with others, “pointed the way which the homeless child should be cared for” (Jambor, 1958, p. 40). President Roosevelt “endorsed home care” and he proclaimed “the American family the highest achievement of civilization for its allegedly unique capacity to

mold citizens” (Esposito & Biafora, 2006; Hart, 2002, p. 142). The conference solidified the desire to keep families together and provide a "pension" to unwed or widowed mothers to help preserve families (Herman, 2008; Nelson, 2015; Pfeffer, 2002).

Social workers, child advocates, and religious institutions began a new social reform movement with the protection of children as its primary mission. During this era, adoption began to be championed as a “moral, humane, and efficient means of helping wholly dependent children” with the undercurrent of the larger mission of “saving society from misfits and of molding citizens for the nation” (Esposito & Biafora, 2006; Hart, 2002, p. 144). However, under regulation and supervision, adoption began to emerge in the dire circumstances where the pension was not enough, and the family's dysfunction was too great, causing harm to the child (Adamec & Miller, 2007; Carp, 2000; Kahan, 2006). During this timeframe, legalizing the dissolution of ties to biological families due to cases of abuse, neglect and abandonment and legitimizing families formed through adoption happened because of the joint effort of adoption advocates, courts, and state legislatures (Hart, 2002).

Summary

As shown, adoption has been present and culturally accepted for thousands of years. However, the acceptance appeared to ebb and flow depending upon the adoption practices and the motive behind the adoption. The reasons varied from having a formal heir, seeking workers, and providing for abandoned children. In addition, the motive for adoption shifted permanently as adoption being for the benefit of the child, not the adopter at the beginning of the 20th century. The results were not immediate, but due to the great Wars and Depression, a door was opened in America's hearts to care for the least of these through the path of adoption (Adamec & Miller, 2007).

Adoption Professional

The organization behind the orphan trains, Children's Aid Society (CAS), was criticized heavily for its shipping off children and not investigating or supervising the families where the children were placed, the mistreatment of the children, and not being to locate children who were placed (Carp, 2000; Herman, 2008; Kahan, 2006). The result was a movement to reform child-placing agencies' practices and begin the professional social worker's era to regulate the placement of children through the law (Esposito & Biafora, 2006; Herman, 2008; Kahan, 2006; Porter, 2002; Riley & Van Vleet, 2012).

Social workers began to emerge as a field of study in 1889 and became part of the college curriculum in 1898 (*National Association of Social Workers*, 2013; Nelson, 2015). In the first half of the 20th century, social workers, child welfare experts, and powerful women's organizations were designated as the adoption professionals determining when a child need to be removed from the home (Carp, 2000; Choi, 2019; Kahan, 2006; Nelson, 2015; Porter, 2002; Riley & Van Vleet, 2012). Records indicate that religious service agencies, such as Catholic agencies and the Salvation Army, believed strongly that unwed mothers should parent their babies (Esposito & Biafora, 2006). Social workers and child-placing agencies were against adoption during the early 20th century and rarely recommended adoption except under severe circumstances (Carp, 2000; Esposito & Biafora, 2006; Hart, 2002; Kahan, 2006).

Work with Adoptive Parents

The role of adoption professionals, particularly agencies and social workers, progressed as they became the leading experts. The role of adoption professionals to provide and seek resolutions in the child's best interests shifted to practices focused on the needs and wishes of the adoptive families (Gill, 2002; Melosh, 2006; Wilson-Buterbaugh, 2017). Under the law, they

determined the adoptive parents' fitness and completed thorough investigations (Kahan, 2006; Melosh, 2006). To elevate and demonstrate competence, agencies began to focus on creating the best family versus the original emphasis of no harm to the child (Gill, 2002).

As a result, the Baby Scoop Era (BSE) increased the number of childless couples wanting to adopt, the increase of illegitimate children, and the acceptance of adoption in society (Ladvocat & Mello, 2019; Wilson-Buterbaugh, 2017). Unfortunately, one outcome of the protocols initiated by the Children's Bureau of Delaware (CBD) was the arrogance of placement agencies to determine the best match (Esposito & Biafora, 2006; Gill, 2002; Hart, 2002). Additionally, once again, with adoption becoming societally accepted, the increase of the availability of children during the Depression, and the increased desire by hopeful adoptive parents to adopt, agencies could be extremely particular regarding whom they approved (Esposito & Biafora, 2006; Gill, 2002; Melosh, 2006).

Social workers began conducting extensive intelligence testing and background checks on a child's heredity preadoption (Esposito & Biafora, 2006). During this era, social workers believed they could "find a child who might have been born" to the adoptive family (Esposito & Biafora, 2006, p. 24). The motive behind the sentiment of a "child who might have been born to you" was because the social worker genuinely believed it was in the child's and family's best interest (Esposito & Biafora, 2006). The social worker sought to find children who, citing Hart (2004), "could fit their adoptive homes in physical characteristics, intellectual capacities, temperament, and religious and ethnic affiliation. The policy of matching assumed that this affinity would lead to easier assimilation" (Esposito & Biafora, 2006, p. 24).

Not only were children evaluated thoroughly, the adoptive families were scrutinized during this era. Social workers began evaluating families especially the adoptive mothers

(Esposito & Biafora, 2006; Hart, 2002). Adoptive mothers needed to be married, have husbands who were the breadwinners, readily accepted their prescribed gender role full-time, enjoyed a healthy sex life, and supported their husband's dreams (Esposito & Biafora, 2006; Hart, 2002).

Gill (2002) writes that the power of the adoption professional grew to the extent that agencies had the power to design families, exclude children with disabilities, and create the "image" of the perfect adoptive couple and adoptive family (Gill, 2002; Herman, 2008; Riley & Van Vleet, 2012). The ability to design a family gave agencies the power to achieve "what nature has denied, adoption can achieve" (Melosh, 2006, p. 52), creating "the most ambitious program of social engineering (in its perfectionism, if not its scale) seen in twentieth-century America" (Gill, 2002, p. 162).

Work with Birth Mothers

The CBD was given authority over approximately eighteen agencies to oversee children's placement (Melosh, 2006). The CBD's response to mothers who needed help provided foster homes and gave mothers six months to get their lives back on track, supervised visitation between the mother and her child (Melosh, 2006) resembling the state-government run foster care system today (Riley & Van Vleet, 2012) promoting the foundation for casework. The evolution of casework was a power struggle between evangelicals and social workers, one stressing redemption and the other stressing treatment (Kunzel, 1993). "The entrance of social workers into maternity homes had drastic consequences for unmarried mothers, transforming and widening the disciplinary regime under which they lived" (Kunzel, 1993, p. 116). The control and influence of the social worker began to dominate all things with women and children (Kunzel, 1993).

The era post World War II resulted in a population boom and a rise in unwed pregnant mothers (New South Wales et al., 2000; Riley & Van Vleet, 2012; Wilson-Buterbaugh, 2017). During that era, the social norms believed that an unwed mother could not be happy (New South Wales et al., 2000; Riley & Van Vleet, 2012). The heightened power of the social worker as the expert began to become more evident following World War II into early 1973, generally known as the Baby Scoop Era (BSE), and pertains to closed adoption practices (Fessler, 2006; Wilson-Buterbaugh, 2017). The control the agencies were exerting and the embarrassment of being unwed mothers drove several mothers who wanted privacy to make other placing arrangements through professional adoption services such as maternity homes, lawyers, and doctors (Esposito & Biafora, 2006; Herman, 2008; New South Wales et al., 2000).

The perception of unwed mothers began to shift in the 1930s from a woman "being sexually victimized by predatory men" to having psychopathological maternity initiated by the rise of Sigmund Freud's psychoanalysis movement (Field, 1980; Herman, 2008; Wilson-Buterbaugh, 2017). The concept was that the women who were pregnant outside of marriage carried an unconscious hostility and were troubled; therefore, getting pregnant on purpose (Esposito & Biafora, 2006; Herman, 2008; New South Wales et al., 2000). The new "insight" by Freud, that pregnancy in unwed mothers was caused by "twisted psyches" of birth mothers, turned the adoption world upside down (Herman, 2008, p. 148). The script flipped from birth mothers parenting to placing (Herman, 2008; Kunzel, 1993; Summers, 2016; Wilson-Buterbaugh, 2017). During the BSE, large numbers of newborns were surrendered for adoption by unmarried mothers at the encouragement of societal pressure and norms, family, and adoption professionals (Anderson, 2020; Esposito & Biafora, 2006; Fessler, 2006; New South Wales et al., 2000; Wilson-Buterbaugh, 2017).

Due to Freud and the introduction of his concept of the Family Romance along with the acceptance of the field of psychoanalytic therapy (*Adoption History: Sigmund Freud (1836-1939)*, 2012; Ladvoat & Mello, 2019), the image of the unwed mother flipped, and with it the attitude and treatment from the adoption agencies and professionals (Field, 1980; Herman, 2008; Sales, 2012). Adoption agencies and professionals believed unwed mothers were resentful, plagued with guilt, and did not want their child; therefore, the child was automatically deprived (Field, 1980; Herman, 2008). The perception of unwed birth mothers began to shift in the late 1940s and perpetuated into the late 1950s into the early 1970s (Esposito & Biafora, 2006; Herman, 2008; New South Wales et al., 2000; Sales, 2012; Summers, 2016; Wilson-Buterbaugh, 2017).

In 1958, the adoption agencies produced a handbook, *Standards for Adoption Service*, based on the surge of the psychology movement in the United States, “to educate public opinion, and instruct attorneys and judges who handled adoption cases” highlighting the emotional and personality challenges of unwed mothers and the disadvantages to the women and children if they parented (Herman, 2008, p. 148). Another result of the psychoanalytical movement was unwed birth mothers “suffered from masculinity complexes and personality disorders” (Herman, 2008, p. 153). An unwed mother, citing Leontine Young, “is an unhappy and neurotic girl who seeks through the medium of an out-of-wedlock baby to find an answer to her own unconscious conflicts and needs” (Herman, 2008, p. 153). The label and perception of an unmarried mother being a sexual delinquent began to dismantle the boundary between the unmarried mother and delinquents eventually making them synonymous (New South Wales et al., 2000; Summers, 2016; Wilson-Buterbaugh, 2017).

In the book, *The Casework Relationship* published in 1957, the evidence of the unmarried pregnant woman being a sexual delinquent is discussed openly (Biestek, 1957). Biestek (1957) describing the role of the social worker and the social worker's responses and duties uses, in one example, the encounter with an unmarried pregnant woman. The guidance given to the caseworker is to accept the client (unmarried pregnant woman) and everything about the client that is pertinent to the helping process even what he (the caseworker) disapproves of (Biestek, 1957). Thus, he accepts the unmarried mother's ambivalence towards sexual behavior, technically but not morally (Biestek, 1957). However, her ambivalence is real, pertinent to her problem, and should be discussed with the therapeutic problem in mind (Biestek, 1957). "Helping clients achieve standards is implicit in casework with such groups as probationers, parolees, and sex delinquents; it is also a particular goal in a number of other settings" (Biestek, 1957, p. 94).

The rise of the adoption professional who claimed to be an expert in unwed motherhood (sexual delinquents) led to the ostracizing of religious women who wanted to offer a helping hand, charity, and service to a more "professional, scientific approach" that favored adoption (Kunzel, 1993; Wilson-Buterbaugh, 2017, p. 58). The arguments for helping a mother parent and for encouraging placement continued to move forward. Biestek (1957) reflects on the conflict between caseworkers who held the opposite views

"Caseworkers have differed in their evaluation of the capacity of unmarried mothers as a group to make sound decisions. Some feel that the unmarried mothers are so damaged emotionally that they are incapable of arriving at a good decision themselves. These caseworkers have expressed the conviction that they must guide, 'steer', and 'take sides in' the final decision. Other caseworkers seem to have a higher evaluation of the ability of unmarried mothers for self-determination. Both agree, however, that each unmarried mother's ability should be individually evaluated" (Biestek, 1957, pp. 110–111).

The language and perception swing of unmarried mothers led to the evolution of ending the helping era of providing a step-up to pressuring the same women to surrender their babies for

adoption (Anderson, 2020; Esposito & Biafora, 2006; New South Wales et al., 2000; Summers, 2016; Wilson-Buterbaugh, 2017).

During the BSE, unmarried mothers went from being viewed as seduced and abandoned to sexual delinquents shifting society's view and the perceptions of adoption professionals for decades (Anderson, 2020; Fessler, 2006; Kunzel, 1993; Wilson-Buterbaugh, 2017). The BSE result was millions of unmarried mothers living with a lifetime of shame, remorse, and guilt and millions of adoptees with no connection to their birth families (Anderson, 2020; Fessler, 2006; Wilson-Buterbaugh, 2017).

Work with the Child

The National Conference of Charities and Correction (NCCC) and its members consisted of physicians, directors of asylums, clergymen, state directors, social welfare leaders, and women who were given equal status with the men (Hansan, 2011). NCCC challenged its members "to confront their day to day problems and what was being done about them" (Hansan, 2011, para. 5). The NCCC's concerns with caring for "dependent and delinquent children" began and established a long heritage attempting to meet those concerns (Hart, 1893, para. 29). The NCCC recognized the need for children to be protected mentally, emotionally, and physically and made it a priority driving the social and moral conscience of the time (Hart, 1893), addressing the deplorable conditions and management of children in almshouses, the orphan train, orphan institutions, and orphan asylums. During the era of NCCC, 1850-1919, the emphasis was "child rescue, child nurture, best interest" (Nelson, 2015).

Through the work of professionals, social welfare leaders, and social workers, the children being neglected, abused, abandoned, and mistreated motivated a unified theme of rescue from institutions such as almshouses (Nelson, 2015; *Removal of Children From Almshouses in*

The State of New York (1894), 1894). Child rescue led to children needing to be protected and nurtured (Herman, 2008; Nelson, 2015). Florence Kelly and Jane Addams were two key women in the fight that children needed nurturing and play, not work (Nelson, 2015). Nurture, always present, evolved to the child's best interest with two primary thoughts, keeping families intact and adoption (Carp, 2000; Jambor, 1958; Nelson, 2015).

From 1920 to 1959, adoption professionals and social workers began developing a different view of the child's best interest based on adoption becoming more acceptable and views regarding unwed mothers (Nelson, 2015). As a result, the social worker's power began to control all aspects of single mothers' and their children's lives, determining their futures of parenting or placing (Kunzel, 1993; Nelson, 2015). Consequently, as adoption became more acceptable in the BSE, adoptive families were viewed as charitable and altruistic, characterizing the adoptive family as saviors (Wilson-Buterbaugh, 2017). The savior implication bled into the orchestrating how adoptees should feel and perceive their lives.

The themes that emerged for adoption agencies were casework, choice, chosen-child, and "as-if begotten" (Melosh, 2006; Nelson, 2015). The "as-if-begotten" narrative, the child should look like and come from a similar background, led to adoptive couples' and adoption professionals' ability to choose a child as if ordering them from a catalog and the ability to return them if they did not (Herman, 2008; Melosh, 2006; Nelson, 2015).

Through this era, the emergence of when telling the child about their adoption, the "they were chosen" narrative arose (Nelson, 2015). For the adoptee, the "chosen" narrative began negatively affecting them, making them feel as if they needed to be perfect (Nelson, 2015). The adoptees were expected to feel grateful that they were taken in by adoptive families (Wilson-Buterbaugh, 2017). However, the adoptee was left to feel disloyal or bad if they sought

information about their birth families (Colaner et al., 2018; Wilson-Buterbaugh, 2017). The adoptee's desire to learn more was being dismissed with the explanation that they had a better life and did not have the right to know about the past (Colaner et al., 2018; Wilson-Buterbaugh, 2017).

Adoption Professional Summary

The beginnings of the care of neglected children began with motives to keep families intact and have adoption as a last resort. The agency and social worker began to grow in professionalism and expertise, creating a screening process like today's adoption professionals. No one knows the motives of someone's heart, but the element to have the power to engineer family on such a grand scale socially is chilling.

The experts shifted to these new and emerging theories that projected analysis onto birth mothers' character and mental cognitions during the rise of psychology and the psychoanalytic movement. The damaging shifts of thought that included the character assassination of birth mothers dramatically altered the course of adoption in the United States. The unwed pregnant girls were not "like the fallen women of the 19th century, nor the sexual delinquents of the 1930s and 1940s" the 1950s and 1960s, they were the "girls in trouble" (Melosh, 2006, p. 107).

The power of the adoption professionals continued to rise. Although the underlying motive for adoption continued to be the child's best interest, the unwed pregnant women were at their mercy. Moreover, the adoption professionals were empowered by status and expertise to affect children for generations to come.

Closed Adoption

Adoption in the ancient civilizations, the 13th- 19th centuries and the beginning of the 20th century, was conducted openly, expecting the child to maintain a connection with their family of

origin (Carp, 2000; Miall & March, 2005). Adoption agencies knew as the children grew up, if the information were not disclosed, they would begin to receive inquiries as the adoptee wanted to know more (Carp, 2000). All through these eras, until around the 1950s, social workers stressed the importance of adoptees' right to know their biological families (Carp, 2000). Whenever an adoptee returned to an agency, the agency surrendered whatever identifying information was in the file (Carp, 2000). The transition from openness to secrecy is complex and fraught with many ideas but no true answers (Carp, 2000; Miall & March, 2005).

Closed Adoption Adoptive Parents

Adoptive parents have almost always received medical and social information regarding the adoptee, birth mother, and birth family (Carp, 2000; Sufian, 2017). Unless specified by the birth mother for privacy reasons, adoptive parents had the birth mother's name and participated in visits, along with adoptees having access to their birth families' information until after World War II (Carp, 2000; Porter, 2002). However, during the BSE and psychoanalytic era, the communication between birth families and adoptive families ceased (Carp, 2000; Field, 1980; Herman, 2008; Melosh, 2006).

Closed Adoptees and Birth Mothers

Adoption professionals at the earliest stages believed in the connection of birth families and adoptees (Carp, 2000; Porter, 2002). The agencies remained steadfast in promoting truth with the adoptees and birth families, giving them the information they had until the 1950s (Carp, 2000). Then, the influence of psychoanalytic theory and the Cold War era shifted the paradigm.

Adoptees. The influence of psychoanalytic theory, particularly the Family Romance fantasy, created the thoughts that adoptees who searched for their birth parents were disturbed people (Carp, 2000; Field, 1980). Freud's Family Romance theory is grounded in his assumption

that all children to become an individual required escape from the power and love of their parents (*Adoption History: Sigmund Freud (1836-1939)*, 2012; Carp, 2000). The belief was children created fairy tales of kinder, braver, more prosperous, and so on of parents than what they had, essentially creating an adoption scenario (*Adoption History: Sigmund Freud (1836-1939)*, 2012; Carp, 2000; Ladvoat & Mello, 2019). The Family Romance was healthy for children's development because it was fictional, allowing a path for children to deal with feelings towards their parents, which led to morphing into a healthy adult (*Adoption History: Sigmund Freud (1836-1939)*, 2012; Carp, 2000; Ladvoat & Mello, 2019).

The Family Romance was harmless unless applied to actual adoption where children did have two sets of parents and the ability to fantasize about another set of parents (biological parents) was a reality (*Adoption History: Sigmund Freud (1836-1939)*, 2012; Carp, 2000; Ladvoat & Mello, 2019). Consequently, what was considered a natural part of development for children, during the closed adoption era, was believed to perpetuate psychopathologies in adopted children if they knew they had biological parents as questions would be raised that social workers did not believe could be answered adequately (*Adoption History: Sigmund Freud (1836-1939)*, 2012; Carp, 2000; Ladvoat & Mello, 2019).

Post World War II, psychoanalytic studies, grounded in Family Romance, conducted on adopted children and adopted adults influenced the perception that searches for biological parents by the adult adoptee meant they were "very disturbed young people and sick youths" (Carp, 2000, p. 117). Psychotherapist Florence Clothier deduced that the adopted child did not have the ability to neutralize the fantasy as the Family Romance dictated it needed to do; therefore, there was no therapeutic benefit to providing identifying information to adopted adults (Carp, 2000). Clothier had her hypothesis but knew more data was needed; therefore, she

recommended other therapists consider that behavior problems with adopted children are due to them living out the unresolved Family Romance fantasy (Carp, 2000). Clothier's deduction "evolved into a proven conclusion" that the "inability to shake off the Family Romance fantasy was part of the symptomology of emotionally disturbed adoptive children" (Carp, 2000, p. 119). This conclusion led social workers to believe and accept that an adoptee who searched for their biological parents was pathological (Carp, 2000). The acquiesce to this line of thinking that a) the factual knowledge of having two sets of parents and b) the acceptance of the inability to move successfully through the Family Romance fantasy led to psychopathologies in adopted children (*Adoption History: Sigmund Freud (1836-1939)*, 2012; Carp, 2000). Succumbing to this line of thinking fueled the charge to seal records and match adoptive children as closely as possible to their adoptive parents in all aspects to help ensure this did not happen (*Adoption History: Sigmund Freud (1836-1939)*, 2012; Carp, 2000).

Birth Mothers. Another exacerbation of the switch from openness to closed was the principle of confidentiality and "Cold-War America." Social workers applied the civil liberties mentality to prevent the sharing of information to the birth mother from getting information about their children and adult adoptees from getting information about their birth families (*Adoption History: Sigmund Freud (1836-1939)*, 2012; Carp, 2000). The shift from open to closed shifted the adoption paradigm once again.

Birth mothers who participated in closed adoptions believed they still had co-ownership of the child's birth records and had a voice of when and how to share the information (Weller & Hosek, 2020). However, many women did not understand that when signing the legal paperwork, they forfeited their rights to legal adoption paperwork and determining if their child could find them (Weller & Hosek, 2020). In addition, birth mothers and adoptees expected adoption

professionals to reveal the details of their birth records when asked (Carp, 2000; Weller & Hosek, 2020). Birth mothers and adoptees have strong reactions to having their birth records sealed with most agreeing the adoptee should have access to their original birth certificate (Carp, 2000; Weller & Hosek, 2020).

Clinically, birth mothers and adoptees forced to endure closed adoptions with limited to no access to their original legal paperwork and the original birth certificate suffer ambiguous loss (Brodzinsky & Smith, 2014). Ambiguous loss is a loss that is not final because the loved one is psychologically present but physically absent (Boss, 2016). Due to its lack of finality, an ambiguous loss is harder to resolve and master (Boss, 2016). Another layer of closed adoptions for birth mothers and adoptees is the layer of disenfranchised grief (Brodzinsky & Smith, 2014). Disenfranchised grief acknowledges the social aspect of grief; therefore, the inability to grieve openly about such an intense loss, surrendering a child, and being socially supported complicates the well-being of birth mothers and adoptees (Brodzinsky & Smith, 2014). Brodzinsky and Smith (2014) share that

“a consistent finding in studies of women who have relinquished children in confidential adoptions across several generations, particularly for those in the era of ironclad secrecy, is that a significant number have complicated, ongoing grief reactions, with mental health issues including prolonged mourning, depression, diminished self-esteem, anger, restless anxiety, somatic symptoms, guilt and shame, and post-traumatic stress disorder symptoms” (p. 167).

Closed Adoption Summary

Adoption’s history went from open to closed to open. The literature review has revealed the heartbeat behind the push and what was believed to be the necessity of closed adoption hinged on the rise of psychoanalytic theory, specifically the Family Romance fantasy invented and described by Sigmund Freud. The momentum behind the adopted child’s inability to

neutralize the fantasy as the cause for their behavior, that it was pathological, and it created psychopathologies was the fuel that altered thousands of lives but especially the adoptee.

Women in the BSE were encouraged to move forward with their lives and pretend like nothing ever happened, creating a mental break in their lives that most learn to function through but rarely fully recover. Children of the closed adoption era that have little to no background of their biological parents suffer silently as they attempt to process their place in society. According to the studies, closed adoptions do not appear to have many positive outcomes, if any, for the birth mother, adoptee, or adoptive family. The implication in the literature review indicates that closed adoptions have created harmful and lifelong complications for a significant portion of the adoption triad.

Open Adoption

Beginning around the 1980s, birth mothers and adult adoptees began to speak out, demanding they have access to each other (Carp, 2000; Farr & Goldberg, 2015; Nelson, 2015; *The Adoption History Project*, n.d.). Researchers in the fields of psychology, psychiatry, counseling, and social work, to name a few, due to the outcry of birth mothers and adoptees, began researching the effects of open adoption on the adoption triad. Since the early 2000s, there has been some form of openness between adoptive parents, adoptees, and birth parents in private adoption (Carp, 2002; Farr & Goldberg, 2015; Grotevant et al., 2007). However, open adoption is not a “one-size-fits-all” narrative as the levels of openness vary over time.

Open Adoption and Adoptive Parents

Research in the 1990s began evaluating adoptive parents' responses to open adoption. Contact varies in an open adoption from pictures and letters to the exchange of phone numbers and visits (Berry, 1993; Gross, 1993; Grotevant, 2000; Grotevant et al., 2013). Open adoption is

work as both sides learn to identify, adjust, and actively participate in their designated roles (Farr & Goldberg, 2015; Grotevant et al., 2013; Yngvesson, 1997).

As with all relationships, there are challenges to overcome, boundaries to set, and trust between the parties to build; it is not different in open adoption (Farr & Goldberg, 2015; Grotevant et al., 2013; Logan & Smith, 2003; Neil, 2009). Adoptive parents participating in open adoptions have shared the benefits of open adoption are: the love shared by both families secured the child's identity; building an atmosphere of openness between the child and the adoptive parent that translated into other areas of life; the love and support shared between the adoptive and birth families, validating each other's place (Ge et al., 2008; Grotevant et al., 2011; Neil et al., 2013). The challenges communicated by adoptive parents are: working out the roles and boundaries between them and the birth families; defining how much contact and how often; the emotional strain of the contact with the ups and downs (Neil, 2009; Neil et al., 2013; Siegel, 1993, 2013). In the words of an adoptive mother, "we just know that we always have access. ... You just take it a day at a time. ... If you want it to work, you'll work at it. And you know, we feel it's healthy and want it to work because of our son." (Grotevant et al., 2013, p. 197).

Open Adoption with Birth Parents

When a birth mother chooses to place her child for adoption, the reality of that decision is the loss (De Simone, 1996), not necessarily the grief that will forever be a part of her life. Birth mothers for a variety of reasons, such as societal, family, and professional influences, suffer from feelings of guilt, shame, anger, and sadness post-placement (Claridge, 2014; De Simone, 1996; Madden et al., 2018; March, 2014; Weinreb & Murphy, 1988), with unresolved grief being the most significant contributor to the birth mother's mental and emotional health (Berry, 1993;

Christian et al., 1997; Claridge, 2014; De Simone, 1996; Krahn & Sullivan, 2015; March, 2014; Weinreb & Murphy, 1988).

Openness in adoption is linked to birth parent outcomes and their mental health and well-being (Claridge, 2014; Cushman et al., 1997; Madden et al., 2018). For example, studies have shown that birth mothers who chose the adoptive parents, met the adoptive parents, and have contact with the adoptive parents directly, not through the agency, have reduced levels of anxiety and increased levels of relief (Claridge, 2014; Cushman et al., 1997; Madden et al., 2018). Another positive outcome of having an open adoption is the mothers who have it “show more attachment to their babies during pregnancy and are more likely to seek prenatal care” (Claridge, 2014, p. 118).

Over years of research studying birth parents and the aspects of adoption that have proven to be one of the best resolutions with the choice to place is open adoption, knowing their child is doing well, and having contact with the adoptive parents and child (Christian et al., 1997; Claridge, 2014; Ge et al., 2008; Grotevant et al., 2013; Krahn & Sullivan, 2015; March, 2014). Studies have examined the results of post-adoption contact lasting longer than eight years and some that were less from the birth mother perspectives attempting to gauge the contact as helpful (positive) or negative (March, 2014). The results of the studies have shown that openness helps address the unresolved grief and contributes favorably to the outcome of the birth mother's life (Claridge, 2014; Clutter, 2017; Colaner et al., 2018; Ge et al., 2008; March, 2014). The benefits cited were they felt less guilt and increased self-esteem, for example, a birth mother shares, "It was weird going home from the hospital without her, but I had chosen the adoptive parents and built a bond with them. I didn't feel so empty, and I knew I could see her." (Clutter, 2017, p.

347). In addition, open adoption and post-adoption contact have contributed to birth mothers feeling more satisfied with their decision (Claridge, 2014; Madden et al., 2018).

Open Adoption and Adoptees

Adoptees who did not have any information about their birth families have continually sought it (Carp, 2000; Grotevant et al., 2018). The adoption rights movement began in 1949 with an adoptee, Jean Patton (Carp, 2000, 2014). Jean Patton was the pioneer of the first reunion registry between birth parents and adoptees, desiring to take power away from agencies and the government and place it back on the people it mattered to most (Carp, 2000, 2014). The lack of information for adoptees can contribute to a lack of self-esteem and identity issues (Berry, 1993). The adoptee's search is bound up in their need to know who they are and whom they are connected to and understanding the why behind the adoption (Askin, 1998; Grotevant, 2000) that is inherent in every human (Roberts, 2018).

Openness in adoption has proven to contribute positively to the child's identity (Colaner & Soliz, 2017; Grotevant, 2000; Henze-Pedersen, 2019; Neil et al., 2013). Adoptees naturally navigate questions of family origins and how their adoption works into their definition of self (Colaner et al., 2018). In addition, healthy open adoption where the adoptive family and birth family commit to having healthy communication creates a safe space for the adoptee to explore their identity fully (Colaner et al., 2018). The adoptee's relationship with both sets of parents and the freedom for thoughtful exploration affects their ability to create and benefit from a consistent identity (Colaner et al., 2018).

The adoptee's satisfaction with open contact and knowledge of their birth family has shown a decrease in externalizing behaviors such as rule-breaking and aggressive behavior (Grotevant et al., 2011). The research implies that the positive aspects of open adoption are

significant over a significant amount of time. In the words of an adoptee regarding not having a relationship, “I’d just like to meet them and get to know them. And that would be about all. Let them know that I’m doing all right and that they can see me. (Wave 2, avg. age 15.7)” (Grotevant et al., 2018, p. 60). In the words of an adoptee who participates in openness:

We have a Christmas party every year...and...we just count them as family...they’re just my family. (Wave 2, avg. age 15.7)” (Grotevant et al., 2018, p. 60).

That’s the way it should always be [open]. Again, that makes you feel like it’s normal. Such a big part that’s made adoption not such a big issue for me and made me such a happier person for it, and not have so many insecurities that I think a lot of kids could go through when they’re adopted, is that openness and how normal it’s felt. The moment you keep it a secret and make it into an issue, it’s no longer normal. And then you lose that. Then the insecurity can start growing. So you need to keep it open (23-year-old). (Luu et al., 2018, p. 131)

Open Adoption and the Adoption Professional

The adoption professionals began their careers being concerned about the welfare of those they served (Johnson, 2016; *National Association of Social Workers*, 2013; *National Association of Social Workers (NASW)*, n.d.). Throughout the decades, there have been many agencies who recognize the need for openness in adoption but continue to hesitate (Brown et al., 2007; Miall & March, 2005; Robinson, 2013) many believe in myths that have been perpetrated (Brown et al., 2007; Miall & March, 2005; Robinson, 2013).

Citing Lonsway and Fitzgerald, Brown et al. (2007) define a myth as having common denominators: “they are false beliefs that are widely held, explain an important cultural phenomenon, and justify existing cultural arrangements” (p. 180). The primary adoption-related myth is “that a closed adoption would assist all members of the adoption triad (birth parent, adoptee, and adoptive family) to move on, heal, and form new and effective family bonds” (Brown et al., 2007, p. 180). Unfortunately, the myths associated with adoption continue to plague and attempt to devalue the solid empirical evidence for adoptions to be open (Brown et

al., 2007; Miall & March, 2005; Robinson, 2013; Sobol et al., 2000). Research conducted in 2000, 2007, and 2017 continues to prove adoption myths exist and prove the adoption professionals' belief in the myths, and their bias predicts the level of openness in adoption for public child welfare social workers (Brown et al., 2007; Robinson, 2013; Sobol et al., 2000).

Open Adoption Summary

Open adoption, empirically, has been proven its worth benefiting all members of the adoption triad throughout decades of research. The increased benefits of the adoptee and birth mother's mental and emotional well-being should not be ignored. Being interconnected through family, whether it is biological, non-biological, or spiritual, defines humanity.

Openness in adoption provides a foundation for the birth mother and the adoptee to resolve ambiguous loss and disenfranchised grief. In addition, specifically for adoptees, open adoption and open communication with their adoptive parents and birth parents through the freedom to ask questions and explore provides the platform for a healthy identity.

Rationale for Study and Gap in the Literature

Rationale for Study

The primary question is if open adoption is the best path to wholeness in adoption, why is it not practiced on all levels of adoption to include the triad and the adoption professional (Nelson, 2020; Robinson, 2017)? Social media has provided a platform for everyone to have a voice about anything, and adoption is no exception (Samuels, 2018). All one needs to do is provide the word "adopt," "adoption," "birth mother," or "adoptee" in a hashtag search to become familiar with the negative connotations of a closed adoption.

The negative connotations tend to be intertwined with the adoptive family and the adoption professional due to the consistency of the adoptee and birth mother demanding more

openness and transparency has been consistent since the middle of the twentieth century (Askin, 1998; Carp, 2014). Combine the current trends with decades of research; the question continues to be raised as to why any adoption professional would not be the loudest voice advocating for openness and the kinship network. Studies have shown in the public child welfare social workers regarding the direct impact of their bias and how it contributes to open adoption (Nelson, 2020; Robinson, 2017; Sagar & Hitchings, 2008), does the same bias and result exist in the adoption professional? Would a shift in the attitudes and perceptions of adoption professionals directly impact the next paradigm shift in adoption culture?

Gap in the Literature

The literature is prevalent with adoption history, adoptive parents, birth parents, and adoptees when researching adoption. The research reflects studies on openness and its effects on adoptees, birth mothers, and adoptive parents (Christian et al., 1997; Firmin et al., 2017a; Grotevant et al., 2018). The research shows the adverse effects of closed adoption, the battle for adoption records to be opened, and the myths that lurk in the shadows (Carp, 2000; Robinson, 2013; Sokoloff, 2005). Studies have been conducted to understand the adoption triad's complexities to aid adoption professionals, public and private, to create adoption plans and the need for post-adoption support (De Simone, 1996; Krahn & Sullivan, 2015; Roszia & Maxon, 2019). The research shows three studies that confirm how open adoption bias affects child welfare workers and their willingness to advocate for open adoption (Berry, 1993; Robinson, 2017; Wegar, 2000; Wolfgram, 2008) but not in adoption professionals in the private sector. There is no research on the ethical standards of adoption professionals or the effect of the adoption professionals' open adoption knowledge and how or if it affects the adoption triad.

Regarding any data, most of the data collected in adoption research are qualitative, with little to no quantitative data. Conducting a quantitative research study regarding the adoption professional's open adoption knowledge and how or if it affects the adoption triad in private adoptions would add to research in two ways. First, the private adoption professional would be evaluated empirically, which is not currently available, and the quantitative data adds to the need for empirically collected statistics in adoption.

Summary of Literature Review

Since the late nineteenth century, the adoption professional has been the anchor, advocate, decision-maker, policy influencer, center, and leader in adoption. The dynamics, practices, and opinions around adoption have ebbed and flowed throughout centuries and continue to shift during the twenty-first century. However, the adoption professional is the one constant in the adoption realm in America starting in the late 1800s to the present.

The literature has documented the paradigm shifts in adoption through the decades. The late 1800s and early 1900s began with the Christians desiring to be in the trenches to mentor mothers abandoned with their children and provide a loving, caring solution. Next, the White House noticed the plight of orphaned and abandoned children and developed a plan to help keep families together with Congress and social workers, consequently utilizing adoption only in desperate circumstances. Finally, the shift involved the evolution of assassinating the character of birth mothers and adoptees due to the rise of the psychoanalytical movement to the shifting from open adoption to ironclad secrecy during the BSE.

The literature review has distinctly addressed the evolution of the adoption professional and their rise to becoming the expert in working with birth mothers, adoptees, and adoptive families. The adoption professional is a significant influencer in adoption, as reflected in changes

to policy, law, and the lives of the adoption triad. The literature review has given an in-depth analysis of how the adoption professional has been the center of movement; however, little empirical research has been conducted to form a foundation for declaring them the leader. Moreover, the lack of empirical research has emphasized the adoptive family and the birth parent leading adoption trends instead of the rightful leader, the adoption professional.

As a leader, one should be held to a definitive leadership approach, utilizing the many theories available and held to a higher ethical standard. Furthermore, the leader is responsible for their followers' impact and held to a higher standard of accountability; therefore, the need for empirical research is vital to the field of adoption leadership. This research aims to examine the hypothesis that the adoption professional, through RTL, virtue ethics, and ethics of care, is the leader of the adoption triad, enabling predictions of the effects of their open adoption knowledge and how or if it affects the adoption triad.

Profile of the Current Study

Research Problem and Gap

Creating an adoption plan takes, at a minimum, three participants: birth mother, adoptive couple, and the adoption professional. Over the years, multiple studies have covered the adoptive couple (Balenzano et al., 2018; Siegel, 2013) and birth mother (Clutter, 2017; Krahn & Sullivan, 2015), but less coverage on the adoption professional. The adoption professional is represented through an agency or attorney and includes social workers. The adoption professional has the most influence on the quality of the adoption plan before the match, during the match, during pregnancy, delivery, and post-delivery due to their expert and legal status, making them the leader. As a leader, the adoption professional must adhere to a high moral and ethical standard due to all parties' fragility.

Research reflects studies on open adoption and its effects on the adoptee, birth mother, and adoptive parents (Eanes, 2005; Grotevant et al., 2018; Henze-Pedersen, 2019) and the reasons why people adopt (Firmin et al., 2017b), but little to no research on the adoption professional. There is no research on the ethical standards of adoption professionals, if the adoption professional educates on open adoption, or how the adoption professionals' open adoption knowledge affects the adoption triad.

The quantitative study regarding the effects of an adoption professional's leadership on open adoption education and its effect on the birth mother's and adoptive parents' views of open adoption was evaluated using descriptive statistics. In addition, a Likert scale survey was used by the birth mother, adoptive parent, and adoption professional. After the initial screening, each group was sent to a questionnaire addressing their knowledge and perception of open adoption depending on the answer provided.

CHAPTER THREE: RESEARCH METHODOLOGY

Adoption is a phenomenon that spans the centuries with varying degrees of connectedness and meaning depending on the variables and participants. This study aims not to discover the deep meanings or the why of adoption but to gain a level of comprehension of the patterns of adoption across a specific population. Participants in this study became adoption triad members between 2010-2020 under an adoption professional's leadership. This chapter outlines the research protocol proposed for this study by outlining the research problem, hypothesis, methodology, and research design.

Research Design Synopsis

The Problem

Due to the broad spectrum of the varying degrees and opinions of adoption, the lack of consistent data, and the rise of social media lending a voice to the subject, there is a call for reliable, definitive research in the field. Seeking to understand how open adoption is viewed and how adoption professionals are viewed in the adoption process, the population's attitudes need to be discovered as that impacts the social norms and actions of adoption.

It is unknown whether or not there is a relationship between the adoption professional and birth mother and the adoption professional and adoptive parents, which has been linked to open adoption. Further, it is unknown if there is a pattern or how general the pattern is of the adoption professional's influence on the adoption relationship.

Purpose Statement

The purpose of this quantitative descriptive study was to determine if a relationship exists between the adoptive professional's leadership and the knowledge of open adoption experienced

by the birth mother and the adoptive parents controlling for the birth mother, adoptive parents, and adoption professionals for adoptions between 2010-2020.

Research Questions and Hypotheses

Research Questions

RQ1. What, if any, is the relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption?

RQ2. What, if any, is the relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption?

RQ3. What, if any, is the relationship between the age of the adoption professional and the adoption professional's view of open adoption?

Research Hypotheses

H1₀: There is no statistical relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption.

H1_a: There is a statistical relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption.

H2₀: There is no statistical relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption.

H2_a: There is a statistical relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption.

H3₀: There is no statistical relationship between the age of the adoption professional and the adoption professional's view of open adoption.

H3_a: There is a statistical relationship between the age of the adoption professional and the adoption professional's view of open adoption.

Research Design and Methodology

Deciding on a research methodology is like preparing for a special feast that happens once a year, on a specific day, with set time constraints, and thus directly affecting the outcome and evaluation through a subjective lens. Adoption is a highly subjective, altruistic, and demonized field that has the power to discriminate, alienate, restore, conciliate, and unify

humanity. As with most social justice causes, a leader coordinates the efforts and affects the change, and adoption is no different. In order to conduct a study, a research design and methodology must be chosen and planned.

When evaluating the various research methods, due to this researcher's access to the field of study and the highly charged nature of adoption, it was vital to keep the research tied to the least biased methodology possible. Quantitative research has an established reputation for being the least biased and most scientific (Creswell & Creswell, 2018; Jansson-Boyd, 2018; Leavy, 2017; Leedy & Ormrod, 2018; Sukamolson, 2007). Quantitative research builds on the interrelated variables and their constructs to form a hypothesis to identify or specify the variables' relationship (Creswell & Creswell, 2018). Quantitative research collects categorical data to describe and determine if there is a relationship between one independent variable and a dependent variable by examining experiences, behaviors, or outcomes (Creswell & Creswell, 2018; Leedy & Ormrod, 2018). Through the narrowing of variables, quantitative research can summarize or describe a phenomenon or population and is used to test theories or explanations (Creswell & Creswell, 2018; Jansson-Boyd, 2018; Sukamolson, 2007). Therefore, those facts combined with the need to test the hypotheses that an adoption professional's leadership impacts the birth mother and the adoptive parents, conducting a descriptive study using quantitative research proved to be the most cogent choice.

A descriptive study seeks to summarize a set of observations with the goal of communicating data simply and relationships between variables, but not causality (Brase & Brase, 2018; Creswell & Creswell, 2018; Mishra et al., 2019; Turner & Houle, 2019). Descriptive studies serve to determine if a hypothesis has viability and serve as a baseline for further research. Within the descriptive research bounds, the variables are not manipulated and

provide a path to “examine, observe, and describe a situation, sample, or variable as it occurs naturally without investigator interference” (Östlund et al., 2015, p. 3). Descriptive studies utilize descriptive statistics to analyze the data through three different measures (McHugh, 2003; Mishra et al., 2019; Naab, 2017). The three primary measures are frequency, measured in frequency or percent, central tendency, calculating the mean, median, and mode, and dispersion or variation, calculating “variance, standard deviation, standard error, quartile, interquartile range, percentile, range, and coefficient of variation” (McHugh, 2003; Mishra et al., 2019, p. 67; Naab, 2017).

Inferential statistics include “methods of using information from a sample to draw conclusions” (Brase & Brase, 2018, p. 10). When seeking to determine if a difference or relationship exists “between the means of two independent groups on a continuous dependent variable” and if “the difference between these two groups is statistically significant,” an independent-samples t-test is a favorably used path (Laerd, 2015, p. 1). The independent-samples t-test answers null and alternative hypotheses (Brase & Brase, 2018; Laerd, 2015).

This quantitative descriptive design examined or ascertained the perceptions of the relationship between the adoption professional’s leadership and the birth mother, the adoptive parents, and the adoption professional’s views of open adoption as it may affect knowledge of open adoptions. The independent variable is the variable that influences other variables (Creswell & Creswell, 2018; Leedy & Ormrod, 2018). In this research study, the adoption professional’s leadership is the independent variable. The dependent variable, which represents the outcome of the independent variable's influence (Creswell & Creswell, 2018; Leedy & Ormrod, 2018), is the birth mother’s and adoptive parents' level of knowledge of open adoption.

The purpose of the study was to gauge, if any, an adoption professional's leadership has on open adoption through the education and guidance offered to the birth mother and adoptive parents. The study also wanted to see if the age of the adoption professional has any correlation to the views of open adoption by the adoption professional. Therefore, the goal was to collect data, describe the basic features of the data, gain a fundamental understanding of the variables, and evaluate, if any, potential relationships that may exist between the variables with the use of descriptive statistics (Kaliyadan & Kulkarni, 2019; Larini & Barthes, 2018; Shi & McLarty, 2009; Turner & Houle, 2019).

A Likert scale survey, Appendix C, was created for the birth mother, adoptive parent, and adoption professional. After the initial screening, each variable was diverted to the appropriate questionnaire addressing their knowledge and perception of open adoption depending on the answers provided. The results of the survey for the birth mother and adoptive parents used descriptive statistics calculating for the mean (M) and standard deviation (SD). The adoption professional results were calculated using descriptive statistics of M and SD combined with the inferential statistic of Leven's Test of Equality.

Population(s)

Within the adoption field, the prominent and consistent participants are adoption professionals, birth mothers, and adoptive parents, and they were the population for this study. The adoption professionals consisted of social workers, adoption attorneys, and adoption agency workers living within the United States who work with expectant mothers and adoptive families. The adoption professional must have had experience working in adoption with birth mothers and adoptive families.

The adoptive parents are parents who have finalized an adoption between the years of 2010-2020. The adoptive parents utilized an adoption professional to plan, execute, and finalize their child's adoption.

Birth mothers are mothers who have placed their children for adoption from 2010-2020. The birth mother lives in and has placed her child within the United States. The birth mother used an adoption professional to create and execute her adoption plan. A significant component to consider when attempting to work with birth mothers is their marginalization.

Marginalization is defined as "the process or result of making somebody feel as if they are not important and cannot influence decisions or events; the fact of putting somebody in a position in which they have no power" (*Marginalization Noun - Definition, Pictures, Pronunciation and Usage Notes | Oxford Advanced Learner's Dictionary at OxfordLearnersDictionaries.Com*, n.d.). The difficulty of targeting birth mothers arose because their population is small compared to the general population, and they are geographically dispersed (Heckathorn & Cameron, 2017). A marginalized community is a population that "involves stigma, or the group has networks that are difficult for outsiders to penetrate" (Hackathon & Cameron, 2017, p. 102), much like the birth mother population. Therefore, attempting to recruit birth mothers to participate in this study did prove to be challenging due to their marginal status in society

Sampling Procedures

Having two prominent, easily reached populations combined with a marginalized population created a quandary when determining the best path for creating a sampling design. The sampling design had to create a base for collecting data representing the population being studied and was contingent on the researcher's access to the population

(Creswell & Creswell, 2018; Leedy & Ormrod, 2018; Yarahmadi, 2020). Due to the accessibility of the study variables, the researcher's access to the populations represented, the research was conducted using cluster sampling (Creswell & Creswell, 2018; Leedy & Ormrod, 2018; Yarahmadi, 2020). The sample selection needed to be completed in two phases to target the three populations required for the research.

Sample Selection

Cluster Sampling

Due to the impracticability and improbability of making a list or determining the number of people in the adoption population made cluster sampling the ideal method for this study (Creswell & Creswell, 2018; Leedy & Ormrod, 2018). Cluster sampling maintained the random nature of the sampling process, allowed the path for identifying appropriate participants for the study, and formed the pathway for using descriptive and inferential statistics. Cluster sampling was used and implemented in two phases. First, the researcher chose to try "cold-calling" through a request to complete the survey on her personal social media channels. Second, research was conducted to identify organizations and groups that catered to each population. Once the pathways were identified, the premise for starting the sampling started. As a result of the diversity of each population and based on the initial feedback, the pathways of seeking participants were narrowed.

Phase 1. The researcher targeted social media, Appendix E, via Facebook, Instagram, LinkedIn, and Twitter, seeking responses to the survey for birth mothers, adoptive parents, and adoption professionals. A broad general sweep was used for responses from each population in Phase One.

Phase 2. Three organizations with access to the marginalized population of birth

mothers, three organizations with access to adoptive parents, and three organizations with access to adoption professionals were contacted. All of the organizations received an email, Appendix D, Instagram, and Facebook messages seeking their help in recruiting people to respond to the survey.

Sample Size

The National Council for Adoption compiled a report with data from every state attempting to provide adoption numbers (Jones & Placek, 2017). This research is focused on adoptions organized by private agencies and private individuals. In one sense, the population is elusive for hard numbers because, legally, a child's adoption is judicially a sealed case. The Child Welfare Information Gateway succinctly explains the variant in numbers from report to report because there is no single source for reporting and capturing data; therefore, all numbers reported are estimations (*Trends in U.S. Adoptions: 2008–2012*, 2016).

In *Adoption by the Numbers*, Jones and Placek (2017) report the most current numbers from 2014 according to their Table 1, related and unrelated domestic adoptions, intercountry adoptions, and private agency adoptions, presenting the estimates for private adoptions at 16,312 (p.21). Determining which numbers were appropriate for conducting the research, this researcher focused on the private adoption professional represented in Jones and Placek's report; therefore, the number used for calculating the confidence level and confidence interval was the summation of the private numbers, 16,312. According to the G*Power 3.1.97 calculator with a sample size of less than 10,000, to reach an 80% confidence level with a confidence interval of 5, in a population of 16,312 adoptions (Jones & Placek, 2017), one needed a sample of 67 (Faul et al., 2009).

Understanding the number of 16,312 adoptions is an estimate the researcher

considered the subgroups represented by that number, such as the adoption professional, the birth mother, and the adoptive parents. Therefore, this research chose to combine the surveys per subgroup to accomplish statistically solid numbers for this study due to the inability to subdivide, based on each cluster's average population, and as a result of data unavailability because of the privacy laws surrounding adoption.

Limits of Generalization

For this study, the research was limited to private domestic infant adoptions within the United States, completed between 2010-2020, involving members of the adoption circle, the adoption professional, the birth mother, and the adoptive parents. Consequently, this study was not directly applicable to adoptions through public agencies, foster care, or intercountry/international adoptions. The research does not include subcultural distinctions. The study was not researching the adoptee or the adoptive family.

Ethical Considerations

Marginalized communities achieve that title due to the shame and stigma associated with their population (Heckathorn & Cameron, 2017). A marginalized community is smaller than the general population and difficult to pursue (Heckathorn & Cameron, 2017). Birth mothers and their marginalized status posed several ethical challenges. Birth mothers who have not internally resolved the circumstances surrounding their placements have higher unresolved grief, mental health issues, and challenges in life (Clutter, 2017; Grotevant et al., 2013; Jones, 2016; Topfer, 2010). The purpose of the survey disbursement through social media was to protect participants' anonymity and ask questions limiting identification.

Adoption professionals and adoptive parents do not fall into the marginalized community, but the survey could have had the potential to cause harm if anonymity was not factored in. As a

result, the careers and reputations of people could be jeopardized. Therefore, protecting and maintaining the anonymity of the participants was paramount.

The Internal Review Board (IRB) received the submission to conduct the study in August 2021. The IRB's first perusal noted changes in the consent, recruitment, and survey documents. Changes were made according to the IRB's recommendations, and the researcher received approval, Appendix A, to move forward with the study and the consent, Appendix B.

Instrumentation

In the first half of the twentieth century, psychologist Rensis Likert simplified the questionnaire with numerical data to create a format to measure people's attitudes (Young, 2017). Likert's "attitude questionnaires tackled prominent social issues of the period to construct a distinctly psychological understanding of the public as an attitudinal entity" (Young, 2017, p. 33). The implications of a numerical questionnaire, Likert scale, forged a path to understanding humanity's aggregate attitudes, thus granting insight into the attitudinal public that powers the "commonly held attitudes towards social issues and group" shaping the collective norms, collective actions, and social functioning of society (Young, 2017, p. 33). Likert's development of the numerical scale with its consistent scoring and measurability became the pervasive and dominant instrument of choice when attempting to define and measure people's attitudes, directly impacting the social norms and actions of the public towards a specific issue or group (Young, 2017). Therefore, developing a closed-ended questionnaire based on the Likert scale was the best method for measuring the adoption circle's subjective attitudes towards the adoption professional's influence.

The researcher developed an attitude scale questionnaire utilizing the Likert method to evaluate the adoption professional's leadership and its influence on open adoption. The

questionnaire had a statement with seven possible answers ranging from favorable to unfavorable. Each questionnaire's statement used a seven-point Likert scale that ranged from Strongly Agree to Strongly Disagree. Responses will be as follows: Strongly Agree = 7, Agree = 6, Somewhat Agree = 5, Neither Agree or Disagree = 4, Somewhat Disagree = 3, Disagree = 2, and Strongly Disagree = 1. There were three questionnaires, the birth mother, the adoptive parent, and the adoption professional.

Validity

In this study, the instrumentation of a closed-ended structured questionnaire, Appendix C, was utilized to test the research hypotheses. A questionnaire or any instrument in research, to be functional, must have validity (Connell et al., 2018; Leedy & Ormrod, 2018; Markus & Borsboom, 2013). Validity, in its essence, is “the extent to which a measure captures what it is intended to measure” (Connell et al., 2018, p. 1893). Due to the uniqueness of the adoption community, the researcher applied content validity and face validity for the instrument. Content validity ensured the questions accurately depict the relevancy and coverage of the various components of adoption to be measured (Comins et al., 2013; Connell et al., 2018; Hardesty & Bearden, 2004; Morrison, 2019; Oden, 2019). Face validity is when a set of experts judge the instrument for its targeted audience and its ability to assess the targeted population (Comins et al., 2013; Connell et al., 2018; Hardesty & Bearden, 2004; Leedy & Ormrod, 2018; Markus & Borsboom, 2013; Morrison, 2019; Oden, 2019). The researcher gathered an expert panel from each population to assess the questionnaire based on their particular area of experience with domestic adoption. The goal was to ensure clarity and simplicity of the questions to capture data and limit bias.

Reliability

Reliability and validity are crucial research components when using an instrument (Creswell & Creswell, 2018; Leedy & Ormrod, 2018). Reliability is the instrument's strength to measure consistently (Tavakol & Dennick, 2011). Cronbach's Alpha is the "most widely used objective measure of reliability" (Tavakol & Dennick, 2011, p. 53). Cronbach's Alpha measures the internal consistency of the questionnaire and is measured between 0 and 1 and should have a minimum of .7 and .9 for optimization (Creswell & Creswell, 2018; Tavakol & Dennick, 2011). Internal consistency measures the interrelatedness of the concepts or constructs depicted in the questionnaire, which should be evaluated before deployment (Creswell & Creswell, 2018; Tavakol & Dennick, 2011). To safeguard the credibility of using Cronbach's Alpha, if more than one construct is being evaluated, then each concept should be measured separately, not the questionnaire as a whole (Tavakol & Dennick, 2011).

The Cronbach's Alpha test results reveal critical components of the questionnaire's makeup (Tavakol & Dennick, 2011). For example, a low score can represent too few questions, poor interrelatedness between constructs, or lack of heterogeneity (Tavakol & Dennick, 2011). Conversely, if the score was too high, it suggests redundancy in the questions, and the questionnaire needs to be shortened (Tavakol & Dennick, 2011). Following these guidelines, the researcher had the capacity to determine the strength and reliability of the questionnaire post-implementation. The questionnaire was created by the researcher. The birth mother questionnaire had a Cronbach's Alpha of .780, and the adoptive parent's was .834. The adoption professional's Cronbach's Alpha score was .582 due to the limited number of participants.

Research Procedures

The current study was a web-based survey through email, social media via Instagram, LinkedIn, Twitter, and Facebook using Qualtrics (Admon et al., 2016; Ali et al., 2020; Jaqueth et al., 2019; Shoham et al., 2019). First, the survey with the approved recruitment request was posted on the researcher's social media, Facebook, Instagram, LinkedIn, and Twitter to gather the data. Second, an email or message via social media was sent to the executive directors, presidents, and owners of each targeted organization explaining the research and seeking their permission and help to recruit members of their organizations to participate in the study with a link to the survey.

Upon acquiring their participation, a second email or social media message with a sample invitation and survey link was sent to the executive directors, presidents, and owners requesting they send out an invitation and link via email and social media asking for participation. The survey had a screening section to help ensure the participants met the inclusion criteria and addressed the informed consent. Once the criteria were met, the respondents took the survey. The survey tool of choice collected the data and sent a report of the information. The survey ran for two weeks; then, a follow-up second request was released for one week. The second release used a second research group due to the first phase of responses. The next step of implementation was analyzing the data collected.

Data Analysis and Statistical Procedures

Surveys were reviewed for duplication, completeness, and comparing the survey's data and time disqualifying as needed. The survey tool's selection was critically evaluated to determine which survey tool offers the best collection form. Qualtrics was the survey tool used. Data analysis began once the reports were received.

Data Analysis

Upon completing the surveys, a cumulative approach was taken to evaluate the survey's quality. The surveys were dissected using four steps, reviewing the research questions, filtering the results using cross-tabulation of subgroups, interrogating the data, and analyzing the results (*How to Analyze Survey Data*, n.d.; Marx, 2019). Reviewing the research questions prepped the researcher to focus on the data collected (*How to Analyze Survey Data*, n.d.; Marx, 2019). Cross-tabulation allowed the researcher to determine patterns across the subgroups (*How to Analyze Survey Data*, n.d.; Marx, 2019). Interrogating the data involved looking at each question asked to the subgroups and understanding how the respondent's attitudes surfaced and if there is a pattern across the answers (Marx, 2019). Analyzing the results moved into statistical analysis.

Statistical Procedures

There are three primary measures of descriptive statistics: frequency, central tendency, dispersion or variation, and standard deviation (McHugh, 2003; Mishra et al., 2019; Naab, 2017). Descriptive statistics measuring mean and standard deviation were used to analyze RQ1 and RQ2. Measuring the mean and standard deviation allowed the researcher and others to view the data and discuss the outcomes about the perceptions of how an adoption professional's leadership affects birth mothers and adoptive parents.

The last RQ regarding the age of the adoption professional and if there is a relationship on the adoption professional's view of open adoption required inferential statistics. Therefore, an independent-samples *t*-test was used for RQ3. The independent-samples *t*-test granted insight into whether the adoption professional's age impacts their view of adoption. A *p*-value of $\leq .01$ rejects the null hypothesis and states the data is statistically significant (Brase & Brase, 2018). If the *p*-value is $>.01$, we accept the null hypothesis (Brase & Brase, 2018). The researcher input

the data collected into an excel program using Excel's statistical package and utilized SPSS as needed.

Chapter Summary

Adoption has been a practice documented in the earliest writings of history. However, adoption's prevalence, acceptance, and processes have evolved considerably throughout history. This study focused primarily on adoptions between 2010-2020, seeking to determine the perceptions of the relationship between the adoption professional's leadership and knowledge of open adoption between the birth mother and the adoptive parent.

Adoption, its purpose, soundness, and practice are continually in question and revolve around the adoption professional's leadership; however, with little research on the adoption professional's leadership. Therefore, formulating a study to determine if there is a relationship between the adoption professional's leadership and the knowledge of and use of that knowledge in open adoption by the birth mother and adoptive parent is relevant to the field, as this relationship is assumed.

Formulating a study that used quantitative descriptive and inferential methods allowed for testing the hypothesis that a relationship exists between the adoption professional's leadership and open adoption knowledge. Additionally, due to one of the sample groups being a marginalized community, birth mothers, the researcher chose cluster sampling, reaching out to organizations that have earned the birth mother's trust.

Seeking to test the adoption professional's leadership hypotheses, using a closed-ended questionnaire such as a Likert scale was decided based on the original intent of the formation of the Likert scale to seek the pulse of the attitudinal public (Young, 2017). The societal attitude

tends to give credence and provide a baseline for social reform during an era of time (Young, 2017).

With the study's purpose to discover if there is or if there is not a relationship between the adoption professional's leadership, the birth mother, and the adoptive parents, the research methodology described appeared to this researcher as the best implementation method for this study.

CHAPTER FOUR: FINDINGS

Overview

The premise of the research was to seek to understand how open adoption is viewed and how adoption professionals are perceived in the adoption process. Therefore, the population's attitudes needed to be discovered as that impacts the social norms and actions of adoption as it is not consistently known. Consequently, it is unknown whether or not there is a relationship between the adoption professional and birth mother and the adoption professional and adoptive parents regarding open adoption. Therefore, this study aimed not to discover the deep meanings or the why of adoption but to gain a level of comprehension of the patterns of adoption across a specific population. Participants in this study became members of the adoption triad between 2010-2020 under an adoption professional's leadership.

The purpose of this quantitative descriptive study was to determine if a relationship exists between the adoptive professional's leadership and the knowledge of open adoption experienced by the birth mother and the adoptive parents controlling for the birth mother, adoptive parents, and adoption professionals for adoptions between 2010-2020.

Research Questions

RQ1. What, if any, is the relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption?

RQ2. What, if any, is the relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption?

RQ3. What, if any, is the relationship between the age of the adoption professional and the adoption professional's view of open adoption?

Research Hypotheses

H₁₀: There is no statistical relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption.

H1_a: There is a statistical relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption.

H2₀: There is no statistical relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption.

H2_a: There is a statistical relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption.

H3₀: There is no statistical relationship between the age of the adoption professional and the adoption professional's view of open adoption.

H3_a: There is a statistical relationship between the age of the adoption professional and the adoption professional's view of open adoption.

Compilation Protocol and Measures

Due to the lack of data on the adoption professional's leadership with birth mothers and their leadership with adoptive parents and how it affects the open adoption relationship, utilizing descriptive statistics offered the opportunity to summarize a set of observations within each sample group (Brase & Brase, 2018; Laerd, 2015; McHugh, 2003; Mishra et al., 2019; Östlund et al., 2015). Descriptive statistics measuring mean and standard deviation were used to analyze RQ1 and RQ2. Measuring the mean and standard deviation allowed the researcher and others to view the data and discuss the outcomes pertaining to the perceptions of the relationship an adoption professional's leadership and its affects on birth mothers and adoptive parents.

The last RQ regarding the age of the adoption professional and if there was a relationship with the adoption professional's view of open adoption required inferential statistics. Therefore, an independent-samples t-test was used for RQ3. The independent-samples t-test granted insight into whether the adoption professional's age impacts their view of adoption. A p-value of $\leq .01$ rejects the null hypothesis and states the data is statistically significant (Brase & Brase, 2018). If the p-value is $>.01$, we accept the null hypothesis (Brase & Brase, 2018).

Demographic and Sample Data

The adoption professionals consisted of social workers, adoption attorneys, and adoption agency workers living within the United States who work with expectant mothers and adoptive families. The adoption professional had experience working in adoption with birth mothers and adoptive families during 2010-2020. The adoption professionals had the lowest participation and slowest return rate. Only nine adoption professionals completed the survey.

The adoptive parents are parents who have participated in adoption between the years 2010-2020. The adoptive parents utilized an adoption professional to plan, execute, and finalize their child's adoption. Adoptive parents were the quickest to respond to the survey and yielded the highest participation rate of forty-nine.

Birth mothers are mothers who placed their children for adoption from 2010-2020. The birth mother lives in and has placed her child within the United States. The birth mother used an adoption professional to create and execute her adoption plan. The birth mothers were the second-highest participation and response rate, with twenty-two completing the survey.

Sample Data

Phase 1. The researcher targeted social media via Facebook, Instagram, LinkedIn, and Twitter to seek responses to the survey organically from her personal social media accounts for the birth mother, adoptive parents, and adoption professionals' organizations.

Phase 2. Organizations were identified and three from each population were targeted to seek responses to the survey. Three organizations with access to the marginalized population of birth mothers, three organizations with access to adoptive parents, and three organizations with access to adoption professionals were targeted to request their help. All of the organizations

received email messages or Instagram messages seeking their help in recruiting people to respond to the survey.

Data Analysis and Findings

Descriptive statistics measuring mean and standard deviation were used to analyze RQ1 and RQ2. Measuring the mean and standard deviation allowed the researcher and others to view the data and discuss the outcomes pertaining to the perceptions of the relationship an adoption professional's leadership as it affects birth mothers and adoptive parents.

The last RQ regarding the age of the adoption professional and if there was a relationship on the adoption professional's view of open adoption required inferential statistics. Therefore, an independent-samples *t*-test was used for RQ3. The independent-samples *t*-test granted insight into whether the adoption professional's age impacts their view of adoption.

Descriptive statistics were used to analyze the individual Likert items by group. The means and standard deviations for items by birth mothers, adoptive parents, and adoption professionals are presented below.

Research Question One

RQ1. What, if any, is the relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption?

The questionnaire asked birth mothers about their adoption experience with an adoption professional and open adoption. The instrument was a questionnaire created by this researcher using face validity and Cronbach's Alpha for internal consistency for reliability. The reliability of the questionnaire using all nine questions was .695. According to the Inter-Item Correlation matrix, if question 9 were removed, Cronbach's Alpha results would be .780. Therefore, question 9 was removed from the data set.

Using descriptive statistics, the mean and standard deviation were calculated for each of

the eight questions asked to the birth mothers regarding their perceptions of the influence of the adoption professional they used to execute their adoption plan and openness. Table 1 gives an overview of the data of birth mothers who worked with an adoption professional and their knowledge of open adoption. The instrument comprised seven items that elicited a response on a seven-point Likert scale. Table 1 identifies the high mean score ($M = 5.77$, $SD = 1.82$), indicating that adoption professionals shared the option of open adoption ($n = 22$). Birth mothers reporting that the adoption professional being instrumental in providing the paperwork to complete the adoption plan had a mean score ($M = 5.73$, $SD = 1.78$), showing how vital their presence is for completion. Additionally, birth mothers reporting about the adoption professional on other areas of the adoption process shows a mean score on the remaining items of Q11_1 ($M = 5.05$, $SD = 2.13$), Q11_3 ($M = 5.45$, $SD = 2.26$), Q11_4 ($M = 5.14$, $SD = 2.10$), Q11_6 ($M = 5.27$, $SD = 2.05$), Q11_7 ($M = 5.14$, $SD = 1.81$). Therefore, their mean score was consistent with the adoption professional's leadership with birth mothers. The lowest mean score ($M = 2.09$, $SD = 2.07$) was displayed when asked if open adoption was not a choice presented. The birth mothers' answers reflect that open adoption was presented as an option.

Table 1 *Birth Mothers working with an adoption professional (N=22).*

	STATEMENTS	MEAN	SD	Agree Spectrum	Disagree Spectrum	Neither Spectrum
Q11_1	Birth Mother - I learned the adoption process	5.05	2.13	15	4	3
Q11_2	Birth Mother - The paperwork to create my adoption plan was given to me by my adoption professional.	5.73	1.78	18	3	1
Q11_3	Birth Mother - My rights, according to the law, were explained to me by my adoption professional.	5.45	2.26	17	5	
Q11_4	Birth Mother - The education I received on adoption was from my adoption professional.	5.14	2.10	15	5	2
Q11_5	Birth Mother - My adoption professional told me about open adoption.	5.77	1.82	19	3	
Q11_6	Birth Mother - My adoption professional told me I could visit and have a relationship with my child.	5.27	2.05	15	5	2
Q11_7	Birth Mother - My adoption professional told me open adoption was good.	5.14	1.81	15	4	3
Q11_8	Birth Mother - Open adoption was not a choice presented to me by my adoption professional	2.09	2.07	4	18	

Research Question Two

RQ2. What, if any, is the relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption?

The questionnaire asked adoptive parents about their adoption experience with an adoption professional and open adoption. The instrument was a questionnaire created by this researcher using face validity and Cronbach's Alpha for internal consistency reliability. The reliability of the questionnaire using all nine questions was .768. According to the Inter-Item Correlation matrix, if question 8 were removed, Cronbach's Alpha results would be .834. Therefore, question 8 was removed from the data set.

Using descriptive statistics, the mean and standard deviation were calculated for each of the eight questions asked to the adoptive parents regarding their perceptions of the influence of the adoption professional they used to execute their adoption plan and openness. Table 2 gives an overview of the data of adoptive parents who worked with an adoption professional and their

knowledge of open adoption. The instrument comprised seven items that elicited a response on a seven-point Likert scale. Table 2 identifies the high mean score ($M = 5.84$, $SD = 1.76$), indicating that adoption professionals encouraged adoptive parents to tell their child about their adoption ($n = 49$). The adoption professional sharing the option of open adoption had a mean score ($M = 5.51$, $SD = 1.85$). Additionally, birth mothers reporting about the adoption professional on other areas of the adoption process shows a mean score on the remaining items of Q12_1 ($M = 5.16$, $SD = 1.65$), Q12_2 ($M = 4.76$, $SD = 1.95$), Q12_4 ($M = 5.22$, $SD = 2.10$), Q12_5 ($M = 4.76$, $SD = 2.07$), Q12_6 ($M = 5.31$, $SD = 1.88$). The lowest mean score ($M = 1.80$, $SD = 1.32$) was displayed when asked if open adoption was not a choice presented. Therefore, their mean score consistently shows the adoption professional's leadership with adoptive parents.

Table 2 *Adoptive parents working with an adoption professional (N=49).*

QUESTION	MEAN	SD	Agree Spectrum	Disagree Spectrum	Neither
Q12_1 Adoptive Parent - I learned how adoption happens from my adoption professional.	5.16	1.65	36	10	3
Q12_2 Adoptive Parent - The education I received on adoption was from my adoption professional.	4.76	1.95	31	14	4
Q12_3 Adoptive Parent - My adoption professional told me about open adoption.	5.51	1.85	38	9	2
Q12_4 Adoptive Parent - My adoption professional encouraged a relationship between myself and the birth mother.	5.22	2.10	35	11	3
Q12_5 Adoptive Parent - Visits between the birth mother and my child were encouraged by my adoption professional.	4.76	2.07	30	16	3
Q12_6 Adoptive Parent - My adoption professional told me open adoption was good.	5.31	1.88	34	8	7
Q12_7 Adoptive Parent - Open adoption was not a choice presented by my adoption professional.	1.80	1.32	3	44	2
Q12_8 Adoptive Parent - I was encouraged to tell my child about their adoption by my adoption professional.	5.84	1.76	38	6	5

Research Question Three

RQ3. What, if any, is the relationship between the age of the adoption professional and the adoption professional's view of open adoption?

Finally, an independent samples *t*-test was performed to examine the relationship between the age of the adoption professional and the adoption professionals' view of open adoption. Examination of Table 3 revealed that the mean for adoptive professional ages 18- 40 was ($M = 6.50$, $SD = .58$) compared to those adoptive professionals ages 41-90 ($M = 6.40$, $SD = .55$); however, further examination of the results, Table 4, revealed that the difference in agreement was not significant ($p = .798$). Therefore, the null hypothesis is accepted.

Table 3 *Descriptive Statistics*

<u>Participation</u>	<u>Group</u>	<u>N</u>	<u>Mean</u>	<u>SD</u>
	18-40 yrs old	4	6.50	.58
	41-90 yrs. old	5	6.40	.55

Table 4 *Inferential Stats for Adoptive Professional by Age*

		Levene's test of Equality		<u>t</u>	<u>df</u>	<u>Sig (2-tailed)</u>
		<u>F</u>	<u>Sig.</u>			
Participation	Equal variances assumed	.130	.729	.266	7	.798
	Equal variances not assumed			.264	6.391	.800

* $p < .01$

Evaluation of the Research Design

The strength of using descriptive statistics for the study allowed the researcher to summarize a set of observations granting a glimpse into the perceptions of the birth mothers and adoptive parents when working with adoption professionals and their exposure to open adoption. In addition, the data revealed the current thought patterns within the sample set who worked with an adoption professional, exposing a current trend that opens opportunities for research to branch off in various directions. Adoption is shrouded in confidentiality through the judicial system and the marginalization of birth mothers; therefore, another strength of the research design is the anonymity provided to all populations represented. The anonymity allowed for each population to answer truthfully without fear of repercussions.

The weakness of the design was the necessity of the researcher, a novice in statistics, creating a survey. The survey could have yielded more vital data for correlations or deeper descriptive statistics if the researcher understood how statistics worked and what was needed to have a strong, effective survey. Supposing the researcher had secured a statistician in the early phases to help in the creation of the questionnaire, not just a few consultations, the results could have been created a more in-depth view of public opinion regarding adoption professionals and their impact on the adoption process. Another weakness of the design was the lack of engagement from the adoption professional community. More time was spent studying how to incorporate the marginalized population, birth mothers, than determining the best path for adoption professional engagement.

CHAPTER FIVE: CONCLUSIONS

Overview

Researching adoption from a historical, theoretical, theological, and current trends perspective has led to many insights that will impact the researcher for years to follow. Leadership, either good or bad, impacts lives for generations, especially in adoption as it grafts new family trees. Consequently, due to the lack of research on the adoption professional, this study sought to summarize and evaluate observations regarding the adoption professional's leadership on open adoption made by the primary players within the adoption circle, the birth mother, adoptive parents, and adoption professional.

Research Purpose

The purpose of this quantitative descriptive study was to determine if a relationship exists between the adoptive professional's leadership and the knowledge of open adoption experienced by the birth mother and the adoptive parents controlling for the birth mother, adoptive parents, and adoption professionals for adoptions between 2010-2020.

Research Questions

RQ1. What, if any, is the relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption?

RQ2. What, if any, is the relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption?

RQ3. What, if any, is the relationship between the age of the adoption professional and the adoption professional's view of open adoption?

Research Conclusions, Implications, and Applications

Adoption, the mere mention of the word, tends to elicit a strong emotional response from all members of society regardless of race, culture, gender, or age. As a result of social media and hashtags, all one needs to do is search on social media with hashtag #adoption to understand the

vast realm of opinions. However, through an exhaustive literature review, the area of adoption least researched is the influence of the adoption professional's leadership on the circle of adoption. Therefore, this study was to gain insight into how an adoption professional's leadership when interacting with birth mothers and adoptive parents affected their knowledge of open adoption.

Research Conclusions

Research Questions and Applications

RQ1. What, if any, is the relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption?

The research consisted of a nine-point Likert scale asking the birth mother to rate from Strongly Disagree to Strongly Agree her impression of what she learned from her adoption professional regarding open adoption. The birth mother was asked to rate her experience with the adoption professional on the process, the paperwork, the law, the education, open adoption, visits, and relationship with her child, if open adoption was good, and open adoption as a choice. Due to her involvement in the adoption community, the researcher expected that most adoption professionals do not discuss or educate well about open adoption. Coincidentally, the reports of the birth mothers showed the opposite. Twenty-two birth mothers reported that their adoption professional educated them on open adoption and the adoption process, which was shown through analyzing the seven-point Likert scale using descriptive statistics and calculating the mean (M) and standard deviation (SD) of the responses. Therefore, the null hypothesis, there is no statistical relationship between a birth mother's knowledge of open adoption and the adoption professional's view of open adoption, is rejected.

RQ2. What, if any, is the relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption?

Adoptive parents and their perceptions of their interaction with their adoption professional was researched. Following the same protocol used with the birth mothers, the adoptive parents completed a nine-point Likert scale questionnaire asking the adoptive parent to rate from Strongly Disagree to Strongly Agree their impression of what they learned from their adoption professional regarding open adoption. The adoptive parent was asked to rate their experience with the adoption professional on the topics of the process, the education, open adoption, relationships with birth mothers, visits between the birth mother and her child, if open adoption was good, open adoption as a choice, and if the child should be told about their adoption. Much like the expectations regarding the birth mother, the researcher expected the results to show that most adoption professionals do not discuss or educate well about open adoption. Coincidentally, the reports of forty-nine adoptive parents showed the opposite. Adoptive parents reported that their adoption professional educated them on open adoption and including the birth mother in the open adoption. By analyzing the seven-point Likert scale using descriptive statistics and calculating the mean (M) and standard deviation (SD) of the responses, the results showed the link between the adoption professional's leadership and the adoptive parents' knowledge of open adoption. Therefore, the null hypothesis, there is no statistical relationship between the adoptive parents' knowledge of open adoption and the adoption professional's view of open adoption, is rejected.

RQ3. What, if any, is the relationship between the age of the adoption professional and the adoption professional's view of open adoption?

Rounding out the adoption circle is the adoption professional. The adoption professional is the anchor within the adoption process; therefore, they are involved in some capacity throughout the process of domestic adoption. The adoption professional was asked to share their age within the screening questions. The purpose was to evaluate if the age of the adoption

professional impacted them sharing open adoption with birth mothers and adoptive parents. Consequently, the adoption professional was asked to rate responses to a nine-point Likert scale questionnaire. The questionnaire asked the adoption professionals to rate their responses from Strongly Disagree to Strongly Agree their perceptions of their role in the adoption process with the adoptive parents and birth mothers. The statements included whether they educate the birth mother and adoptive parents, sharing the option of open adoption with every birth mother, that open adoption is healthy, both adoptive parents and birth mothers depend on them during the process, their experience equals expertise, and whether adoption placements can happen without them. The researcher expected the results to show that the age of the adoption professional would impact the education of open adoption to birth mothers and adoptive parents. Coincidentally, the reports of the adoption professionals showed the opposite. Adoption professionals reported that overall, regardless of their age, they shared about open adoption. Through the analysis of nine responses of the seven-point Likert scale using inferential statistics, an independent samples *t*-test was used to calculate the responses. The ages were divided into two groups, 18-40 and 41-90. The results were almost identical in (*M*) and (*SD*). Therefore, the null hypothesis, there is no statistical relationship between the age of the adoption professional and the adoption professional's view of open adoption, is accepted; thus, the age did not influence educating about open adoption.

Research Implications

Having conducted the research, divining its implications is a critical component of how it compares and what contrasts there are to the theoretical and empirical data cited previously in the study. The theoretical core of the research was grounded in Relational Leadership Theory

(RLT), virtue ethics, and ethics of care. The empirical data consisted of research on closed adoptions and open adoptions from the lens of the birth mother, adoptive parents, and adoptees.

Theoretical Implications

RLT is not a traditional leadership theory (TLT) that seeks to uncover individual traits or behaviors that define leaders or leadership, but chooses to focus on the leadership process that it might gain a deeper understanding of leadership intricacies and collaborative nature (Komives et al., 2013). RLT delves into the process of leadership and how it develops within interdependent relationships that are influenced by the where, why, and how the relationships are built (Clarke, 2018; Uhl-Bien, 2006). RLT seeks to understand how leadership is developed in the process of the interaction between the parties that organizes and defines the leadership role. RLT hones in on the fluidity of the leader/follower relationship as they create their reality by forming meaning and generating expectations through their exchanges (Jian, 2021).

The process of leadership in RLT runs parallel to how people think, making leadership dependent on it being defined and organized by what people “take for granted as real and true” (Drath, 2001, p. 6). RLT takes into consideration and places value on the fluid everyday interactions of experiences and communication between people (Cunliffe & Eriksen, 2011; Drath, 2001; Giles, 2018; Wood & Dibben, 2015). One of the anchors of RLT is “andness” which is translated as inclusion, common ground, and cohesion (Komives et al., 2013). RLT and the “andness” approach highlight the fluidity of the leader/follower relationship as each party’s reality is generated through their exchanges which they internalize to form meaning and create expectations.

When studying leadership under the RLT principles, it becomes evident that the common element is that the followers are treated with dignity, and they know their voice matters.

Therefore, RLT leaders must create and adhere to three principles:

Knowing. You must know—yourself, how change occurs, and how and why others may view things differently than you do.

Being. You must be—ethical, principled, authentic, open, caring, and inclusive.

Doing. You must act—in socially responsible ways, consistently and congruently, as a participant in a common community, and on your commitments and passions; (Komives et al., 2013, p. 7)

In addition, being able to recognize relational leadership is grounded in seeing personal dominance, interpersonal influence, and relational dialogue within the leader (Drath, 2001). In the leader/follower dynamic, personal dominance is reflected when followers are convinced of the truth of the leader’s leadership; interpersonal influence is shown through the give and take of power, and mutual respect is given and earned; and relational dialogue is demonstrated by listening to and considering different worldviews to foster collaboration and action (Drath, 2001).

Virtue ethics and ethics of care define the inner workings of a leader. The most common virtue ethics are “honesty, courage, kindness, generosity, and justice” (Zyl, 2018, p. 9). Virtue ethics are applied to a person’s whole life, their character, as it is intricately intertwined with shaping and defining who they become as a leader (Price, 2008; van Hooft, 2014; Zyl, 2018). Ethics of care is grounded in human interdependence and maintaining relationships as the priority (Botes, 2000; Clement, 2018). Ethics of care implores one to engage in active listening, suspending judgment, setting aside bias, and attempting to understand another person’s point of view and experiences (Pease et al., 2017).

RQ1. RLT explains that leadership is about the relationship, the process, the fluidity, and the exchanges that generate expectations and form reality (Clarke, 2018; Jian, 2021; Uhl-Bien,

2006). RLT sums up the process of leadership in adoption. The adoption process begins with interdependent relationships between an expectant/birth mother and an adoption professional (Herman, 2008; Melosh, 2006). As the relationship is created and cemented between the mother and the adoption professional, adoptive families are introduced later. The interactions between an expectant mother and the adoption professional impact the process if she will move forward with the next steps in the process (Anderson, 2020; Biestek, 1957; Wilson-Buterbaugh, 2017) as she determines if she recognizes within the adoption professional personal dominance and the relational dialogue she needs. The interactions and exchanges shift and evolve on the continuum of transferring power and redefining leadership that requires pivoting by all parties (Melosh, 2006; Riley & Van Vleet, 2012; Wilson-Buterbaugh, 2017).

Another critical aspect of the adoption process between the mother and the adoption professional is whether the adoption professional can be trusted (Adamec & Miller, 2007; Kahan, 2006). Without explicitly knowing or understanding the concept of virtue ethics or ethics of care, the mother looks for these characteristics in the adoption professional before agreeing to place their baby. As a receiver of someone possessing virtue ethics is reflected in feeling like the adoption professional possesses the traits of honesty, kindness, and justice (Zyl, 2018), and ethics of care is received as being heard and their point of view being respected (Pease et al., 2017).

The reporting of the twenty-two birth moms would indicate that their adoption professionals exhibited an understanding of the fluidity of the relationship and the desired virtue ethics and the ethics of care. The birth mothers reported they knew about the open adoption process because of their adoption professional; therefore, the adoption professional understood

and displayed the characteristics of leading the birth mother but giving her the space needed to choose to move forward with the adoption process.

RQ2. Adoptive parents represent another critical component of the adoption circle. Adoptive parents and adoption professionals are linked through the requirements of the law (Herman, 2008; Kahan, 2006; Porter, 2002; Riley & Van Vleet, 2012) for adoptive families to be thoroughly screened before they have the opportunity to adopt. The power dynamic from the beginning is orchestrated as the adoption professional is needed to approve the adoptive family (Gill, 2002; Kahan, 2006; Melosh, 2006). Most adoptive families have expectations and basic understandings of adoption, all of which are anchored in the fears and excitement of being chosen and adopting. An adoption professional who is ready to lead during a highly charged environment would need to understand that it cannot take a dictatorial format but must be one that is responsive and fluid.

RLT embraces the fluidity and process of the follower/leader exchange and that the exchanges generate expectations and form reality (Clarke, 2018; Jian, 2021; Uhl-Bien, 2006). As referenced earlier, RLT sums up the process of leadership in adoption. The adoption process begins with interdependent relationships between the adoptive parents and an adoption professional (Gill, 2002; Herman, 2008; Melosh, 2006; Riley & Van Vleet, 2012). As the exchanges occur between the adoptive parent (follower) and adoption professional (leader), leadership is defined through the core elements of RLT as worldviews are shared and challenged, opening the door for collaboration. The interactions between the adoptive parents and the adoption professional impact the process to the level of moving forward to adopt and create a healthy environment for the adoptee. Therefore, being educated and managing the emotions that

the education evokes shifts the interactions and exchanges on the continuum, which leads to redefining leadership that requires pivoting and power exchanges from all parties.

Ethics is a critical component of the adoption process (Adamec & Miller, 2007; Kahan, 2006). Adoption is such a highly emotional process, working with someone who encapsulates a high level of ethics is vital. Consequently, adoptive parents would be seeking the characteristics of virtue ethics and ethics of care in their adoption professional. As noted, when virtue ethics and ethics of care are present in the adoption professional, the adoptive parents, as the receiver, seek the traits of honesty, kindness, and justice (Zyl, 2018), and being heard and their point of view being respected (Pease et al., 2017).

Forty-nine adoptive parents, through their reporting, indicate that their perception of their adoption professional is that they exhibited the character that is bound in virtue ethics and ethics of care along with managing the fluidity of the relationship by providing the leadership discussed in RLT. The adoptive parents reported they had knowledge of the open adoption process because of their adoption professional; therefore, the adoption professional understood and displayed the characteristics of leading the adoptive parent but giving them the space needed to choose to move forward with the adoption process.

RQ3. As a result of the literature review which showed a progression of how adoption began as open and the last resort (Adamec & Miller, 2007; Carp, 2000; Hart, 2002; Kahan, 2006) to being accepted (Wilson-Buterbaugh, 2017), and to shifting from open to close to open over the years (Carp, 2000; Field, 1980; Herman, 2008; Melosh, 2006; Miall & March, 2005; Porter, 2002) the question was posed to determine if the age of the adoption professional would impact their view and education they shared regarding open adoption.

Over the nineteenth and twentieth centuries, the progression of the motives, thought processes, and actions concerning adoption has fluctuated (Adamec & Miller, 2007; Gill, 2002; Herman, 2008; Riley & Van Vleet, 2012; Wilson-Buterbaugh, 2017). Therefore, the researcher deduced the age of the adoption professional would impact their view and willingness to educate regarding open adoption. Acknowledging that RLT is a relatively new leadership theory and is not a traditional leadership theory (TLT) (Uhl-Bien, 2006), there was a curiosity to see if it would be displayed by the adoption professional and if their age contributed.

RLT's anchor is that it offers an umbrella to study the dynamics of the relationships that are needed to generate and operate as a leader (Uhl-Bien, 2006). RLT is "a social influence process through which emergent coordination (i.e., evolving social order) and change (i.e., new values, attitudes, approaches, behaviors, ideologies, etc.) are construed and produced" viewing leadership through the examination of social system changes "through the structuring of roles and relationships" (Uhl-Bien, 2006, p. 668). Therefore, using RLT to review the role of the adoption professional through the years was a logical conclusion.

The rise of the adoption professional through the centuries shows a remarkable transformation from being an advocate for women and children (Adamec & Miller, 2007; Carp, 2000; Herman, 2008; Jambor, 1958; Nelson, 2015; Pfeffer, 2002) to being the sole expert and knowing what is best for women, children, and adoptive parents (Gill, 2002; Herman, 2008; Melosh, 2006; Riley & Van Vleet, 2012). The fluidity of the relationship dynamics between the birth mother, adoptive families, and adoption professional was connected to the era in which the adoption professional lived, affecting their leadership and ethics. Therefore, once again, utilizing RLT to examine the age of the adoption professional and their leadership style and views of the adoption process became a point of interest.

Ethics played a pivotal role in the transformation of caring for women, children, and adoption as it catapulted a movement of social justice and reform (Adamec & Miller, 2007; Biestek, 1957; Jambor, 1958; Kahan, 2006; Kunzel, 1993; Melosh, 2006) and is a considerable element of the adoption process. Virtue ethics and ethics of care consists of the traits of honesty, kindness, justice (Zyl, 2018), being heard, tabling bias, and listening to another's point of view (Pease et al., 2017). As ethics have shifted through the centuries, it became the background to see if there was a differentiation between the age of the adoption professional and their education and views of open adoption.

Nine adoption professionals, through their reporting, indicate that their age did not have an impact on their views of or willingness to educate on open adoption. Across the reporting, the views appeared to be similar regardless of being in their thirties or sixties.

Theoretical Implications Summary

RLT continues to emerge and grow in its application and development as it competes with TLTs that seek to follow and apply a recipe to leadership. RLT seeks to, instead of following and applying a recipe to leadership, understand how the recipe developed. RLT focuses on the process of leadership and how the interdependency of the follower/leader relationships and the continuous interactions and exchanges between the follower/leader formulates the acceptance of the leader (Clarke, 2018; Uhl-Bien et al., 2007). Adoption is a dynamic interchange of people from different racial, socio-economic, and cultural backgrounds. The fluidity of the relationships can, at any point, shift the power dynamics and the acceptance of leadership. Applying RLT to adoption professionals as they navigate and lead the process and exploration of open adoption with birth mothers and adoptive parents provides a platform to understand the dynamics of that leadership on open adoption education and knowledge.

The study of the adoption professional contributes to RLT in as much that leadership within the adoption field cannot be easily defined by a recipe or a list of leadership traits. When cooking, it is easy to follow the recipe but much more challenging to create the recipe and the process to follow, much like leadership. Leadership theories abound due to the inability to place them in a box. RLT offers a different path where the process can be studied, signaling the study of the undercurrent of leadership dynamics between follower/leader, which in adoption is defined by how the adoptive parents and birth mothers perceived their interactions with the adoption professional and their willingness to follow or engage in open adoption.

Empirical Implications

Empirical research uses a specific methodology to collect data to draw conclusions based on verifiable data for a particular area of concern or interest. Researching adoption professionals was prompted during the literature review of adoption. Several studies are mainly qualitative on adoptive parents, birth parents, and adoptees, but few studies on the adoption professional. Therefore, pursuing research on the adoption professional, the one common dominator in each adoption, was the emphasis of this study.

RQ1. Research with birth mothers covers the effects that closed adoption; open adoption has had on their lives; and what may be in the best interest of the birth mother (Clutter, 2017; Krahn & Sullivan, 2015). Closed adoptions have led to birth mothers suffering from ambiguous loss and disenfranchised grief due to the lack of identity resolution and access to their children (Brodzinsky & Smith, 2014; Carp, 2000; Claridge, 2014; De Simone, 1996; Madden et al., 2018; Weinreb & Murphy, 1988; Weller & Hosek, 2020). On the other hand, open adoption research shows that it seems to have the most positive impact on birth mothers. Open adoption is linked to

birth parents having better outcomes regarding their mental health and well-being (Claridge, 2014; Cushman et al., 1997; Madden et al., 2018).

The adoption professional research conducted has shown that the adoptive professionals tend to resist open adoption although they recognize the positive contributions of openness (Brown et al., 2007; Miall & March, 2005; Robinson, 2013). However, the birth mothers reporting in this study indicate that the adoption professionals' willingness to embrace and educate about open adoption is shifting.

RQ2. Adoption research and adoptive parents reflect on the negatives and positives of open adoption. The studies show that open adoption varies widely from exchange pictures and letters to phone numbers and visits (Berry, 1993; Gross, 1993; Grotevant, 2000; Grotevant et al., 2013). The research delineates that open adoption, as viewed by adoptive parents, is hard work but worth it as the adoptee has love from all sides, a more secure identity, and support (Ge et al., 2008; Grotevant et al., 2011; Neil et al., 2013).

As mentioned earlier, the research that has been conducted on the adoption professional shows that the adoptive professionals, although understanding the benefits of openness, tend to resist it (Brown et al., 2007; Miall & March, 2005; Robinson, 2013). The reporting of the adoptive parents in this study grants an implied shift in the adoption professionals' willingness to embrace and educate about open adoption.

RQ3. When approaching RQ3, to the researcher's knowledge, no research has been conducted regarding the adoption professional's age and how it may impact open adoption.

Empirical Implications Summary

The previous research on open adoption reveals that open adoption affects the parties in the triad, birth mother, adoptive parents, and adoptee positively. The research on the adoption

professionals and open adoption shows a trend that they are resistant to openness. Therefore, the research conducted in this study, based on the perceptions of the birth mothers and adoptive parents, reveals a willingness to share and educate on open adoption, implying a shift in adoption professionals.

Practical Applications

Going through the process of studying open adoption and the impact of the leadership of the adoption professional on open adoption has provided new information that could impact the narrative in adoption. Reviewing the literature and the results of the questionnaires beckons a narrative shift.

RQ1. Research shows that open adoption has been positive for birth mothers and their ability to process the permanent grief that adoption brings (Claridge, 2014). An assumption is that birth mothers do not know or participate in open adoption due to the adoption professional's leadership in educating about open adoption. The result of this study is that the adoption professional, for twenty-two birth mothers, shared and educated about open adoption, implying a positive impact on the birth mothers and open adoption.

RQ2. The research delineates that open adoption, as viewed by adoptive parents, is hard work but worth it (Ge et al., 2008; Grotevant et al., 2011; Neil et al., 2013). The assumption made was that the adoptive parents did not know about or participate in open adoption due to the adoptive professional's leadership. Forty-nine adoptive parents answering the questionnaire in this survey reveal the assumption that adoption professionals' resistance to open adoption is incorrect. The results indicate the shift in the adoption professional's acceptance of open adoption.

RQ3. As previously noted, to the researcher's knowledge, RQ3, has not been considered due to the inability to locate a similar study on adoption professionals. The study showed that statistically, there is no connection between the age of the adoption professional and their sharing and educating about open adoption. The practical application for research is to seek another avenue to discover the hesitancy behind open adoption that other studies reflect.

Practical Applications Summary

The adoption professional serving as the common link in the adoption process continues to be a valid avenue for research. The results of this study indicate a shift in the adoption professionals' reluctance to open adoption with it becoming more acceptable. The assumptions that birth mothers and adoptive parents are not adequately educated about open adoption are not reflected in this limited study. Still, more participants are needed to determine if the shift demonstrated is far-reaching.

Research Limitations

The significant limitations of this study were the use of the quantitative method, which did not allow the collection of qualitative data to determine other additional factors. In addition, this study investigated adoption professionals in a broad sense to include attorneys and not just adoption agencies which could affect the scope and applicability of the study. The use of mixed methods would have allowed the collection of qualitative data, which may have led to discovering and including additional factors according to the participants and may have altered the results of the study. Data collection was limited to three weeks, a reasonably short period. The questionnaire included negatively worded questions that may have been confusing to answer; therefore, creating an opportunity for unclear responses. Another limitation was the number of participants in the birth mother and adoption professionals surveys. Only nine

adoption professionals completed the survey. Finally, the questionnaire was tailored specifically to the adoption field; consequently, outside applicability would be limited.

Further Research

This research addresses the adoption professional and their leadership in the adoption process and open adoption. In addition, the research has uncovered other avenues of consideration when studying open adoption and the adoption professional; as a result, there are several research recommendations to include research topics, which can be investigated.

1. A study focusing on the specifics of open adoption education provided by adoption professionals for adoptive parents' pre-adoption and post-adoption. The goal will be to study if the education impacts the adoptive parents post-adoption.
2. A study that focuses on the specifics of open adoption coaching provided by adoption professionals for birth parents post-adoption. The goal would be to study if the access and receipt of coaching impact the birth parents post open adoption contact.
3. A study of the adoption professional and their approach to the adoption process using Relational Leadership Theory's (RLT) three guiding principles that leaders should create and adhere to: knowing, being, and doing (Komives et al., 2013) and the followers' recognition of the leadership (Drath, 2001) as a guide.

Chapter Summary

This study of adoption professionals and their leadership influence in open adoption resulted in findings that went against the researcher's assumptions, showing that most adoptive parents and birth mothers are educated during the process of open adoption. Which leads to the question of what are the barriers to open adoption? More studies could uncover how the adoption professional could play a pivotal role post-adoption in guiding adoptive parents and birth parents into a healthy open adoption relationship, or how the adoption professional could better prepare the birth mother or adoptive parents for the praxis of open adoption. Regardless of the type of adoption professional, agency, or attorney, the research showed that open adoption is discussed and is an option presented in the adoption process.

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APPENDIX A IRB Approval

Date: 2-6-2022

IRB #: IRB-FY21-22-104
 Title: Adoption Professional's Leadership Influence on Open Adoption
 Creation Date: 8-2-2021
 End Date:
 Status: **Approved**
 Principal Investigator: Vicki Colls
 Review Board: Research Ethics Office
 Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt
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Key Study Contacts

Member	Gary Bredfeldt	Role	Co-Principal Investigator	Contact	gjbredfeldt@liberty.edu
Member	Vicki Colls	Role	Principal Investigator	Contact	vkcolls@liberty.edu
Member	Vicki Colls	Role	Primary Contact	Contact	vkcolls@liberty.edu

APPENDIX B

Consent

Consent

Title of the Project: Adoption Professional's Leadership Influence on Open Adoption
Principal Investigator: Vicki Colls, Doctoral Student, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. Participants must be 1) 18 years of age or older; 2) a birth mother, adoptive parent, or adoption professional who participated in a finalized, private, domestic, infant adoption between the years 2010 and 2020 in the United States; 3) either worked with, adopted through, or worked for a licensed agency or attorney during this adoption. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to participate in this research.

What is the study about and why is it being done?

The purpose of the study is to determine if a relationship exists between the adoption professional's leadership and the open adoption relationship between the birth mother and adoptive parents.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Take 10 minutes to answer online survey questions based on your experience.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from participating in this survey.

Society may benefit if the study results provide a foundation for improving adoption practices by adoption professionals.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The survey can be abandoned at any time.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher, and if required or requested, the faculty committee will have access to the records.

- The participants of this study and the answers to the survey will be anonymous.
- Data will be stored in a secure cloud that is password protected and may be used in future presentations.

Liberty University IRB-FY21-22-104 Approved on 8-30-2021
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APPENDIX B (continued)

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. However, if you decide to participate, you are free not to answer any question or withdraw at any time before submitting the survey without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Vicki Colls. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Gary Bredfeldt, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

APPENDIX C

Adoption Questionnaire

Adoption Survey 1

Start of Block: Informed Consent

Q1 Title of the Project: Adoption Professional's Leadership Influence on Open Adoption

Principal Investigator: Vicki Colls, Doctoral Student, Liberty University

Invitation to be Part of a Research Study You are invited to participate in a research study. Participants must be

- 1) 18 years of age or older;
- 2) a birth mother, adoptive parent, or adoption professional who participated in a finalized, private, domestic, infant adoption between the years 2010 and 2020 in the United States;
- 3) either worked with, adopted through, or worked for a licensed agency or attorney during this adoption.

Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to participate in this research.

What is the study about and why is it being done? The purpose of the study is to determine if a relationship exists between the adoption professional's leadership and the open adoption relationship between the birth mother and adoptive parents.

What will happen if you take part in this study? If you agree to be in this study, I will ask you to do the following: Take 10 minutes to answer online survey questions based on your experience.

How could you or others benefit from this study? Participants should not expect to receive a direct benefit from participating in this survey.

Society may benefit if the study results provide a foundation for improving adoption practices by adoption professionals.

What risks might you experience from being in this study? The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The survey can be abandoned at any time.

How will personal information be protected? The records of this study will be kept private. Research records will be stored securely, and only the researcher, and if required or requested, the faculty committee will have access to the records. The participants of this study and the answers to the survey will be anonymous. Data will be stored in a secure cloud that is password protected and may be used in future presentations.

Is study participation voluntary? Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. However, if you decide to participate, you are free not to answer any question or withdraw at any time before submitting the survey without affecting those relationships.

APPENDIX C (continued)

What should you do if you decide to withdraw from the study? If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study? The researcher conducting this study is Vicki Colls. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at vkcolls@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Gary Bredfeldt, at gjbredfeldt@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant? If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent Before agreeing to be part of the research, please be sure that you understand what the study is about. You can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

- I consent, begin the study (1)
- I do not consent, I do not wish to participate (2)

End of Block: Informed Consent

Start of Block: Screening Questions

Q2 Are you 18 years of age or older?

- Yes (1)
- No (2)

Skip To: End of Survey If Are you 18 years of age or older? = No

APPENDIX C (continued)

Q3 Are you a birth mother, adoptive parent, or adoption professional who participated in a finalized, private, domestic infant adoption between the years of 2010 through 2020 in the United States?

- Yes (1)
- No (2)

Skip To: End of Survey If Are you a birth mother, adoptive parent, or adoption professional who participated in a finalized... = No

Q4 Did you work with, adopt through, or work for a licensed agency or attorney during this adoption?

- Yes (1)
- No (2)

Skip To: End of Survey If Did you work with, adopt through, or work for a licensed agency or attorney during this adoption? = No

Q5 How old are you?

- 18-25 (1)
- 26-30 (2)
- 31-35 (3)
- 36-40 (4)
- 41-45 (5)
- 46-50 (6)
- 51-55 (7)
- 56-60 (8)
- Over 60 (9)
-

APPENDIX C (continued)

Q6 If a birth mother or an adoptive parent, who helped you with your adoption? If an adoption professional, select the option that best describes you.

- A licensed adoption agency (1)
- An attorney (2)
- Other (3)

Skip To: End of Survey If If a birth mother or an adoptive parent, who helped you with your adoption? If an adoption profes... = Other

Q7 How old was the child when they were placed for adoption?

- 1 day old -1 year old (1)
- 1 year old - 2 years old (2)
- 2 years old or older (3)

Skip To: End of Survey If How old was the child when they were placed for adoption? = 2 years old or older

Q8 Was the adoption....

- Through a private licensed agency or attorney in the United States (1)
- The foster care system (2)
- International, the child was from another country (3)

Skip To: End of Survey If Was the adoption.... = The foster care system

Skip To: End of Survey If Was the adoption.... = International, the child was from another country

APPENDIX C (continued)

Q9 What year was the adoption placement?

- Prior to 2010 (1)
- 2010-2015 (2)
- 2016-2020 (3)

Skip To: End of Survey If What year was the adoption placement? = Prior to 2010

Q10 What place do you hold in the adoption triad?

- Birth Mother (1)
- Adoptive Parent (2)
- Adoption Professional (3)
- Other (4)

Skip To: End of Survey If What place do you hold in the adoption triad? = Other

End of Block: Screening Questions

Start of Block: Adoption Professional

APPENDIX C (continued)

Q15 Adoption Professional							
	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
I educate birth mothers on adoption. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I share the option of open adoption with every birth mother. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I educate adoptive parents on adoption. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open adoption is healthy for the adoption triad. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adoptive parents look to me for advice and counsel during the adoption process. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My experience makes me the adoption expert. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth mothers depend on me for advice and counsel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX C (continued)

during the adoption process. (7)

Adoption placements can happen without an adoption professional. (8)



End of Block: Adoption Professional

Start of Block: Adoptive Parent

APPENDIX C (continued)

Q' 12 Adoptive Parent	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
I learned how adoption happens from my adoption professional. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The education I received on adoption was from my adoption professional. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My adoption professional told me about open adoption. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My adoption professional encouraged a relationship between myself and the birth mother. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visits between the birth mother and my child were encouraged by my adoption professional. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX C (continued)

My adoption professional told me open adoption was good.
(6)

Open adoption was not a choice presented by my adoption professional.
(7)

I was told open adoption would not be good for my child by my adoption professional.
(8)

I was encouraged to tell my child about their adoption by my adoption professional.
(9)

End of Block: Adoptive Parent

Start of Block: Birth Mother

APPENDIX C (continued)

Q11 Birth Mother							
	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
I learned the adoption process from my adoption professional. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The paperwork to create my adoption plan was given to me by my adoption professional. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My rights, according to the law, were explained to me by my adoption professional. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The education I received on adoption was from my adoption professional. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My adoption professional told me about open adoption. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX D
Recruitment Letter

[Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Dear [Recipient]:

As a graduate school in the School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Education degree at Liberty University. The purpose of my research is to better understand how the adoption professional's leadership may influence open adoption by surveying birth mothers, adoptive parents, and adoption professionals. I am writing to invite eligible participants to join my study.

Participants must be 1) 18 years of age or older; 2) a birth mother, adoptive parent, or adoption professional who participated in a finalized, private, domestic, infant adoption between the years 2010 and 2020 in the United States; 3) either worked with, adopted through, or worked for a licensed agency or attorney during this adoption. Participants, if willing, will be asked to complete an anonymous, online survey. It should take approximately 10 minutes to complete. Participation will be completely anonymous, and no personal, identifying information will be collected.

A consent document is provided on the first page of the survey. The consent document contains additional information about my research. After you have read the consent form, please click the button to proceed to the survey. Doing so will indicate that you have read the consent information and would like to take part in the survey.

To participate, please click here

https://liberty.col.qualtrics.com/jfe/form/SV_0PabNK7kjlKW5Ey

Sincerely,

Vicki Colls

Doctoral Student

912.660.8227, vicki.colls@outlook.com

APPENDIX E

Social Media Recruitment

Attention Facebook Friends:

I am conducting research as part of the requirements for a Doctor of Education degree at Liberty University. The purpose of my research is to better understand how the adoption professional's leadership may influence open adoption.

To participate, you must be 1) 18 years of age or older; 2) a birth mother, adoptive parent, or adoption professional who participated in a finalized, private, domestic, infant adoption between the years 2010 and 2020 in the United States; 3) either worked with, adopted through, or worked for a licensed agency or attorney during this adoption. Participants will be asked to complete an anonymous online survey, which should take about 10 minutes to complete. If you would like to participate and meet the study criteria, please click the link provided at the end of this post. A consent document will be provided as the first page of the survey. Please review this page, and if you agree to participate, click the "proceed to survey" button at the end.

To take the survey, click here: https://liberty.co1.qualtrics.com/jfe/form/SV_0PabNK7kjlKW5Ey

Attention Instagram Friends:

I am conducting research as part of the requirements for a Doctor of Education degree at Liberty University. The purpose of my research is to better understand how the adoption professional's leadership may influence open adoption.

To participate, you must be 1) 18 years of age or older; 2) a birth mother, adoptive parent, or adoption professional who participated in a finalized, private, domestic, infant adoption between the years 2010 and 2020 in the United States; 3) either worked with, adopted through, or worked for a licensed agency or attorney during this adoption. Participants will be asked to complete an anonymous online survey, which should take about 10 minutes to complete. If you would like to participate and meet the study criteria, please click the link provided at the end of this post. A consent document will be provided as the first page of the survey. Please review this page, and if you agree to participate, click the "proceed to survey" button at the end.

To take the survey, click here: https://liberty.co1.qualtrics.com/jfe/form/SV_0PabNK7kjlKW5Ey

APPENDIX E (continued)**Attention LinkedIn Friends:**

I am conducting research as part of the requirements for a Doctor of Education degree at Liberty University. The purpose of my research is to better understand how the adoption professional's leadership may influence open adoption.

To participate, you must be 1) 18 years of age or older; 2) a birth mother, adoptive parent, or adoption professional who participated in a finalized, private, domestic, infant adoption between the years 2010 and 2020 in the United States; 3) either worked with, adopted through, or worked for a licensed agency or attorney during this adoption. Participants will be asked to complete an anonymous online survey, which should take about 10 minutes to complete. If you would like to participate and meet the study criteria, please click the link provided at the end of this post. A consent document will be provided as the first page of the survey. Please review this page, and if you agree to participate, click the "proceed to survey" button at the end.

To take the survey, click here: https://liberty.co1.qualtrics.com/jfe/form/SV_0PabNK7kjlKW5Ey

TWITTER:

Are you: 1) 18 years of age or older; 2) a birth mother, adoptive parent, or adoption professional who participated in a finalized, private, domestic, infant adoption between the years 2010 and 2020 in the United States; 3) either worked with, adopted through, or worked for a licensed agency or attorney during this adoption? Click here for information about a research study on the influence of the adoption professional in open adoptions:

https://liberty.co1.qualtrics.com/jfe/form/SV_0PabNK7kjlKW5Ey