

**THE EXPERIENCE OF AUSTRALIAN RELINQUISHING
MOTHERS IN OPEN ADOPTION: CONTACT,
PSYCHOLOGICAL ADJUSTMENT AND GRIEF**

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BA (Hons)**



**Thesis submitted to Victoria University in partial fulfilment of the
requirements for the degree of Doctor of Psychology (Clinical
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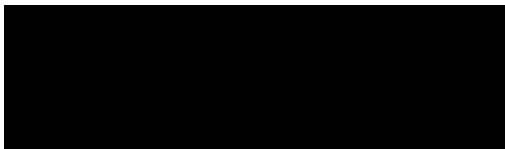
The experience of Australian
relinquishing mothers in
open adoption : contact,

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I further declare that the ethical principles and procedures specified by the Department of Psychology Research Ethics Committee of Victoria University and by the Australian Psychological Society's document on health research and experimentation have been adhered to in preparation of this report.



Madeleine McNiece

July 2006

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ABSTRACT

This study examined relinquishing mothers experiences in open adoption in the state of Victoria, Australia. The quantitative study aimed to document the actual practice of contact, and to examine the associations between contact and psychological adjustment and grief of relinquishing mothers. The study consisted of 30 participants who completed a questionnaire, which contained questions relating to the adoption and subsequent contact, satisfaction with contact, psychological adjustment measures of the GHQ, Satisfaction with Life Scale and the Delighted-Terrible scale, and grief measures of the Impact of Event Scale and an adapted version of the Grief Experience Inventory. Results revealed a range of type and frequency of contact experiences. Contact was not associated with psychological adjustment and grief as expected, however, a negative association was found between frequency of contact and satisfaction with contact. The co-variables of age of the mother, support at the time of the relinquishment and choice in the relinquishment decision were associated with psychological adjustment and grief. Post hoc analyses revealed guilt was negatively associated with psychological adjustment. Results are interpreted in relation to the minimal previous research in the field, theory and practice. Recommendations for future research are also included.

CHAPTER 1

DIMENSIONS OF OPEN ADOPTION AND RELINQUISHING MOTHER EXPERIENCES

For most of the 20th Century, child adoption practices throughout the western world were cloaked in secrecy, with records about biological parents and adoptive families sealed by law. This meant that birthparents and adoptive parents were prevented from sharing identifying information with one another, and adopted individuals grew up knowing little about their biological background. Many birthparents suffered great anguish and frustration at never being able to access information about the well being or upbringing of their children, and adoptive parents were often frustrated at the lack of information concerning the adopted child.

By the late 1980s a considerable body of research was amassed which suggested that the firmly held idea that all parties concerned with an adoption, particularly the adopted child, should be protected from any identifying information was, in fact, causing great emotional harm and needed to be reassessed. At the same time, there was a marked increase in the numbers of both adopted people and their birthparents actively searching for each other, which added weight to the growing argument that many of the frustrations and disadvantages caused by “closed” adoption could be alleviated by a more open adoption system (McRoy, Grotevant, & White, 1988).

The present thesis examines relinquishing mothers' experiences in open adoption. There is an emphasis on the possible associations between contact and the relinquishing mother's psychological adjustment and grief resolution.

This first chapter reviews the emergence and history of the practice of open adoption in various countries, including Australia. With little systematic research into this subject, and a variety of configurations of open adoption in existence, there appears to be no consistent definition of what constitutes open adoption. Therefore, this chapter first considers the array of definitions and examines the dimensions of open adoption practices reported to date, with a view to proposing a suitable uniform definition. This is followed by a review of some of the key findings from empirical studies relating to mothers' experiences of relinquishing a child in closed adoption, which provides a useful context in which to then review research relating to relinquishing mothers' experiences in open adoption.

1.1 The emergence and history of open adoption

There is limited literature in the area of open adoption, and specifically very little empirical research in the area. Most of the information relating to open adoption has been disseminated through professional conferences, meaning that information concerning important advances in the field has often remained within the confined area of adoption practice, not reaching the wider disciplines of psychology and mainstream social work. It has also meant that obtaining up-to-date information about the practice of open adoption is difficult. However, there have been a few important commentaries and studies published about the practice of open adoption, some in professional journals, some in conference proceedings and some on the internet.

Mary Iwanek, the National Manager of the Adoption Information and Services Unit in New Zealand, has been a fervent commenter on adoption, and in more recent years, open adoption. Iwanek (1998) has described the development of open adoption practices in New Zealand. In the mid-1970s, New Zealand began a process through which birthparents and adoptive parents could meet and exchange identifying information and keep in contact. The frequency and regularity of this contact was agreed to by all parties and was flexible. Currently, more than 90% of adoptions in New Zealand have some degree of openness. However, openness in New Zealand is not legislated and, therefore, contact is not enforceable by law (Iwanek, 1998).

Similarly, some adoption agencies in the United States in the 1970s also began to offer the option of so called "open adoptions" wherein the birthparents and adoptive parents could meet at some stage and share information with each other (Brodzinsky & Pinderhughes, 2002). There has been an increasing trend toward this form of adoption in the United States, and, while laws governing such practices vary from state to state, there is a general trend toward a more flexible approach to access to information. Grotevant and McRoy (1998) reported that from the mid-1980s most adoption agencies in the United States have offered a number of placement options that include varying degrees of openness.

In 1986, The Child Welfare League in the United States endorsed the practice of open adoption (Baran & Pannor, 1990). The League stated, "All members of the adoption triad are affected by the adoption and as such should be consulted as to their desires, needs and capacities in determining the level of openness in their particular adoption plan. Selection and utilisation of the level of openness is based on the consensus of the birthparents, the prospective adoptive parents, and the child if he or she is of age or ability to make such a decision" (Baran & Pannor,

p.318). In 1987 The American Adoption Congress followed suit, with the assertion that "The Board of Directors of the American Adoption Congress unanimously supports the policy of open adoption as standard practice" (Baran & Pannor, p.318). However, like most countries that practise open adoption, the United States has been slow to legislate and most open adoption arrangements have been determined by the adoption agencies (Grotevant & McRoy, 1998). The degree and type of contact agreed to at the time of placement is not usually enforceable by law and largely depends on the good faith of the parties involved. However, Grotevant and McRoy have pointed out that legislation does now exist in the State of Washington that gives birthparents enforceable rights to have some form of contact with their child post-placement.

A similar move toward openness has occurred in the United Kingdom, where legislation was passed in 1975 that allowed adopted individuals free access to their original birth records, which had previously been sealed (Hines, 2001). While the field of adoption in the United Kingdom is still working on new legislation, current contact practices rely largely on the birthparents and adoptive parents complying with contact arrangements. Most current adoptions have contact arrangements worked out prior to the adoption and these arrangements are generally written into the adoption order, although it is not legally binding. Nonetheless, it seems that the general consensus among adoption agencies and workers in the field is that some continuing contact between birthfamilies and adoptive families is an important part of an adoption, not only for the child, but also for the adoptive family and birthmother. Thus, according to Hines (2001), the growing trend in the United Kingdom in adoption is for the adopted child and birthfamily to have some kind of contact. This contact generally takes on two forms. The first is "letterbox contact", whereby letters are exchanged via a third party such as an adoption agency. In this arrangement, contact details such as addresses are not exchanged. The other form of contact is

"direct contact", which usually involves face-to-face contact between the child and/or adoptive parents and the birthfamily, usually the birthmother (Adoption and Information Line, 2001).

Shinyei and Edney (1996) have described the Canadian adoption picture as complex as well. Child welfare is a provincial responsibility and thus each province has different laws governing adoption. Similarly, each province legislates contact differently. For example, Alberta legislation orders all private adoptions to be open but Ontario only allows a semi-open form. It must be noted that adoption in Canada can occur through either private adoptions or government adoptions. The legislation regarding openness in adoptions seems to apply only to private adoption, and, while not all private adoptions are open, most are open enough to allow birthparents to feel more in control of the process than with a government placement.

Australian adoption law reforms in several states have reflected similar changes towards open adoption to those undertaken elsewhere. In 1984 the state government of Victoria passed legislation that recognised that knowledge of one's origins is a vital part of a child's identity development (Allen & Kane, 1997). The legislation made available to the three parties in an adoption - the birthparents, the adopted child and the adoptive parents - full identifying information, which applied to adoptions both in the past and in the present. By the late 1990s, all states and territories, with the exception of Queensland, had begun to practise some form of open adoption (Bentley & Broadbent, 1997). In Victoria, contact arrangements are originally mediated for a year or so by the adoption agency, and negotiated with each party (Allen & Kane, 1997). The relinquishing mother is required to indicate, at the time of relinquishment, the type and frequency of contact, which is then written into the adoption order which is legally binding. If contact does change over time, it is usually negotiated between the parties involved, usually

without the agencies' involvement or knowledge, rendering a systematic recording of these changes difficult. However, either party is entitled to request a review of contact arrangements by the adoption agency.

In the 1970-71 financial year, there were 8,553 adoptions in Australia and 2,057 in the State of Victoria. Over the subsequent 30 years there has been a steady decline in the number of local children available for adoption. In the 2001-2002 financial year there were 561 in Australia and only 110 in Victoria (Australian Institute of Health and Welfare, 2004). While fewer numbers of local children are now adopted in Australia, adoption touches the lives of many more individuals than the actual adopted person, and it is vital that this area continues to be researched and understood.

A comprehensive study conducted in Western Australia by Winkler and van Keppel (1984) of relinquishing mother experiences in closed adoption set the scene for research in the adoption arena in Australia. However, there has been very little research or systematic documentation concerning the experience of open adoptions. Currently, in the State of Victoria, there is no formal tracking of contact arrangements for those involved in open adoption, unless this contact is mediated by the adoption agency. After two decades of this form of adoption in Victoria, research in this State on the experiences of this form of adoption remains minimal. More specifically, there has been no empirical research conducted in Australia on the experiences of relinquishing mothers in open adoption.

1.2 Definitions and dimensions of open adoption

Baran and Pannor commented in 1990 that there was, at that time, no one standard definition or practice of open adoption. McRoy et al. (1988) stated that "Discussions of openness are further complicated because open adoption has been defined in different ways by different people" (p.2).

"Contact" or "open adoption" have tended to be terms that mean different things to different families, individuals, agencies and researchers. Hughes (1995) noted that openness is a broad concept with differing outcomes. She commented that when one reviews the literature concerning open adoptions, the term contact is a variable concept and that for many empirical studies, contact actually only means contact between the adoptive family and the birthparents, with the adopted child being excluded. Thus, Hughes rightly concluded that such variations in categorising contact arrangements make drawing firm conclusions about the efficacy of open adoptions problematic.

In their attempts to conceptualise open adoption, Demick and Wapner (1988) proposed four categories of contact. The first was "restricted open adoption", where there is an exchange of information and photographs between the adoptive parents and the birthparents for a limited period after placement. Such exchanges are mediated by the adoption agency. The second category was "semi-open adoption", where the birthparents meet with the adoptive family, but there is no further sharing of information. The third category was "fully open adoption", where the adoptive family and birthparents meet and share information over a number of months. The final category was "continuing open adoption", where adoptive parents and birthparents have ongoing contact with each other over the course of the adopted child's growing up. While the types of contact seem to be similar to many other descriptions of degrees of openness, Demick

and Wapner's fully open adoption category has stood out as quite different, with most studies and commentaries defining "fully open" or "fully disclosed" adoption as an ongoing contact arrangement. It must be noted that Demick and Wapner's view of open adoption tends to be parent centred, that is, contact between adoptive and birthparents, with the apparent exclusion of the child.

In their review of the findings of an exploratory study by the Lutheran Social Service of Texas, which examined the impact of traditional and open adoptions, McRoy et al. (1988) initially separated their sample into three groups. The first was "traditional adoptions", the second, "semi-open adoptions", and the third, "fully-disclosed adoptions". In the semi-open adoptions, the adoptive families had exchanged gifts, photographs, and letters with the birthmothers. In one case, a face-to-face meeting had occurred, but no identifying information was shared and no ongoing contact was maintained. This type of contact was mediated through the agency. In the fully disclosed group, adoptive and birthparents had disclosed identifying information, and had ongoing contact between not only the birthparents and adoptive parents, but also between the adopted children and both sets of parents.

In 1990, Baran and Pannor set out guidelines for what they believed open adoption to be. They asserted that "The practice of open adoption begins with the first contact of both the prospective adoptive parents and the birthparents" (p.318). Further, they contended that in order for an adoption to be considered open, the birthparents and the adoptive parents need to meet and exchange identifying information, and both sets of parents are entitled to continuing contact and access to information on behalf of the child. Baran and Pannor pointed out that within this practical definition of open adoption there is room for degrees of contact between the parties.

They suggested that the type of communication between the parties would vary during different times in the lives of the individuals involved, depending on their needs and desires at particular times.

In Texas, Blanton and Deschner (1990) compared experiences of mothers who had relinquished a child through an open adoption process, and those who relinquished through a closed adoption process. They assigned participants to the open group only if the relinquishing mothers had met the adoptive parents. This meeting normally occurred prior to the placement. Further, the authors stated, "Although various degrees of openness have been practised, professionals in the field agreed that actually meeting the adoptive parents appeared to make the crucial difference to the biological mother" (p.527). Thus, while Blanton and Deschner found a variety of contact arrangements in their sample, they used the dichotomous open/closed adoption variable to analyse their data relating to the hypotheses.

Apart from the various forms contact can take, it seems that contact frequency and the nature of the contact can often change over time, as the parties begin to negotiate their own contact arrangements. Blanton and Deschner (1990) found that frequency and types of contact varied a good deal, especially after placement. For example, at the time of the placement, 22% had written to the baby, 20.3% had written to the adoptive parents and 22% had obtained a photograph of the child, whereas after placement, while 18.6% had written to their child, 23.7% had actually met with their child, and 25.4% had met with the adoptive parents. After placement, 25.4% had written to the adoptive parents, and 25.4% had received a photograph of their child.

In Lancette and McClure's (1992) case studies of relinquishing mothers' experiences in open adoption in Wisconsin, all five participants were considered to be involved in open adoptions, although the degree of openness varied. All relinquishing mothers met with the prospective parents and four of the women actually chose the adoptive couple. Two relinquishing mothers had visited the adoptive parents' homes, and four of them had received correspondence from the adoptive parents after the adoption was finalised.

In her study of 214 relinquishing mothers across the United States, Brodzinsky (1992) defined open adoption as an adoption where there has been either direct or indirect communication between the relinquishing mother and adoptive parent or parents. She suggested that there are three basic types of open adoptions. First, in semi-open adoption the birthparent selects the adoptive parents from non-identifying information, but once the couple has been selected there is no further contact. Second, in restricted open adoption, following the selection of the adoptive couple by the birthmother, one or more face-to-face meetings are arranged between the parties. Information relating to the child is periodically sent to the birthmother but this type of openness, according to Brodzinsky, does not usually involve ongoing face-to-face contact. Finally, full open adoption is where both sets of parents meet and share information and establish a plan to continue contact. These meetings generally involve ongoing contact with the child.

In Etter's (1993) evaluation of a pilot study in Oregon, which examined the ability of birthparents and adoptive parents to co-operate in post-adoption contact, open adoption was defined as "...one that includes an ongoing channel between biological and adoptive parents, with communication going both ways" (p.269). Prior to the adoption, the adoption agency assisted the relinquishing mother to set out the terms under which she wished contact to be conducted. This formed a

binding agreement between the relinquishing mother and the adoptive family. The study found that all relinquishing mothers had kept to their agreements. The majority of relinquishing mothers requested one to four annual visits (86.6%), with over half having more contact than planned. Thus, in this sample, openness tended to reflect some degree of direct contact.

When Cushman, Kalmuss and Namerow (1997) conducted their research on relinquishing mothers across 13 states in the United States, they viewed openness as varying along a continuum, with participants in their research involved in a range of contact arrangements, from information exchanged via the adoption agency to direct face-to-face contact.

Grotevant and McRoy (1998) stated that "The degree of openness in adoptions varies greatly, with frequency and regularity of contact between birthparents and the adoptive family falling across a continuum of openness and subject to change over time" (p.2). In their large scale study, The Minnesota-Texas Adoption Research Project, which explored in depth the experiences of relinquishing mothers, adopted children and adoptive parents across a number of states in the United States, Grotevant and McRoy (1998) defined openness as "...a spectrum involving differing degrees and modes of contact and communication between adoptive family members and a child's relinquishing mother" (Grotevant & McRoy, p.2). Here, then, a continuum of openness was proposed. On one end of the continuum was "confidential" adoption, wherein minimal information is shared between the birthfamily and adoptive family, and this exchange of information ceases upon placement. In "mediated" adoption, non-identifying information is exchanged by the birthfamily and adoptive family, which is mediated via the adoption agency. "Fully disclosed" adoption involves direct communication between both families, and identifying information is shared. Within both the mediated and fully disclosed categories, the researchers

distinguished between those in which the contact had ceased (time-limited), and those in which the contact continued (ongoing).

In brief, openness in adoption has meant different things to those directly involved in adoption, such as the child, biological and adoptive families, social workers and adoption agencies, and those indirectly involved, such as researchers and legislators. Some have defined openness as requiring direct contact between the birthparents and the child and/or adoptive parents, while others have viewed openness as any type of information exchange, whether it is identifying or not. In addition, research evidence to date suggests that contact arrangements can change over time, both in type and frequency.

Table 1, on the next page, is an illustration of the various ways open adoption has been defined in the relinquishing mother literature, ranging from categorical ways of defining degrees of openness, to broader definitions placing openness on a continuum. It must be noted that these definitions and descriptions of open adoption are limited to relinquishing mother literature and that other definitions and descriptions of practice have been highlighted in the broader adoption literature.

Table 1

A Summary of the Conceptualisations of Openness in the Relinquishing Mother Literature

Author	Type of categorisation	Categories/definitions
Demick and Wapner (1988)	Four groups	<ol style="list-style-type: none"> 1. Restricted open adoption - exchange of information between the adoptive parents and the birthparents for a limited time after placement. 2. Semi-open adoption - adoptive family meet with the birthparents, but there is no further sharing of information. 3. Fully open adoption - adoptive family and birthparents meet and share information over a number of months. 4. Continuing open adoption - adoptive parents and birthparents have ongoing contact with each other over the course of the adopted child's life.
McRoy, Grotevant and White (1988)	Three groups	<ol style="list-style-type: none"> 1. Tradition adoptions - closed adoption 2. Semi-open adoptions - adoptive family and birthparents exchange information. 3. Full-disclosed adoptions - ongoing contact between adoptive families, birthparents and adopted children.
Baran and Pannor (1990)	Descriptive	Open adoption is defined as both sets of parents meeting and exchanging information with contact changing over time depending on needs.
Blanton and Deschner(1990)	Two groups	<p>Only define open adoption if the adoptive parents have met the birthmother.</p> <ol style="list-style-type: none"> 1. Involvement between the adoptive parents, the birthmother, and the child at time of placement. 2. . Involvement with the adoptive parents, the birthmother, and the child after placement.
Brodzinsky (1992)	Three groups	<ol style="list-style-type: none"> 1. Semi-open adoption - birthparents select the adoptive parents through non-identifying information and no further contact occurs between the birthparents and the adoptive parents. 2. Restricted open adoption - selection of adoptive parents by birthparents and information relating to the child is sent periodically to the birthmother. Not usually face-to-face contact. 3. Full open adoption - both sets of parents meet and share information and there is usually ongoing contact with the child and the birthmother.
Etter (1993)	Descriptive	Open adoption is defined as ongoing communication between the adoptive parents and the birthparents, usually in the form of face-to-face meetings.
Cushman, Kalmuss and Namerow (1997)	On a continuum	Ranging from information exchanged by the adoption agency to direct contact.
Grotevant and McRoy (1998)	Continuum - Three main groups	<ol style="list-style-type: none"> 1. Confidential - minimal information is shared between the adoptive family and the birth family and this exchange ceases after placement. 2. Mediated – non-identifying information is exchanged by the adoptive family and the birthfamily, which is mediated via the adoption agency. 3. Fully disclosed - direct communication between both families and identifying information is shared. <p>In both the mediated adoptions and fully disclosed adoptions, they propose two categories of time:</p> <ol style="list-style-type: none"> a) Time-limited - contact ceases after a specified period of time. b) Ongoing - contact continues.

Research on relinquishing mothers in closed adoption provides a useful context in which to review achievements in the field relating to the experience of the relinquishing mother in open adoption. The following section reviews some of the key findings to date relating to relinquishing mothers in closed adoption, which is then followed by a review of empirical studies of relinquishing mothers in open adoption.

1.3 Relinquishing mothers and traditional closed adoptions: Research findings

While there has been a plethora of research conducted over the years concerning adopted children and adoptive families, less research has concentrated on the experiences of the adopted child's relinquishing mother. Within this relinquishing mother research, one of the major contributions has been the documentation of the psychological adjustment of the relinquishing mother to the adoption, with findings highlighting ongoing grief and loss issues.

Brodzinsky (1990) argued that professionals in the field have often made assumptions about the impact that relinquishing a child for adoption may have on a woman's life. One of the most often cited assumptions has been the notion that relinquishing mothers forget about their children and simply move on with their lives. However, as many professionals, including Brodzinsky, have argued, this is perhaps more of a wish than a reality.

As part of a large scale project in Los Angeles, California, Sorosky, Baran, and Pannor (1978) interviewed 36 relinquishing mothers about their relinquishment experiences in closed adoptions. While the years since the adoption varied from 1 to 33, 50% of the women expressed continuing feelings of pain and loss associated with the relinquishment of their child. Intrusive ruminations

existed, and the common theme of continual searching in crowds was noted. Further, a common finding among adopted individuals and the birthparents was the desire for a reunion. Indeed, 82% of the birthparents interviewed expressed a desire for a reunion with their child.

While there is evidence that adopted individuals are over-represented in the psychiatric population (Grotevant & McRoy, 1998), it would seem that relinquishing mothers in closed adoption also experience their share of psychiatric difficulties. Many studies have found the existence of depression in populations of relinquishing mothers (eg., Condon, 1986; Burnell & Norfleet, 1979).

Deykin, Campbell, and Patti (1984) investigated life adjustment following the relinquishment of a child for adoption in the United States. They found that for many women, the relinquishment had a prolonged effect on subsequent life functioning. This was evident in a number of areas, and the vast majority of relinquishing mothers were actively searching for their child. Nearly 80% of the relinquishing mothers interviewed reported the relinquishment had an effect on subsequent parenting. For example, many reported an increase in worry and over-protectiveness in subsequent parenting, which they attributed to the previous relinquishment. The authors commented that "The reported difficulties in parenting appear to reflect unresolved sadness over past loss and lack of self confidence rather than active deleterious parenting" (p.280). Similarly, when marital disharmony was reported in the cases where the relinquishing mother was not married to the birthfather, the searching activities of the relinquishing mother were cited as the main reason for marital discord. In cases where the original birthfather was the current partner, reasons for marital disharmony were different. The authors stated that "Comments by such

couples suggested that they were united by shared pain rather than by commonality of interest or spirit” (p.279).

In a sample of relinquishing mothers in closed adoption who presented for psychotherapy in New Mexico, Millen and Roll (1985) found that these women felt a profound loss of sense of self, which the researchers concluded was related to a sense that the lost object was a physical part of her. One relinquishing mother reported that she still experienced the feeling of the baby moving inside her. Thus, for the relinquishing mother, loss is complicated by the fact that the lost person was indeed a part of the mother, both physically and emotionally. Roles (1989) stated, "Because the baby is an extension of herself, she may feel as if she has lost part of herself" (p.8).

Kenneth Watson (1986), from the Chicago Child Care Society presented a paper at The Adoptive Cycle: Professional and Personal Perspectives conference in 1985. He presented data he had gathered from relinquishing mothers who were either members of a support or adoption network, or who had kept in contact with their adoption agency. Data was also gathered from agencies or clinics that had provided counselling services to relinquishing mothers. He found that the primary concern of relinquishing mothers and the agencies that support them was the overwhelming feelings of grief and loss which did not seem to diminish over time. He commented that traditional closed adoptions complicate the grief process. For example, the first stage of the grieving process is denial, according to Kubler-Ross (1969), which, as Watson argued, takes on a new meaning in adoption. For many years, it was believed the relinquishing mother must forget about her child and move on with her life, thus, in a sense, perpetuating the denial. Watson argued that in this instance the grief process is never allowed to truly begin. Nonetheless, he concluded that relinquishing mothers do in fact experience a grief process

similar to grief following death, but that each stage is complicated by the fact that the child is still alive.

Davidson (1994) interviewed eight women who had relinquished a child in the United States for adoption 10 years prior to her study. All the relinquishing mothers reported frequent and ongoing thoughts about their relinquished children. They also reported an increase in sadness and depression around the child's birthday and other significant times, and half of the sample reported feeling suicidal at some point in their lives following the relinquishment. Davidson concluded that all the respondents had many unresolved issues around the loss of the child.

Logan (1996), in Manchester, United Kingdom, similarly found that women who had relinquished a child for adoption still experienced profound mourning, evidenced by feelings of guilt, periods of depression, and intrusive thoughts and reminders of the child. However, those who had searched for the child, and made subsequent "successful" contact, indicated this contact assisted them in the process of resolution of their grief.

De Simone (1996) examined social and psychological variables that may impede the grief process in women who had relinquished a child for adoption. A questionnaire was devised that consisted of closed and open-ended questions relating to thoughts, feelings and circumstances surrounding the relinquishment, thoughts and feelings regarding the loss, life history, present life circumstances, and demographic information. The primary source of data for measuring unresolved grief was The Texas Revised Inventory of Grief, involving Likert type scale measures of grief following bereavement, which takes account of both past behaviour and present feelings. The sample consisted of 264 women across the United States who had

relinquished a child during two decades prior to the study. The participants in the study reported high levels of unresolved grief, with significant correlations between the mothers' perception of coercion by others to relinquish and unresolved grief, a lack of opportunity to express feelings regarding the relinquishment and unresolved grief, and uncertainty over the loss and unresolved grief. However, De Simone found that positive life experiences following the relinquishment, such as a happy marriage and/or family, and personal and professional achievements of which mothers were proud, tended to moderate the grief. Interestingly, while this study investigated relinquishment in closed adoptions, mothers who had obtained information about their child reported significantly lower levels of grief than those who had received no information.

In 1984, Winkler and van Keppel conducted one of the two published Australian studies of relinquishing mothers in adoption. To date, their study is the most comprehensive study of relinquishing mothers in Australia. The study consisted of 213 women in the State of Western Australia who had relinquished their first child for adoption while between the ages of 15 and 25. Relinquishments had occurred between 4 and 20 years prior to the study. A matched control group of non-relinquishing mothers was included, and data were collected on stressful life events that may have entailed confounding variables.

The framework developed by Winkler and van Keppel (1984) was based on two themes, the relinquishment experience both as a loss and as a stressful life event. Adjustment to the relinquishment was examined closely by self-report relating directly to adjustment to the relinquishment, together with the General Health Questionnaire, that measures well being and psychological functioning. This was part of a detailed, specifically designed questionnaire relating to the relinquishment experience. They examined adjustment for two periods post-

relinquishment; namely during the year immediately following the relinquishment, and the time elapsed since the one year mark and May 1981. For the first time period, results from participants self-reported adjustment to the relinquishment was shown to be normally distributed, ranging from not at all adjusted to extremely well adjusted. Thirty-two percent of the participants reported below average adjustment for this time period, and 28% reported below average adjustment at the time of the study. Results also revealed a negative correlation between self-reported adjustment and General Health Questionnaire scores, suggesting the less adjusted the women were, the higher their degree of psychological impairment. When compared to the control group, the sample of relinquishing mothers seemed to experience significant psychological difficulties. The authors noted that the reported poor adjustment and presence of psychological impairment was significantly related to the relinquishing mother's sense of loss. Approximately 50% of the participants reported a sense of loss, which for many extended over 30 years. Social support was also found to be an important factor in adjustment, with the researchers finding a direct link between a lack of support and lowered psychological well being.

The Winkler and van Keppel (1984) study has been criticised for not matching the control group for birth experiences of any description (Brodzinsky, 1990). In addition, while some standardised measures were used, other means of determining particular experiences were questionable. For example, unlike their use of the General Health Questionnaire to assess psychological distress, when assessing loss, the study did not use standardised measures and the concept of 'loss' was not operationally defined. Nonetheless, the study indicated that for the women in their sample, the relinquishment of a child for adoption was a traumatic experience with far reaching consequences.

Two years later, in a much smaller study, Condon (1986) examined psychological disturbance in women who had relinquished a child for adoption in the State of South Australia. Twenty women who were contacted through the Australian Relinquishing Mothers' Society took part in the study. The mean time elapsed since relinquishment was 21 years, with the majority of women relinquishing their child in the mid 1960s, when in their late teens or early 20s. The women completed a questionnaire, which focused on the circumstances of the relinquishment, their emotional responses both at the time of relinquishment and the time of the study, and their perception of any long-term sequelae. Participants rated their affective experiences on visual analogue scales and completed the Middlesex Hospital Questionnaire, which assesses chronic psychological disturbance. This study was conducted prior to open adoption being introduced, and all but two of the mothers had made determined efforts to search for the adopted child. Four of the women had eventually contacted the child and a further two had obtained non-identifying information, with the remainder having obtained no information. The overwhelming result of the study was high levels of sadness, guilt, anger, and depression in the women, which did not abate over time. Unresolved grief was evident and very few of the mothers felt they had any support necessary for the expression of their grief. When compared to a control group, the relinquishing mothers rated significantly higher on the Middlesex questionnaire, indicating chronic psychological disability. However, when interpreting the results of this study, consideration must be given to the group, the South Australian branch of the Australian Relinquishing Mothers' Society, from which the sample was drawn. This is a politically active and vocal group supporting the rights and interests of relinquishing mothers, which may have resulted in a biased and non-representative sample.

In reviewing the body of research described above, the small sample sizes, lack of standardised measures, and lack of operationally defined variables have been noted by many workers in the

field. However, when combined with anecdotal evidence, the research has led to the conclusion being widely accepted that the relinquishment of a child places a great stress on the relinquishing mother, and that she is prone to experiencing enduring psychological difficulties and a profound sense of loss as a result of the experience. Nevertheless, as Brodzinsky (1990) has pointed out, this is not the case for all relinquishing mothers, which raises the question of what factors may mediate more psychologically favourable outcomes.

1.4 The need for open adoption

It would seem from the literature regarding closed adoptions and the documented lifelong searching by many adopted individuals and birthmothers, that a more open system may alleviate some of the difficulties identified with a closed adoption system.

As long ago as 1978, Pannor et al. reported on their preliminary findings from a large-scale qualitative research project investigating opinions from the three parties involved in the adoption triangle on closed adoptions. In terms of relinquishing mothers in particular, the authors concluded, "Many, we found, have a lifelong, unfulfilled need for further information and, in some cases, for contact with a relinquished child" (p.331). Other relinquishing mothers reported a need to update the information they had received from the agency. Over half the sample favoured a more open arrangement, and stated they would have agreed to such an arrangement had this been made available to them at the time of relinquishment.

1.5 Experiences of relinquishing mothers in open adoption: Research findings

Prior to reviewing the research into the experiences of relinquishing mothers in open adoptions, it is important to note the paucity of published research in the area. While countries such as Australia, New Zealand, Canada, the United Kingdom, and the United States have been practising variations of open adoption for several years now, albeit with minimal legislation, research is still quite limited. Furthermore, while research has begun to emerge, much of this work remains unpublished.

While still in the early stages, and varying in scope and methodology, research in the area of open adoption from the relinquishing mother's perspective has tended to highlight the psychological adjustment of the relinquishing mother and her experience of grief and loss. In this respect, the orienting research questions have been similar to closed adoption research.

1.5.1 Psychological adjustment and grief in relinquishing mothers

1.5.1.1 Psychological adjustment

As indicated in Section 1.3 above, psychological adjustment has been defined, and subsequently examined, a number of ways in the literature regarding relinquishing mothers in adoption. Some studies have not explicitly employed the term "psychological adjustment", and yet have investigated psychological disturbance following a relinquishment, which would have been defined in other studies as psychological adjustment.

Many studies have concluded that the relinquishing mother's uncertainty about her child's well being is one of the most common causes of anxiety relating to the relinquishment of a child, arguing that open adoption can serve to mediate this anxiety. Triseliotis and Hall (1984) interviewed relinquishing mothers in Edinburgh, United Kingdom, who were in the process of relinquishing their children for adoption with the provision of openness. They found that the openness provisions relieved the relinquishing mothers' anxiety with regard to future information about the child's well being. They stated that it was important for them to know the whereabouts of their children and to know they were settled.

In their exploratory study, McRoy et al. (1988) conducted semi-structured interviews with birthparents (14 mothers, one father and one grandmother) involved in open adoption in Texas. They found that many of the relinquishing mothers involved in open adoptions would not have relinquished their child for adoption had they not been given the opportunity of an open adoption. This finding was related to the anxiety of the relinquishing mother concerning her need to know about her child's well being. The researchers reported that even in semi-open adoptions, the written updates mothers received were enough to decrease anxiety concerning the child.

Also in Texas, Blanton and Deschner (1990) compared open and closed adoptions of 59 relinquishing mothers (18 via open adoption, 41 via closed adoption). The research instrument used was a survey with three sections. The first section elicited demographic information, the second explored the participants' attitudes regarding adoption, and the final section comprised a modified version of the Grief Experience Inventory. Feelings of uncertainty about the adoption process were expressed only by those involved in closed adoption. Positive feelings toward the

adoption process were expressed more frequently by the open adoption group (77.7%), than the closed adoption group (56.15%).

Lancette and McClure (1992) conducted in-depth interviews with relinquishing mothers in Wisconsin, using a phenomenological approach. They interviewed five mothers who had relinquished a child for adoption no more than two years prior to the interview. While the researchers primarily examined participant responses in the light of previous investigations that explored grief reactions in women who had relinquished a child in closed adoption, the overall psychological adjustment of the mothers was also explored. The five women were involved in open adoption, although the degree of openness varied. Four participants had chosen the adoptive parents and all five had met them. Two had visited the adoptive family's home, and four had received correspondence from the adoptive parents, post-adoption. While contact versus no contact comparisons were not possible as each participant had some degree of contact with their child, statements from the relinquishing mothers reflected a positive feeling concerning both the adoption and contact. One participant reported feeling she had done the right thing by placing her child for adoption and stated, "....when I see pictures of how happy they are, that makes me happy, and feel good about what I did...." (p.91).

In a quantitative study, Brodzinsky (1992) investigated the relationship between learned helplessness, satisfaction with social support, avoidance with grief, and depression. Her sample consisted of 214 mothers who had relinquished a child for adoption up to 47 months prior to the study, gathered from a number of adoption agencies across the United States. The instrument used was a questionnaire, which entailed the Impact of Event Scale, the Post Relinquishment Grief Scale (which the researcher adapted from the Perinatal Grief Scale), the Learned

Helplessness Scale, the Beck Depression Inventory, the Social Support Questionnaire (see Brodzinsky, for details of these scales), and a number of questions relating to the relinquishment. While not a primary focus, Brodzinsky (1992) explored the possible associations that openness had with the variables under investigation. The majority of the respondents in her sample experienced some form of openness. The way in which openness was explored was quite extensive, with a questionnaire containing a number of items relating to the adoption and contact experience. While the type of contact, particularly face-to-face contact, was explored, the actual frequency of that contact was not measured. However, satisfaction with contact was assessed. Respondents were asked to rate on a Likert scale from 1 to 6 how satisfied they were with particular aspects of contact, for example, with the amount of information exchanged and with the frequency of contact. While psychological adjustment was not explicitly addressed, results indicated that mothers who reported a greater amount of openness reported experiencing lower levels of depression. An interesting finding of Brodzinsky's study was the influence of childbirth preparation classes. Those who had attended classes reported a lowered sense of learned helplessness, more satisfaction with available social support, less avoidance in connection with relinquishment, and more satisfaction with the extent of openness in the adoption. In addition, the number of social supports named by the mothers was found to be related to satisfaction with openness.

In Oregon, Etter (1993) explored adjustment and satisfaction in open adoption from both the birthparents' and the adoptive parents' perspectives. A questionnaire was developed that included demographic and factual information, levels of satisfaction with different aspects of the adoption, measured on a 5-point scale, and open-ended questions relating to contact. Etter stated, "The second hypothesis was that the participants would report primarily positive reactions to their contact. The levels of satisfaction were high enough to surprise even the researcher"

(p.262). Etter suggested that the element of choice was important in this finding as adoptive families and relinquishing mothers were matched according to their desired level of contact prior to the adoption. While the sample size in this research was relatively substantial (129 birth and adoptive parents), and some important findings emerged, the study lacked standardised measures, making replication and generalising difficult. Comparisons between degree of openness and satisfaction with contact were not reported.

Lauderdale and Boyle (1994) interviewed 12 women in Utah who had relinquished a child for adoption, some choosing an open system and some choosing a closed system. They found that the type of adoption chosen was critical in determining the relinquishment experiences and subsequent psychological adjustment. Women who had chosen an open system felt more supported and more in control of the birth and subsequent relinquishment. In contrast, the women who chose closed adoption felt others were responsible for the relinquishment and they felt they had little control over, or input into, the decision. Women in the open adoption group reported feeling more at peace with their decision, and believed that they were "giving a gift" to the adoptive parents, while the mothers who relinquished under closed conditions felt their babies were taken away or stolen. Thus, the researchers categorised those in the open adoption group as the "grateful givers" and those in the closed adoption group as the "reluctant givers". While both groups experienced a sense of shame and loss, it was concluded that the grateful givers fared better psychologically than the reluctant givers.

Cushman et al. (1997) reported their findings of the experiences of 171 young relinquishing mothers in the United States with regard to openness in process and arrangement. This research was part of a longitudinal study of the determinants and consequences of placing an infant for

adoption versus parenting among unmarried, adolescent women. Three rounds of interviews were conducted, one during the third trimester of pregnancy, one at six months after birth, and one when the child was four years of age. The study investigated various psychological variables that the researchers believed were related to mothers' feelings regarding relinquishing a child for adoption, namely grief, regret about the adoption decision, worry about the baby, sadness, a sense of relief, and the extent to which the relinquishing mothers felt "at peace" with the adoption. The researchers constructed measures to assess respondents' current level of feeling in each area using Likert-type responses of a lot, some, a little and none. Of those participants who placed their child with an adoptive family, it was revealed that a large proportion experienced some degree of openness, ranging from information exchanges via the adoption agency to face-to-face meetings. Significant associations were found between contact and a range of psychological outcomes. Relinquishing mothers with some degree of contact reported lower levels of worry, slightly more relief, and greater feelings of peace concerning the placement. In addition, the more open the contact, the higher the levels of psychological adjustment. For example, the lowest levels of grief, regret, worry and sadness, and the highest levels of relief and peace were found in the group of relinquishing mothers who had received phone calls or visits from the child in the past year.

In the Minnesota-Texas Adoption Research Project conducted by Grotevant and McRoy (1998), the sample included 190 adoptive parents, at least one adopted child in 171 of the families, and 169 relinquishing mothers. Of the 169 relinquishing mothers, 77 formed part of adoption triads participating in the study. A range of adoption arrangements were involved covering confidential, time-limited mediated, ongoing mediated, and fully disclosed adoption, as described in Section 1.2 above. Relinquishing mother measures included a demographic questionnaire, an interview that used open ended questions relating to relationships, careers, the

adoption process, and the relinquishing mother's current experience with her adoption situation. Relinquishing mothers also completed the Ego Identity Interview (Grotevant & Cooper, 1981), the Intimacy Interview (White, Speisman, Costos, Kelly, & Bartis, 1984), the Health Checklist (Pennebaker, 1982), and the Twenty Statements Test (Kuhn & McPartland, 1954).

Grotevant and McRoy (1998) found several benefits of openness for relinquishing mothers. For example, mothers reported experiencing less anxiety relating to their child's well-being than did relinquishing mothers who received no information about their child. Further, relinquishing mothers involved in adoptions where no information was exchanged reported more intense and frequent anxiety and worry about the child than those who received some sort of information. Contact was also considered to affirm the relinquishing mothers' decision as being a correct one. One relinquishing mother stated, "Contact reassures me about my decision and I plan to keep in touch for this reason" (p. 145). While no significant differences were found between the groups regarding relinquishing mother satisfaction with the choice to place their child for adoption, only 12% of relinquishing mothers in the fully disclosed group regretted their decision to place, as opposed to 22% in the confidential group. Furthermore, the researchers stated that "...the opportunity to see the child with the adoptive families seemed to have a healing effect" (p. 149).

From this research, Grotevant and McRoy (1998) concluded that characteristics of poor adjustment included an inability to separate from the child, regretting the decision to relinquish, expression of a need to continue having more children in an attempt to replace the relinquished child, recurring dreams or nightmares revolving around meeting the child or the fate of the child, and lingering family secrets regarding the adoption. In contrast, positive adjustment was characterised by feelings of satisfaction with the placement, positive feelings about, or

relationship with the adoptive parents, and a realistic attitude about the possibility of meeting the child in the future.

In the Minnesota-Texas Adoption Research Project, Henney, Ayers-Lopez, McRoy, and Grotevant (2004) asked birthmothers to list satisfying aspects of their particular contact arrangements, of which 89% responded with 291 satisfying aspects. Of those involved in confidential adoptions, 35% could not identify one satisfying aspect of their contact arrangements, whereas only one mother in the mediated adoption group reported no satisfaction. Problems reported in the mediated and confidential groups were related to dissatisfaction with the belief that the adoptive parents did not uphold the contact arrangements originally agreed to. Similarly many mothers in these groups also reported not having enough information. No birthmothers in the fully disclosed adoptions felt they had no satisfying aspects. The majority of satisfying aspects concerning contact related to having knowledge about the child. Problems identified in the fully disclosed groups tended to relate to boundary and role confusion.

The overall field of research here has thus suggested that, for many women, relinquishing a child in an open adoption arrangement leaves a relinquishing mother feeling more positive about the relinquishment and/or more satisfied with the contact arrangements. Some studies have in fact made a distinct link between these two findings (eg., Grotevant and McRoy, 1998; Etter, 1993). Others have concentrated on psychological disturbances (eg., Brodzinsky, 1992; Cushman et al., 1997), and have found a degree of openness to be related to lower levels of psychological distress. However, there has been minimal investigation into psychological adjustment or distress in relinquishing mothers in open adoption utilising established psychological instruments and grounded in theory. Furthermore, there has been a lack of consensus in the literature about what

constitutes psychological adjustment regarding the relinquishment of a child for adoption, with each study tending to investigate this area from a different angle. While this is not necessarily a negative situation, it does make it difficult to generalise across the field and it makes studies difficult to replicate.

1.5.1.2 Grief

As noted above, several workers in the field have considered that when a woman relinquishes her child for adoption she experiences a grief process similar to grief following death. Winkler and van Keppel (1984) stated that "The major characteristic of the mothers' reaction to relinquishment would seem to be loss and grief' (p.3). Of course this was a study of closed adoption, but Winkler and van Keppel (1984) found that a sense of loss was diminished for women who had obtained information about their child, as opposed to those who received no information. Moreover, the majority of the research findings to date regarding the experiences of relinquishing mothers in open adoption, although still quite limited, have suggested that open adoption assists the relinquishing mother to move successfully through the grief process to acceptance of the loss (eg., Hughes, 1995; Grotevant & McRoy, 1998).

Groth, Bormardel, Devis, Martin, and Vousden (1987) presented a progress report on the process, practice, and experience of an American adoption agency moving toward openness in their adoption program. They discovered that although, as other research would suggest, relinquishing mothers have revealed many issues surrounding unresolved grief, a degree of contact with their child served to mediate this grief process. Specifically, relinquishing mothers who maintained some degree of openness tended to move through the stages of grief quicker than relinquishing mothers who had no contact. They found that some degree of openness was

useful in assisting the relinquishing mother to grieve. "In contrast, our experience with traditional closed adoptions can be viewed as impeding and in some cases preventing biological parents from reaching maximum acceptance" (p.251).

In Brodzinsky's (1992) study, outlined in Section 1.5.1.1 above, the degree of openness reported by the relinquishing mothers in her sample was not significantly related to grief, as measured by the Post Relinquishment Grief Scale, an adapted version of the Perinatal Grief Scale. However, there was a significant association between satisfaction with the openness and grief, with those mothers reporting higher levels of satisfaction with openness, reporting lower levels of grief. Brodzinsky argued that this finding, in conjunction with the finding of no relationship between level of openness and grief, supports the notion that it is the meaning of an experience to an individual that is more important than intensity or frequency of that experience. Interestingly, childbirth preparation classes were related to grief, with those who had attended reporting significantly lower levels of grief. In addition, a significant association was found between grief and social support. That is, the more satisfied mothers reported being with the available social supports, the less grief they reported experiencing. Similarly, a significant association was found between the number of available supports and grief, suggesting that the more supports the mothers felt they had, the lower their levels of grief.

Cushman et al. (1997) found an association between contact and grief in their sample of relinquishing mothers, as outlined in Section 1.5.1.1. Specifically, lower levels of grief were experienced by those who chose the adoptive parents, than by those who played no part in such a process. Further, the most open features of adoption arrangements were found to be associated with several positive outcomes for relinquishing mothers. For example, those who had visited or

talked on the phone post-relinquishment reported experiencing lower levels of grief than those who had not had this type of contact.

Lancette and McClure (1992) found that mothers in their sample also appeared to go through a series of grief stages, in accord with the theory of grief pioneered by Kubler-Ross (1969). They discovered that denial was manifested in the belief that somehow the adoption would not be finalised. Anger was evident, directed at several people, including the adoptive parents, the birthfather, and the professionals involved in the adoption. All of the mothers felt guilt or embarrassment about their pregnancy, and guilt was expressed relating to giving up the child for adoption. The grief stage of bargaining was interpreted as attempts to prevent or postpone the loss. Two of the women took their child home overnight to see if parenting the child would be a realistic option. The mothers reported depression at some stage during the pregnancy and placement process. However, the authors felt that the mothers had reached a stage of acceptance, and stated that "...the overwhelming response by the women toward the adoption process was positive. All of the women believed they matured as a result of their adoption experiences" (p.90).

In Lauderdale and Boyle's (1994) study, as discussed in Section 1.5.1.1, the grateful givers, who relinquished their child in an open adoption arrangement, experienced a greater acceptance of the loss, and actively worked through their loss, than the reluctant givers (in the closed adoption group) who experienced anger and non-acceptance of the loss. In other words, a sense of control was strongly associated with degree of acceptance of the loss. Thus, those who chose an open adoption system, felt more positive about the pregnancy, birth and relinquishment experience, felt more supported, and had a greater degree of acceptance of the loss. It appeared in this study

that the sense of control was pivotal in both psychological adjustment to the relinquishment and acceptance of the loss. However, it was unclear whether this was because of the choice of an open system, the result of the open system itself, or the result of both factors.

For investigation of relinquishing mother grief resolution in their study, Grotevant and McRoy (1998), also reviewed in Section 1.5.1.1 above, assessed only those relinquishing mothers whose corresponding adoptive family and child also participated in the study, thus, involving a subsample of 75. Interview data were coded and validated by reading information in the relinquishing mother's file, consideration of interviewer field notes, and the interview data from the corresponding adoptive parents and children. Using both the grief literature and the data gathered, coders developed a list of response categories characteristic of grief. They concluded that unresolved grief included crying during the interview, attempts to deny or repress the past, expressions of regret or guilt, depression, worry or anxiety about the child, dissatisfaction with the placement, a desire to reclaim the child, continuing nightmares about the child, and the inability to move beyond the adoption. Scores were determined based on the frequency, severity, variety, and contextual appropriateness of the evidence recorded. A resolution score was finally assigned to each relinquishing mother on a 5-point scale ranging from 1 (very poor) to 5 (very poor). ANOVA results indicated that type of adoption was significantly related to grief resolution. Specifically, relinquishing mothers in time limited mediated adoptions were rated as having poorer resolution of grief than relinquishing mothers in both ongoing-mediated and fully disclosed adoptions. Grotevant and McRoy stated, "Many of the relinquishing mothers in fully disclosed adoptions who had good grief resolution indicated that a change in the adoptive relationship towards more openness was an important factor in their adjustment to the loss" (p.53).

This small series of studies concerning relinquishing mothers' grief and loss has displayed a clear trend in the direction of openness assisting relinquishing mothers in resolving their grief. A sole study with contrary results has been that of Blanton and Deschner (1990), reported in Section 1.2 above. These researchers were the first to use a standardised measure of grief for relinquishing mothers. They found that while relinquishing mothers involved in some form of openness in their adoption reported more positive feelings about the adoption than those with no contact, their results did not support the theory that contact ameliorates the grief process. Blanton and Deschner divided their sample into open and closed groups, with participants assigned to the open group only if they had actually met the adoptive parents. Within the "open" group, a variety of contact arrangements existed. They found that the two groups had similar levels of denial of grief, but relinquishing mothers in the open adoption group reported feeling more socially isolated, presented with more physical problems, felt more despair, and expressed feeling more dependent on others than their counterparts in the closed adoption group. Relinquishing mothers involved in open adoptions presented with more grief symptoms than those involved in closed adoptions, as measured by the Grief Experience Inventory. However, one of the limitations of this study was the grouping of relinquishing mothers. In reality, there is a range of contact arrangements, and grouping them simply open or closed on the basis of meeting the adoptive parents obviously does not allow for investigations beyond this dichotomy. In fact, Blanton and Deschner (1990) highlighted the fact that mothers who received limited information about their child's well-being actually presented with fewer grief symptoms than those with more frequent contact, although this subgroup still presented with more grief symptoms than those in the closed group. They stated, "Relinquishing mothers who know only that their children still live but have no details about their lives appear to experience an intermediate degree of grief" (p.5). As a result, they suggested that future research was required to investigate grief of relinquishing mothers, where specific varieties of contact arrangements can be investigated in more detail.

They argued this was required so that an optimal degree of openness could be proposed as producing the best outcome for the relinquishing mother in terms of grief resolution.

Overall, it would seem that the research to date has indicated that contact has some ameliorating impact on the grief process of relinquishing mothers. However, the research so far has not always conceptualised these findings within a theoretical framework that can advance understanding of the complexity of this phenomenon. Further, among studies grounded in a theoretical framework, a range of theories has been evident, definitions of grief have often been vague, and measures of grief have also varied. It is with this situation in mind that the next chapter discusses several existing theories of grief and loss, in an effort to arrive at an explanatory framework for further exploration of the experience of the relinquishing mother in open adoption circumstances.

CHAPTER 2

THEORIES OF GRIEF AND THE EXPERIENCE OF RELINQUISHING MOTHERS

A wide variety of theories of grief and loss have been developed over the past 30 years, ranging from generalised stage theories to theories exploring an individual's ability to make sense and meaning of a grief situation. Perhaps because of the unique experience of grief for each individual, the array of theories encompasses an assortment of experiences, from the physical to the emotional. More recently, discussions have emerged concerning different types of grief, such as pathological grief or anticipatory grief.

Due to the sheer volume of existing theories, this chapter refers to only a sample of grief theories, with emphasis on Sanders' Integrative Theory of Grief (1999), and Horowitz's Stressful Life Event Theory (1990), the two theories that the current study has focused on. The Integrative Theory of Grief was selected for consideration in this research because it was felt that this theory was outstanding in capturing the complexity of grief, taking into account physiological, emotional, and psychological aspects. Further, the theory has been conceptualised in conjunction with the Grief Experience Inventory, also devised by Sanders, which is a comprehensive measure of grief used to evaluate a person's degree of grief resolution following a loss. The Stressful Life Event Theory was selected for emphasis in this study as it was felt that the relinquishment of a child is indeed a stressful life event, and the Impact of Event Scale, which was born out of this theory, has been well documented and validated as a tool for assessing trauma and it has been widely applied to situations of grief and loss.

Following an exploration of theories of grief, the present chapter proceeds to review the small body of research on grief in relinquishing mothers that has made varying degrees of use of established theories of grief

2.1 Theories of grief

2.1.1 Identifying stages of grief

In 1969, Kubler-Ross published her ground-breaking conceptualisation of stages in preparing for the loss of one's own life in the circumstance of expected, anticipated death. She proposed that a person grieving such a loss would experience stages of denial, anger, bargaining, depression and finally acceptance. An individual may repeat certain stages, skip stages, or have stages occur simultaneously. Her work on the stages of grief in relation to death has since been applied to many areas of the experience of grief, especially grief in response to loss of another person or a relationship with another person.

Parkes (1972) also proposed a series of stages that can be applied to normal grief reactions to loss of a loved one, whether it be through death or otherwise. His framework was conceptualised on the basis of a study of London widows and it is a model for understanding loss as a psychosocial transition. Like the framework later set out by Horowitz (1990), it views grief as a reaction to a stressful life event, which results in an experience of incongruity between existing working models or expectations of reality and reality itself. Parkes (1988) stated, "Grief is essentially an emotion that draws us toward something or someone that is missing. It arises from awareness of a discrepancy between the world that is and the world that should be" (p.54). He proposed stages of grieving to include realisation, alarm, searching, anger and guilt, loss of self, and finally identification.

2.1.2 Attachment theory and loss

Attachment theory (Bowlby, 1980) asserts that humans are innately predisposed to form close relationships, regulated by innate behavioural mechanisms. These attachments have been observed to emerge in infancy, when the mother provides a safe, nurturing environment, or secure base from which the infant can safely explore the world, retreating to the primary attachment figure (usually the mother) when threatened. Thus, the primary aim of attachment is proximity to the attachment figure. Following Bowlby, other theorists have proposed parental attachment to children, wherein a threat to the well-being of the child is most likely to elicit attachment feelings and behaviour in the parent. For example, Weiss (1988) contended that such a threat evokes anxiety and the parent is reassured by knowledge of the child's well being.

2.1.3 The individual meaning of loss

During the 1990s, a new perspective on grieving emerged which considered as central, the individual's construction of meaning associated with the loss. This approach has been influenced by Heider's (1958) theory of attribution. Heider suggested that when people feel they understand a particular event, they feel a greater sense of control in coping with that event. In line with attribution theory, Harvey (2002) asserted that "...people are especially prone to perceive relatedness among their personal losses and possibly in their causes" (p. 13). Harvey argued that people frequently conceive of their losses in terms of stories that contextualise major events in their lives. Further, he noted, "In people's stories involving major losses, they may assimilate different loss events occurring at quite different points in time as related and meaningful to who they have become" (p. 13). He proposed that finding meaning is influenced by a sense of hope and feeling a sense of agency in coping with loss.

Harvey (2002) stressed the importance of refraining a stressor within the context of other events, arguing that this is a coping mechanism that can help the grieving person gain acceptance and peace regarding the loss.

Harvey (2002) emphasised a set of principles in the study of loss and trauma and proposed that major losses are relative and have cumulative effects. The experience of loss can contribute to new aspects of identity, and major losses involve adaptations related to an individual's sense of control. He also suggested that working on the meanings of the losses and learning how to give back to others based on lessons of loss are valuable coping strategies.

2.1.4 An integrative theory of stages of grief

Sanders has attempted to integrate a full range of aspects of psychological functioning in a stage theory of bereavement. This encompassed both behavioural and intrapsychic elements. She first began conceptualising grief and loss in 1979, when she published The Grief Experience Inventory (Sanders, Mauger, & Strong, 1979), a standardised measure of grief. The central tenet of this theory is that "...each of the psychological forces that operate during the process of grief also has a biological analogue that determines the physical well being of the individual" (Sanders, 1999, p.36). Sanders related her five phases of bereavement to the fight-flight theory of anxiety (Cannon, 1929), which focuses on changes in body functions under the control of the autonomic nervous system.

The first stage of grief in Sanders' (1999) theory is shock, wherein the bereaved person is in a state of confused disbelief. Adrenaline acts as a protection, allowing the individual to carry out any necessary rituals. However, at this stage, a feeling of numbness occurs, which, Sanders argued, protects the individual from experiencing, for the time being, the intense pain associated with the loss. Physical symptoms of this stage include a need for sighing, loss of muscular power, crying, uncontrollable trembling, startle response, sleep disturbance, and loss of appetite. Psychological aspects include a preoccupation with thoughts of the lost person, and psychological distancing.

The numbness begins to wear off and the painful reality of the loss starts to surface as stage two of awareness of the loss emerges. Separation anxiety occurs coupled with a great upsurge of emotions ranging across yearning, sorrow, anger, guilt, and shame. Sleep and other behavioural disturbances are also a prominent feature of Sanders' (1999) stage two.

In conservation/withdrawal, stage three, the individual begins to pull back and conserve energy that has been expressed so strongly in stage two. Sanders (1999) stated that "The constant battle of overflowing emotions takes its toll on the grieving person, who feels a need to rest" (p.38). This stage is often quite frightening for the bereaved person as it feels similar to depression whereby the individual is fatigued and finds it difficult to get through each day. Feelings of helplessness and despair dominate this phase as the individual realises all the crying, yearning and searching have failed to bring back the lost person. This stage is also characterised by a great deal of rumination and pre-occupation with the lost person. However, the bereaved person begins to see that new approaches to life and relationships must be made. With this realisation, the person begins to gather strength.

A turning point, and then healing, comes at Sanders' (1999) stage four, with the recognition of the possibility of a new life without the lost one. The individual begins to feel greater self-confidence, and a new identity begins to form, which may include relinquishment of old roles. The individual begins to place the lost person in memories, ruminating begins to dissipate, and there is a renewed sense of control over one's life. This stage is characterised by a search for meaning in life.

Most of the pain has subsided by stage five, that of renewal. The individual is not the same person as prior to the loss. "A sense of competency derived from accepting responsibility for oneself lends the strength necessary to try new things, meet new friends, and begin creating a lifestyle in which emotional needs are met" (Sanders, 1999, p.40). The sense of despair the individual felt in preceding stages has lifted, providing renewed feelings of stability.

2.1.5 Loss as a stressful life event: Stages of grief

Another stage theory of grief is the more general theory of trauma by Horowitz (1982) wherein loss is regarded as a trauma. The focus of grief in relation to trauma was further developed by his model of mourning (1990), an extension of his trauma theory, which focuses on schematic changes within a grieving individual. Horowitz' theory of trauma stands out as a more comprehensive framework that has the advantage of being extremely clear and concise. Further, this framework has been complemented by development of a self-report instrument measuring responses to the impact of stressful life events.

Horowitz (1982) developed a two-factor theory of trauma that can be related to any specific life event involving loss or trauma. The psychological dichotomies of intrusion and avoidance of certain cognitive and affective states constitute the two factors. He then expanded on his two-stage theory to explain how individuals cope with stressful life events.

Prior to adaptation to a stressful life event, primarily a significant loss, Horowitz (1982) saw the individual oscillating between states of intrusion and avoidance or denial. During denial states, the individual experiences a sense of detachment from the stressful event, possibly having difficulty recollecting the details or sequence of the stressful event, experiencing problems with perception and attention. Also, the person may present with many somatic complaints and withdraw. In contrast, during intrusion states, the individual experiences excessive alertness to environmental stimuli. He or she may also experience intrusive, repetitive thoughts, emotions and behaviours all related to the loss and what has been lost. Horowitz (1982) argued that many states of intrusion or denial could act as adaptive coping mechanisms, which have the potential to assist the individual to work through the stressful event with a gradual reduction in the two states. However, many people who experience a stressful or traumatic life event do not manage to work through the event to the point where functioning returns to baseline for that individual.

In line with several other theories, for example those of Bowlby (1980) and Parkes (1972), Horowitz (1982) asserted that successful grief resolution is dependent on the revision of inner cognitive models or schemas, so that they represent the individual's current life, rather than his or her life prior to the loss. In 1990, he argued that both intrusive thinking and avoidant behaviours concerning stress-related incidents such as loss, play a vital role in the formation of new and revised world models. Thus, representations of the loss stimulate "...reactive ideation that reflects

the discrepancy between the recent event and inner models of how it was, or was fantasised to be in the past" (p.91). Horowitz (1990) proposed that through intrusive mental processes, the reality of the loss is slowly recognised by the individual. If awareness of the loss is too overwhelming for the individual, avoidant processes may be activated to slow down the flow of distressing information and emotions. However, if avoidant behaviours dominate the grieving, essential processing of the loss is prevented and internal working models remain incongruent with reality, which can influence thinking, emotions and behaviour.

According to this theory, it is only when inner models are revised appropriately that intrusive and avoidant processes are reduced, and emotions related to the loss are not as distressing. Thus, intrusive and avoidant processes can actually serve to mediate the grief process, and act as coping strategies. However, when such processes are excessive, Horowitz (1990) noted grief reactions become extreme and problematic.

Against this background, Horowitz (1990) posited a model of mourning based on schematic changes in the grieving person. Like other stage theorists, Horowitz proposed that a grieving person goes through a series of phases, beginning with the phase of outcry, which is the immediate response to the news of the loss. Raw emotions such as fear, sadness and anger are evident in this phase. In addition, the individual may begin a bargaining process. It is in this phase that grieving people may either turn to others for support or isolate themselves and withdraw from the world.

This is often followed by a phase of denial, possibly existing alongside a feeling of numbness. Avoidant behaviours are the result of denial and are a consequence of active inhibitory efforts.

Avoidant behaviours are viewed as defensive with the aim of reducing emotional distress. From a psychoanalytic perspective, such conscious avoidance is suppression, and unconscious avoidant effort, repression (Freud, 1957). These avoidant processes are viewed as adaptive, allowing self-restorative periods. However, used excessively, those same behaviours can become maladaptive and thus, postpone advancement to resolution of grief.

Next, during the intrusion phase, reminders of the loss are prominent. Reminders may be in the form of visual images of the lost object, or memories. Horowitz (1990) stated that, "Conscious recognition of the significance of a loss to the self becomes prominent during the phase of intrusive re-experiencing of memories about the stressful event and the previous relationship to the person lost" (p.312). Feelings of guilt often emerge at this time and schemas are still incongruent. This phase is highlighted by a sense of emptiness.

The working through phase of grief is likely to then ensue, with recurrences of avoidant and intrusive phenomena. However, in this period, the states of intrusion and avoidance are reduced in intensity. Old schemas and new schemas begin to blend. "Before this adaptive end of mourning is reached, the schemas and memories of the relationship require review in order to decide what is now true, what is now fantasy, and to discriminate the present from the past" (Horowitz, 1990, p.316).

The completion phase marks the end of mourning and is characterised by a sense of self-coherence and the individual feels ready for new relationships. Horowitz (1990) stated, "As the bereaved person slowly develops schemas that match the reality of permanent separation, the work of grief gradually enters the completion phase" (p.322). Completion is said to occur when a

relative baseline is reached for the particular individual in that the person returns to a level of psychological and physical functioning as had been the case prior to the loss.

In association with conceptualising the theory described above, Horowitz, Wilner, and Alvarez (1979) devised the Impact of Event Scale, which assesses the degree of both intrusive and avoidant thoughts, feelings and behaviours, with regard to a particular stressful life event. This scale has been used to assess responses to a variety of life events, and has been used extensively to investigate grief reactions.

2.1.6 Varieties of grief

The theories of grief outlined above suggest that a grieving person moves through a process of various stages or phases and eventually arrives at a degree of resolution, while failure to work through these stages can result in unresolved and ongoing grief. However, several theorists have pointed to variations in this process, determined by particular personal and environmental circumstances.

2.1.6.1 Anticipatory grief

In the case of loss that can be predicted, Worden (1982) proposed that anticipatory grief refers to "...grieving that occurs prior to the actual loss" (p.108). He suggested that this maybe helpful for some who can begin to free themselves of the emotional ties prior to an expected actual loss, by beginning to move through the phases of mourning.

Harvey (2002) discussed further the efficacy of acknowledging anticipatory losses as a way of dealing with grief more easily. He indicated that, while prior knowledge of the loss may reduce the initial shock of the loss, he doubted that prior knowledge makes much difference to the overall grief process in the long run.

2.1.6.2 Pathological grief

Middleton, Raphael, Martinek, and Misso (1993) considered that the field was still struggling to operationalise and define normal grief, and therefore were much further away from defining abnormal grief. However, they stated that "When grief for a particular individual, in a particular culture, appears to deviate from the expected course in such a way that it is associated with excessive or prolonged psychological or physical morbidity, it may be labelled as pathological" (p.44).

Earlier, Rando (1986) had argued that bereaved parents are particularly likely contenders for experiencing unresolved grief. She noted a number of types of unresolved grief. For example, absent grief occurs when the bereaved person simply cannot acknowledge or accept the loss. Distorted or conflicted grief emerges when there is an exaggeration or distortion of one or more manifestations of what is considered normal grief. Finally, she described chronic grief, which tends to be based on the particular type of parent-child relationship from the parent's perspective and usually occurs in the event of an unexpected loss and a pathological investment in the lost person.

2.1.6.3 Disenfranchised grief

Doka (1989) proposed disenfranchised grief as grief that people experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported. The concept of disenfranchised grief recognises that societies have sets of norms that "...attempt to specify who, when, where, how, how long, and for whom people should grieve In any given society these grieving rules may not correspond to the nature of attachments, the sense of loss, or the feelings of survivors" (p.4). Doka listed examples of when grief may be disenfranchised, such as when the relationship with the lost one is not recognised, when the loss is not recognised, or when the griever cannot be recognised by society as someone who has suffered a loss.

This disenfranchised grief denotes an experience of mourning which is not viewed as acceptable because the loss experienced is socially stigmatised in some way. Harvey (2002) noted that along with disenfranchised grief necessarily comes a lack of social support.

2.1.6.4 Delayed grief

Delayed grief occurs when the pangs of grief and searching phenomena are delayed for more than two weeks after a loss (Jacobs, 1993). Here, there appear to be three variations of symptoms that may be present, namely emotional numbing or disbelief, severe depressive or pain syndromes, or virtually no signs of disturbance. Parkes and Weiss (1983) contended that the first variation of emotional numbing or disbelief is typically associated with a traumatic or sudden loss, which can lead to post-traumatic stress syndrome. The second variation may occur if there is a pre-existing depressive condition. The third variation presents a picture of superficial social relationships indicating an avoidance of interpersonal commitments. While any of these variations falls under the umbrella of delayed grief, the main contention is a delay in the onset of

separation distress. Jacobs (1993) stated that individuals with delayed grief often present at psychiatric services very much later than at the time of the loss, by which time the delay in grief is associated with more severe grief and major depression.

2.1.6.5 Inhibited or distorted grief

Inhibited or distorted grief refers to an inhibition of separation distress and an exaggeration of more non-specific symptomatology of distorted grief (Jacobs, 1993). Manifestations of distorted grief include somatic symptoms, overt hostility, self reproach, self destructiveness, affective blunting, overactivity or social withdrawal. Bereaved individuals with this type of grief often present with distorted symptoms, often at times of anniversary of the loss involved. Jacobs postulated that by the time of a first anniversary of a loss, the history of an inhibited pattern of grief is associated with chronic disturbances.

2.1.7 Criticisms of grief and loss theories

While the seminal work of Kubler-Ross (1969) set the foundations for much theorising and research in the area of grief, many theorists have attempted to conceptualise grief in a way that can be examined through empirical research. In this process, difficulties inherent in conceptualising the complexities of grief have been exposed, and theories have been open to critical analysis.

Critics of the Kubler-Ross theory and of other stage theories have argued that simply listing a number of ordered stages is too prescriptive and rigid. However, as noted above, closer examination of Kubler-Ross' (1969) work clearly indicates that she did not mean that progression

through the various stages is necessarily linear and, further, she suggested that at various points the grieving person may move back and forth from one stage to another (Small, 2001). However, further criticisms of stage theories have claimed that they do not take into account individual differences among people concerning the types and duration of symptoms they experience (Nolen-Hoeksema & Larson, 1999).

In an attempt to understand individuals' search for meaning in negative life events, Thompson and Janigian (1988) highlighted the very different operationalisations of finding meaning, and have pointed out there is no accepted definition of what finding meaning actually is. "Meaning in this sense of the word has important implications for the coping process, but is not what is meant by 'finding meaning'" (p.264). They held that any event has an implicit meaning to the people experiencing it, and that there is no need to search for this type of meaning. Rather, they proposed that the search for meaning is in fact a search for meaningfulness, and for understanding how the event fits into a larger context.

Wortman and Silver (1989) criticised four major assumptions inherent in the bereavement literature, namely that:

- (a) distress is necessary following a loss;
- (b) failure to experience grief-related distress is pathological;
- (c) it is crucial to "work through" the experience of loss; and
- (d) resolution and full recovery are to be expected after a loss.

In a review of available empirical evidence, Wortman and Silver concluded that these general assumptions were not grounded in fact, and that often it was the opposite that held true,

especially in the case of the necessity to "work through" the experience of loss. Harvey (2002) similarly stated, "I do not agree with the popular wisdom that we should seek closure....I think that the best we can do is to learn to live with loss. It transforms us, and we learn new meanings through it" (p.5).

Nolen-Hoeksema and Larson (1999) contended there has been little agreement about what constitutes grief and what constitutes pathological or abnormal grief. They not only challenged the assumption that bereaved people move through predictable stages, but, like Wortman and Silver (1989), they argued that depression may not always be a part of the grieving process and that working through the loss may not be vital to recovery. For example, in an 18 month follow-up study, Wortman and Silver (1987) had found that the more a sample of bereaved parents attempted to work through their grief and find meaning, the worse they fared. However, Nolen-Hoeksema and Larson (1999) asserted that the various grief models could serve as a guide, and that various aspects of a combination of grief theories may be useful in explaining grief. For example, they stated, "These models suggest that factors putting people at risk for maladaptive reactions to loss include having had an ambivalent relationship with the deceased, a tendency to be dependent on others for one's self-concept, an excessive sense of responsibility for the loss, and a tendency to deny one's emotions and avoid thinking about the loss" (p. 18). They also favoured some of the ideas from attachment theory that suggest that some losses, such as the loss of a child, may be more difficult to accept, and therefore create more difficulty in adjustment.

Bruce and Shultz (2001) argued that traditional grief models fail to take into account the persistence of grief in non-finite loss, proposing that loss is "...contingent on development; time; and dysynchrony with hopes, wishes, ideals, and expectations" (p.32). Further, they stated their

concern with the notion of completely coming to terms with a loss at a particular point in time. Bruce and Shultz argued against the position often stated in grief models that failure to absorb the full implications of a loss at a particular point in time results in grief necessarily viewed as pathological. They also highlighted the fact that both theoretical and empirical approaches to grief have neglected to examine the characteristics of grief that may be particular to differing types of losses.

Indeed, investigating grief attending experiences of loss other than death has been particularly helpful in illuminating the complexities of grief. For example, Davis and Shultz (1997) examined the grieving process for parents whose child had been diagnosed with schizophrenia. Divorce has been another actively investigated subject using a grief resolution framework. Crosby, Gage, and Raymond (1983) compared grief resolution in divorce to the Kubler-Ross model of grief resolution in bereavement.

Similarly, grief resolution frameworks have provided the theoretical foundation for some of the research on the grief of mothers relinquishing a child for adoption (Blanton & Deschner, 1990; Lancette & McClure, 1999; Watson, 1986). However, again similarly, these efforts to standardise and refine understanding of grief have seen considerable criticism. In this small body of relinquishing mother research, grief has been conceptualised and measured in a number of different ways, as discussed below.

2.2 Applications of grief theories in relinquishment investigations

While many studies of mothers relinquishing a child for adoption have defined grief very loosely, often measuring grief by asking a single question or a series of open ended questions not embedded in a theoretical framework, a few have attempted to place the experience within a theory of grief.

Millen and Roll (1985) examined relinquishing mothers' grief reactions following the framework set out by Parkes (1972). They suggested that in order to come to terms with a loss, a grieving person needs to come to the realisation that the loss is permanent. For the mother relinquishing a child for adoption, this process is complicated by the fact that the child is still alive, and often very much alive in the mother's thoughts and fantasies. Millen and Roll found many relinquishing mothers experienced the phase described by Parkes as "searching" for the lost child extensively.

While Watson (1986) did not base his research on a theoretical model, from his experience in the field and the data he had gathered from relinquishing mothers and workers in the field, he set out very clearly the grief process he believed relinquishing mothers experience. He applied the Kubler-Ross (1969) framework and postulated that the relinquishing mothers he had gathered data from did indeed go through the various stages of denial, anger, bargaining, depression, and a degree of acceptance. However, he argued that for the relinquishing mother, the grief process is more complex. For example, the first stage of the grieving process in this framework is denial, which takes on a new meaning in adoption. For many years, it was believed the relinquishing mother must forget about her child and move on with her life, thus, in a sense, perpetuating the denial. Watson stated that "Denial is the basis of the traditional adoption model. By design, the

grief process is never allowed to begin" (p.8). Watson suggested that when the grieving relinquishing mother breaks through the denial and anger takes over, she becomes racked with guilt and anxiety regarding her child's well being. The stage of anger, Watson found, was complicated by the fact that anger is often in association with a bargaining stage with the grieving individual asking questions such as "Why did this happen to me?", or "What could I have done to prevent the loss?". Watson found that at this point, for relinquishing mothers, these questions are met with answers such as "But I could have prevented the loss" and "I am responsible for the loss". Thus, anger can often turn inward, or as Watson discovered, can be directed toward external forces such as the agency involved in the adoption. However, he commented that when this anger was directed toward adoption agencies, complications arose when the agencies attempted to help the mothers after the relinquishment. The sadness stage of grieving is often a time when one begins to come to terms with the meaning of the loss. The focus shifts to the lost person which can be associated with "searching", such as searching for the lost individual in a crowd. However, Watson pointed out that for the relinquishing mother, this is complicated because the individual in the crowd may in fact be the relinquished child. Anniversaries such as the child's birthday becomes an anniversary of loss, but as Watson stated, "Each birthday reminds the birth parent of the child's continuing existence and supports the fantasy that the loss is not really permanent" (p.9). This has obvious implications for acceptance of the loss. Thus, Watson's account of relinquishing mothers' experiences framed within a grief stage theory has revealed itself to be an important exercise. It has shown that indeed, while the stages of grief are similar for the relinquishing mother to those who have experienced other losses, such as the death of a loved one, each stage is complicated by the lack of finality and uncertainty about the child. However, it must be noted that Watson's investigation lacked rigour, primarily in terms of methodology, and as Watson stated was "...not well organised and may not be from a representative sample...." (p.6).

As detailed in Section 1.5.1.2, of Chapter 1, Blanton and Deschner (1990) applied Sanders' Integrative Theory (1999) of grief and loss in their study comparing relinquishing mothers in open and closed adoptions. While there were many limitations of their study, their use of the Grief Experience Inventory was informative due to its comprehensiveness. Data from each subscale of the Inventory was reported, so that a breakdown of grief symptoms could be investigated and compared between the two groups. The two groups differed significantly on five subscales, with mothers in the open group feeling more socially isolated, expressed more difficulty with normal physical functions and had more physical symptoms, felt more despair, and expressed more dependency than the mothers in the closed adoption group. Overall, mothers in the open adoption group presented with more grief symptoms than those in the closed adoption group. Another advantage of applying this framework and subsequent inventory was the availability of comparative data for a group of parents bereaved by the death of their child. Results indicated that both groups of relinquishing mothers reported significantly more denial and gave more atypical responses than the bereaved group.

Lancette and McClure (1992) interviewed women who had relinquished their child in open adoption and found that the grief processes the women experienced were parallel to the stages of grief outlined by Kubler-Ross (1969). For example, relinquishing mothers told of an initial denial of the adoption, and a belief that somehow the adoption process would not be finalised. Following this denial, the relinquishing mothers reported feelings of anger toward a variety of sources including themselves, the adoptive parents, the biological father, and many professionals involved. Along with anger was a sense of guilt and a questioning of "Did I do the right thing?". Guilt was also associated with the actual pregnancy. Bargaining was described as an attempt to prevent or postpone the loss. For example, one relinquishing mother who was in the process of relinquishing her child for adoption, explained how she took the child home overnight to confirm

she was doing the right thing. The researchers noted that the participants also tended to experience unresolved grief relating to lost dreams or aspirations for the future, often revolving around the biological father.

Brodzinsky (1992) conceptualised grief as separation anxiety, which is characterised by the grieving person feeling an acute sense of longing or pining for the lost person. Brodzinsky measured grief by adapting the Perinatal Grief Scale and used the Active Grief subscale from it. Her rationale for using that particular subscale was that the items closely resembled statements relating to acute separation anxiety.

While not intended to be investigated within a theoretical framework, Davidson's (1994) findings with regard to the emotional well-being of relinquishing mothers were found to align with the categories of Horowitz' (1990) intrusive and denial states. For example, many relinquishing mothers reported constant intrusive thoughts of their child, involving both fantasies and dreams.

More recent studies have opted for a broader definition of grief. For example, McRoy and Grotevant (1998) chose to measure grief through coded interview transcripts where a specific theoretical model of grief was not the focus. Thus, grief was conceptualised as an holistic phenomenon encompassing aspects of a variety of models, such as the components of denial, depression, guilt, and an inability to move forward. Such components are included in all of the different theoretical models of grief in some form or another.

Overall, this body of empirical investigation reviewed above, has demonstrated that women who relinquish a child for adoption do indeed experience a number of characteristics of grief as outlined by several grief theories. However, the above review has shown that the grief experience for relinquishing mothers is not necessarily the same experience as that of individuals grieving as a result of loss through death. Furthermore, it seems that the field has not fully understood the actual nature of the loss involved in relinquishing a child. While the above review and theories of grief obviously focus on a lost object, it is often assumed, in relinquishment studies, that the loss is the loss of the child. However, some studies have found associated losses for the relinquishing mother. For example, Davidson (1994) found that the loss extended beyond the actual loss of the child. She stated, "She has not only suffered the loss of her child/ren, but the loss of her sense of wholeness, her sense of control over her life, and loss of self-esteem. "(p8). She also argued that relinquishing mothers suffer a loss of being accepted by society and perhaps may suffer the loss of adolescence, if the relinquishing mother was young at the time of her pregnancy. Davidson also found that a sense of loss was prevalent for some women in the area of relationships with the birthfather and some family members.

The research to date in this area has primarily been qualitative with varying degrees of rigour. Horowitz' (1982) and Sanders' (1999) theories stand out as theories that can be easily applied in empirical research, since both theories are accompanied by validated psychological instruments that provide a comprehensive picture of the processes and degree of grief resolution.

CHAPTER 3

CONCEPTUALISATION OF PRESENT STUDY

The published empirical research and relevant theory discussed in Chapters One and Two constituted the background against which the present research, an exploratory study, using a survey method, was formulated. This chapter begins its description of the conceptualisation of the present study by outlining the rationale of the study in terms of progress so far in this field of research. It goes on to define the particular variables of interest in the study, namely open adoption, the psychological adjustment of relinquishing mothers, and the experience of grief. This leads on to articulation of the aims and expectations of the study, and a summary of its overall design.

3.1 Rationale for a study of relinquishing mothers in open adoption

3.1.1 Empirical background to the study

As demonstrated in Chapter One, there is a substantial body of research into psychological outcomes in traditional, closed adoption. However, there are fewer investigations of relinquishing mothers in adoption than of the adopted child and the adoptive parents. Since relinquishment of a child for adoption has often been a secretive affair (Baran & Pannor, 1990) where silence abounds, it is not surprising that the research literature reflects this.

While open adoption has been practised in several locations since the 1970s, there are few studies that have systematically examined the effects of this practice on all those involved. As in closed adoption research, the experiences of the relinquishing mother in open adoption have been

less of a focus than those of the adoptive family and the child (Berry, 1991). To date, there has been little investigation of the effect of an open adoption system on the relinquishing mother.

As indicated in Chapter One, many studies have found the relinquishing mother's uncertainty about her child's well-being is one of the most common factors underlying anxiety relating to the relinquishment of a child. In closed adoption, research has indicated a high incidence of psychiatric disorders such as depression in relinquishing mothers, which lingers long after the relinquishment (Burnell & Norfleet, 1979). As also noted in Chapter One, the concept of psychological adjustment in relation to relinquishing mothers has been framed broadly. Some studies have examined satisfaction with the adoption arrangement and found generally that those involved in a more open adoption arrangement tended to be more satisfied with the adoption (Blanton & Deschner, 1990), and were more satisfied with the contact arrangements (Brodzinsky, 1992; Etter, 1993). Other studies have focused on psychological disturbances and have revealed that if the relinquishing mother has some degree of contact with her child, she is more likely to have fewer psychological disturbances related to the relinquishment (Brodzinsky, 1992; Etter, 1993; Lauderdale & Boyle, 1994; McRoy et al., 1988; Cushman et al., 1997; Grotevant & McRoy, 1998). Other studies have taken a further step and attempted to assess the degree of openness in relation to psychological adjustment. For example, Cushman et al. (1997) found that the more open the arrangement, the lower the degree of psychological distress.

While the growing body of evidence that suggests that the relinquishing mother in open adoption fares better psychologically than the relinquishing mother in closed adoption, the details of this evidence, as indicated in Chapter One, have been conflicting or at least difficult to interpret. The

fact that contact has not been defined with a common meaning, or not defined at all, has been problematic, as has been similar variations in the definition of psychological adjustment.

Research examining the impact of relinquishing a child for adoption in both closed and open adoption arrangements has charted the grief process involved in such an experience. Research into the grief process for closed adoptions has been well documented and a high proportion of relinquishing mothers have been found to experience profound grief for many years following relinquishment. With the introduction of the open adoption system, this grief process has the potential to take on a slightly different form, as highlighted by the introduction of a few studies that have concentrated on the grief process. However, only a few of these studies, such as those of Blanton and Deschner (1990) and Brodzinsky (1992), have used a standardised measure of grief to complement the important qualitative research that has been conducted so far.

The research published so far has largely been conducted in the United States. After two decades of open adoption in the State of Victoria, no Australian research has been reported in the literature on the experiences of relinquishing mothers in open adoption. This is in the context of only two published studies of closed adoption in Australia, those of Winkler and van Keppel (1984) and Condon (1986).

3.1.2 Theoretical background

Theoretical discussions relating to the relinquishment of a child, especially in open adoption, have been limited, with the focus of work to date being empirically driven. It would seem that there are a number of reasons for this. Since there are now relatively small numbers of

relinquishing mothers in the western world, together with only a small body of research, development of theory may be viewed as premature. In addition, when consideration is given to the fact that the relinquishment experience can include a number of experiences that may fall within a number of theoretical frameworks, such as grief and stress and coping, the result has been a general lack of theoretical understanding of the relinquishment experience and the psychological adjustment issues involved.

However, as discussed in Chapter Two, it seems that grief is central to relinquishment and a number of studies investigating closed adoption, and more recently, a small number of studies investigating open adoption have, to varying degrees, applied grief theory in the research. The present study was conceptualised with this in mind, and aimed to explore the relationship between the relinquishment experience and existing theories of grief, in the context of exploring the general psychological adjustment of relinquishing mothers. The theories selected for particular attention here were those of Horowitz (1982) and Sanders (1999). It was felt that both of these theories are useful in their comprehensiveness in both conceptualisation and measurement. In addition, it was felt that the use of both these theories and their accompanied instruments would provide a background for a rounded picture of the grief experience of relinquishing mothers.

3.1.3 Open adoption, psychological adjustment, and grief

As indicated in Chapter One, the research literature on relinquishing mothers in closed adoption has often focussed on psychological adjustment and grief. In particular, the Australian study by Winkler and Van Keppel (1984) found a significant relationship between psychological adjustment and the relinquishing mother's sense of loss. Therefore, the present study has

investigated psychological adjustment and grief in an effort to understand the impact of open adoption on these two central phenomena.

3.2 Variables of interest: Definitions

The present study used standardised measures, which are related to the conceptual definitions outlined below.

3.2.1 Definition of open adoption in the present study

As noted by many researchers and workers in the field, such as Baran and Pannor (1990), there has been a lack of uniformity in the definition and practice of open adoption. Like the study conducted by Grotevant and McRoy (1998), the current study defined "openness" on a continuum, with openness constituting *any form of contact between the relinquishing mother, the adoptive parents and/or the child, post-placement. It is considered to include the giving to the birthmother information about the child in any form with information forwarded from the adoption agency annually or less at one end of the continuum, through to face-to-face meetings with the child and adoptive parents on a regular basis, at the other end of the continuum.*

3.2.2 Definition of psychological adjustment in the present study

While the research literature concerning adjustment and contact, as indicated in Section 3.1.1 above, has suggested that some degree of contact tends to result in better psychological adjustment for the relinquishing mother, definitions of psychological adjustment in this area of research has often been lacking. Winkler and Van Keppel (1984) assessed psychological

adjustment a number of ways, including through the use of the General Health Questionnaire, a global measure of psychological distress, and through a single item question asking participants to rate their feelings concerning their level of adjustment to the relinquishment. Significant correlations were found between the two, supporting the notion posited in the present study that a large part of any difficulty in adjustment to the relinquishment is psychological distress. Therefore, the present study has defined "psychological adjustment" as *an absence of psychological distress, and a presence of satisfaction with life, and positive quality of life.*

3.2.3 Definition of grief in the present study

The present study drew on the theories of Sanders (1979) and Horowitz (1990), and was designed to measure grief according to the standardised scales developed by both authors (The Grief Experience Inventory and The Impact of Event Scale). Thus, the present study has defined "grief" as *a response to a stressful life event involving loss that encompasses physical, psychological, and behavioural changes in the grieving person.*

3.3 Aims and expectations of the present study

3.3.1 Aims

The overall aim of the present research was to investigate the experiences of relinquishing mothers involved in open adoption. The first aim was to document the actual experience of open adoption with regard to patterns of contact. The second aim was to investigate the associations between contact and relinquishing mothers' psychological adjustment and grief resolution regarding the relinquishment.

3.3.2 Hypotheses

A series of eight hypotheses was constructed to aid exploration of the factors considered relevant to an understanding of the psychological effect of relinquishing a child in an open adoption. The rationale for each hypothesis precedes the presentation of that hypothesis below. The rationale underlying individual hypotheses was sometimes grounded in past research, and sometimes in theoretical considerations. The two particular aspects of psychological adjustment and grief took their cue from the landmark Australian study in closed adoption by Winkler and van Keppel (1984).

3.3.2.1 Associations between psychological adjustment and contact

As indicated in Chapter One, the research to date has generally suggested that relinquishing mothers in open adoption are better psychologically adjusted than those in closed adoption. However, as previously noted, the term 'psychological adjustment' has been used broadly and has encompassed a range of psychological experiences. For example, some studies have chosen to focus on psychological distress symptoms (eg., Brodzinsky, 1992; Etter, 1993; Lauderdale & Boyle, 1994; McRoy et al., 1998; Cushman et al., 1997; Grotevant & McRoy, 1998). Other studies have focused on satisfaction with the adoption (eg., Blanton & Deschner, 1990).

Therefore, in an attempt to investigate the relationship between each aspect of psychological adjustment as described above, and contact, the following hypotheses were formulated.

Hypothesis 1: There will be a positive association between the frequency of contact relinquishing mothers have, and their degree of psychological adjustment.

Hypothesis 2: The psychological adjustment of relinquishing mothers will differ according to the type of contact they experience.

While research has often included relinquishing mothers' satisfaction with the adoption per se, the present study was planned to focus on the specific aspect of contact with the child and/or adoptive family. Thus, hypotheses relating to satisfaction were to be specific to the experience of contact. Like that of Brodzinsky (1992) and Etter (1993), the present study sought to investigate relinquishing mothers' satisfaction with the actual contact arrangements. While Henney et al. (2004) investigated birthmother satisfaction with contact arrangements, possible associations between satisfaction with contact and psychological adjustment and grief were not explored. To date, Brodzinsky's (1992) study has been the only one reported that has investigated potential associations between relinquishing mothers' satisfaction with contact and psychological adjustment and grief.

Implied then, by previous findings relating to satisfaction with adoption, the findings of Brodzinsky (1992) and Henney et al. (2004), and broader findings relating to the psychological adjustment of relinquishing mothers, the following hypotheses were formed.

Hypothesis 3: There will be a positive association between relinquishing mothers' satisfaction with contact and their degree of psychological adjustment.

Hypothesis 4: There will be a positive association between the frequency of contact relinquishing mothers have, and their degree of satisfaction with contact.

Hypothesis 5: Relinquishing mothers' satisfaction with contact will differ according to the type of contact they experience.

3.3.2.2 Associations between levels of grief and contact

The limited research to date has tended to reflect the argument put forward by advocates of open adoption that contact facilitates the resolution of grief. As evidenced in Chapter One, with the exception of those of Blanton and Deschner (1990), research findings have indicated that a degree of openness in adoption assists the relinquishing mother to move through the stages of grief, and helps her come to terms with her loss (eg: Hughes, 1995; Grotevant & McRoy, 1998). These conclusions led to the framing of the next hypothesis.

Hypothesis 6. There will be a negative association between the frequency of contact relinquishing mothers have, and the level of grief reported.

Implied by Hypothesis 6, an additional hypothesis was devised.

Hypothesis 7. The grief of relinquishing mothers will differ according to the type of contact they experience.

As noted above in relation to Hypotheses 3, 4, and 5, only Brodzinsky (1992) has reported investigating the association between satisfaction with contact and psychological adjustment, and satisfaction with contact and grief in relinquishing mothers. The broader research discussed in Chapter One and the findings of Brodzinsky (1992) informed the following hypothesis.

Hypothesis 8: There will be a negative association between relinquishing mothers' satisfaction with contact and the level of grief reported.

3.4 Overall design of the study

The study was planned as a survey of relinquishing mothers who had relinquished a child for adoption between 1984 and 2000 in Victoria, Australia. The proposed sample obviously needed to be self-selected and, therefore, it was anticipated that it could be biased towards participants who were not experiencing adjustment problems. However, there did not appear to be an alternative way of recruiting relinquishing mothers. All the same, it could equally be argued that relinquishing mothers who were experiencing significant adjustment problems may also be likely to volunteer to participate, in the hope that their concerns would be heard and recognised by adoption agencies and professionals in the field. The study involved standardised measures used in previous studies of relinquishing mothers in adoption, and broader standardised measures that have been used in studies of loss and psychological adjustment.

CHAPTER 4

METHOD

This chapter describes the method of the present study. First, the method employed to identify and recruit participants is outlined together with the response to the questionnaire. This is followed by a description of the sample. Data collection instruments are then explained, followed by details of the variables under investigation. The method relating to the data analysis conducted is described in Section 5.4 of Chapter Five, which reports the findings of the study.

4.1 Overview of method employed

The study aimed to gather questionnaire data from a sample of at least 40 participants, to ensure statistical validity in this quantitative study.

A questionnaire was designed which combined:

- (a) a series of questions relating to factual details and emotions about the relinquishment;
- (b) adapted standardised psychological measures; and
- (c) demographic details.

Participants were asked to complete all or any of the questionnaire and to return it to the researcher.

Interviews with participants were also planned to follow the completion of the questionnaire part of the study. However, the wealth of information collected from the questionnaire, and additional informal qualitative information gleaned from telephone calls from relinquishing mothers and additional notes on the questionnaires, rendered the inclusion of formal interviews beyond the scope of this project, since it became clear that a qualitative investigation would be in itself a major research project, outside the scope of the present study.

4.2 The sample

This section outlines the two methods used for recruitment of participants and the response to the questionnaire. This is followed by a description of the characteristics of the final sample.

4.2.1 Recruitment of participants through adoption agencies

Birthmothers who relinquished a child under the age of 12 months for adoption after 1984, when open adoption was introduced in Victoria, Australia, through two family support agencies operating in Victoria, were asked to participate. The agencies that collaborated in the study were the Adoption and Permanent Care Program of Uniting Care Connections, formerly Copelen Family Services, in Melbourne, and Centacare Family Services, formerly Catholic Family Welfare Bureau, also in Melbourne.

The agencies were asked to identify all mothers on their files who had relinquished a child between 1984 and 2000. The agencies then sent to those a letter introducing the researcher. This Introductory Letter, presented as Appendix A, did not refer to the specific nature of the research, but rather it was a general invitation to all previous clients of the relevant agency to consider

participating in a research project. The Introductory Letter was deliberately vague as to the nature of the research so that it would be unlikely that anyone who may have read the letter, other than the potential participant, would know what the research was about. Since the agencies involved in the present study primarily dealt with adoption and permanent care, it was assumed that when the birthmothers realised it was the agency involved in their child's adoption, they would know the topic of the research. The letter informed potential participants that they could request further information about the project by completing a Mailback Form, presented here as Appendix B, which was attached to the letter, and posting the form in the reply paid envelope provided. This envelope was addressed to the researcher. The Mailback Form offered the potential participants two ways of contacting the researcher for more information. The first way was to supply an address so that the researcher could mail out further information. The second was to supply the researcher with a telephone number so that the researcher could make telephone contact.

The Introductory Letter also stated that the potential participant could contact the agency for more information. A worker at each agency was appointed as the contact for such inquiries and was provided by the researcher with answers to potential questions or problems raised by prospective participants.

Once potential participants returned the Mailback Form or contacted the agency requesting more information, an Explanatory Statement concerning the project, presented as Appendix C, and the survey Questionnaire itself, presented as Appendix D, were mailed to them. A reply paid envelope was also included. Consent was inferred from completion and return of the questionnaire. Each questionnaire was numbered and a tear off section was attached to the

questionnaire, presented as Appendix F, with the corresponding number on it, so that in the event that the participant wished to withdraw from the project, she could do so anonymously by contacting the researcher and requesting that this numbered questionnaire be destroyed. This procedure was explained in the Explanatory Statement, Appendix C. At the end of the questionnaire, participants were asked if they would be interested in participating in an interview with the researcher. Participants could indicate their interest and nominate a preferred way for the researcher to make contact with them for interviews, presented as Appendix E. Similarly, if participants wanted a summary of the findings, they could do so by completing the bottom section of the request for interviews page (see Appendix E) at the end of the questionnaire.

In the Introductory Letter, and at the end of the questionnaire, contact details of the researcher and supervisor were included, and participants were informed they could contact either if they had any questions or concerns about the research.

4.2.2 Recruitment of participants as a result of media coverage

The study was publicised through the media by a series of radio interviews and local newspaper advertisements. The researcher's contact details were advertised and any potential participants could either contact the researcher by telephone or mail, for more details. Upon such contact, the mail questionnaire procedure was identical to that described above for agency-referred participants.

4.2.3 Response to the questionnaire

The number of infants that were relinquished for adoption in Victoria between 1984 and 2000 was 1,209 (Australian Bureau of Statistics, 1985; Australian Institute of Health & Welfare, 2004). In terms of participants recruited through the adoption agencies, an overall total of 337 letters introducing the study and the researcher were mailed out by the two adoption agencies involved, to the birthmothers on their records. Fifty-two mothers subsequently contacted the researcher and requested questionnaires be sent to them. Of the 52 questionnaires sent out, 26 completed questionnaires were returned. While it was expected that more relinquishing mothers would have responded to the Introductory Letter sent by the agencies, it must be noted that this study investigated adoptions that had occurred from 1984 onwards and thus, for many of these adoptions, address details for some of the relinquishing mothers would have been out of date. Unless relinquishing mothers keep in contact with the adoption agency, usually for the purpose of contact with their child, agencies do not necessarily have current information about past clients. Thus, it is unclear how many of the 337 potential participants actually received the information about the research.

Many relinquishing mothers had contacted the researcher for information about the study as a result of the media coverage. However, a number of these women who wished to participate were not eligible as they had relinquished their child before the period under investigation. Four women who were eligible agreed to participate and completed the questionnaire.

4.2.4 Characteristics of the sample

The final sample consisted of 30 participants, rather than 40 as planned. Additional participants were not sought because of the time constraints of the study. Of these 30, 26 were recruited

through one of the two adoptions agencies involved in the research, and four were recruited after they had contacted the researcher directly, as a result of the media coverage relating to the research.

Responses of participants to the questionnaire were often detailed and fulsome. In addition, 21 participants indicated they would like to be subsequently interviewed (as part of another project not reported here).

During the course of the study, the researcher was contacted by, and spoke with more than 50 women who had relinquished a child for adoption, who heard about the research through the media and adoption networks. Some of these women were interested in participating in the research, but did not relinquish a child for adoption within the timeframe required by the criteria of the study. Conversely, many of these women did in fact relinquish a child for adoption within the specified timeframe, but expressed their profound grief and sadness concerning the relinquishment, and stated that their grief was too great to be able to participate in a questionnaire-based study. However, the women who felt unable to participate welcomed the opportunity to informally speak to the researcher, often at great length. These women were offered details of counselling agencies with which they could make contact, as appropriate.

Some of the mothers who participated in the study expressed to the researcher their difficulty with the questionnaire and telephoned the researcher to talk them through some of the questions. One mother was visited by the researcher to assist with the completion of the questionnaire. The difficulties these particular women experienced with the questionnaire were not the questions on the survey, but rather the emotionally challenging aspect of participation. In other words, some

women required the researcher to provide emotional support during completion of the questionnaire. However, it must be noted that all the participants, including those who required support from the researcher, were keen to participate, as many of them stated that the study was the first time they had had their personal stories heard.

The mean age of the participants at the time of the study was 34.03 years. The mean age at the time of relinquishment was 21.37 years, and the mean time since the relinquishment was 11.83 years, with the most recent relinquishment occurring two years prior to the study, and the longest time since relinquishment was 16 years prior. The mean number of other children now living with the participants was 1.95.

The mean educational level of participants was a high school qualification, and 67% of the sample was engaged in paid employment at the time of completing the questionnaire.

Table 2 on the next page shows the marital status for participants in the sample.

Table 2

Marital Status of Participants

Marital Status	Frequency	%
Married	14	46.7
Defacto	6	20.0
Single	6	20.0
Divorced	3	10.0
Total	29	96.7
Missing	1	3.3
Total	30	100.0

Table 2 shows that the highest percentage was married respondents, totalling nearly 50% of the sample, with 20% in a defacto relationship, while 20% were single, and 10% were divorced. None reported being widowed.

Participants were provided with a checklist of possible reasons for the relinquishment. Participants could nominate any number of reasons and could also write any other reasons that were not on the checklist. Table 3 on the next page shows the breakdown of these reasons.

Table 3 shows that half the sample indicated that their young age was a reason for the relinquishment, with just over two thirds of the sample indicating their single status as being a reason. Seventeen mothers reported that other people, namely their parents or the child's birthfather had influenced their decision to relinquish.

Table 3

Reasons for Relinquishment

Reason	n	Reason	n
Too young	15	Wishes of mother	8
Physical health	2	Wishes of father	4
Emotional health	12	Wishes of child’s father	5
Finances	12	Other – Wanted to give child more opportunities	3
Single	21	Other – Wanted child to have two parents	2

Note: Participants could nominate any number of reasons and many nominated more than one reason.

4.3 The questionnaire

The format for the data collection was the questionnaire, presented as Appendix D. It constituted three sections. The first section consisted of questions relating to the adoption experience. The second section comprised separate psychological instruments, and the final section elicited demographic information. The psychological instruments were the General Health Questionnaire (GHQ), Impact of Event Scale, Grief Experience Inventory, Satisfaction with Life Scale and the Delighted-Terrible scale. The following is a description of each section. The sequencing of the particular instruments in the questionnaire was designed to be easy for participants to approach.

4.3.1 Section 1: Adoption details

The Adoption Details part of the questionnaire contained 31 questions relating to the adoption experience. This is presented as Appendix D1. Some questions were open ended and some invited responses on Likert scales. Many of the questions were taken directly from, or were adapted from the Winkler and Van Keppel (1984) study, as these questions were believed to be

pertinent to the current research. Areas covered in this section included details about the adoption as well as the type of contact initially agreed to. Satisfaction with contact was also elicited in this section, measured on a 4-point Likert scale ranging from 1 (very unsatisfied) to 4 (very satisfied).

Many of the questions from this section were drawn from the Winkler and Van Keppel (1984) study.

4.3.2 Section 2: Psychological instruments

4.3.2.1 Psychological adjustment measures

As mentioned previously, the present study defined psychological adjustment as *an absence of psychological distress, and a presence of satisfaction with life, and positive quality of life*.

Psychological distress was measured by the GHQ, satisfaction with life was measured by the Satisfaction with Life Scale, and perceived quality of life by the Delighted-Terrible scale.

Each instrument is described in the following sections.

4.3.2.1.1 General Health Questionnaire (GHQ)

Developed by Goldberg (1972), the GHQ has been widely used to measure psychological well being, and assesses a range of psychological and physical symptoms that relate to adjustment, such as self esteem, depression, and anxiety.

The GHQ contains positively and negatively worded questions falling roughly into two classes of phenomena, those relating to the ability to carry out normal functions (positive items) and the appearance of new, distressing phenomena (negative items) (Whittington and Huppert, 1998). It consists of 30 statements, each of which respondents must rate on the degree to which it is true of them over the last few weeks. Responses range from Better than usual to Much less than usual.

The GHQ has been used to examine degrees of psychological distress where loss is involved. In a study of distress patterns following conjugal bereavement, Vachon, Sheldon, Lancee, Lyall, Rogers, and Freeman (1982) used the GHQ to measure psychological distress. In the Vachon et al. (1982) study, statistically significant correlations were observed between a number of items indicative of poor adaptation to bereavement such as the use of sedatives, the identification of widowhood as "very stressful", the perception that one needed to keep up a front instead of expressing feelings, and GHQ scores of 5 or above using the clinical scoring method. The authors concluded that "The consistent correlations between high GHQ scores and items of this type support the validity of the GHQ to define distress in this population" (p.25).

The GHQ has also been used to assess psychological well being of mothers who have relinquished a child for adoption. In particular, the GHQ was used to assess the psychological well-being of relinquishing mothers in adoption in Australia by Winkler and van Keppel (1984). Field (1992) also used the GHQ as a measure of psychological well being when he investigated the psychological adjustment of relinquishing mothers before and after a reunion with their children.

There are a number of versions of the GHQ (eg: GHQ 60, 30, 28 and 12). The present study chose the GHQ 30 as it was a shorter version of the GHQ 60, the original GHQ version. While some researchers investigating psychological distress have used the GHQ 28 (eg: Winkler and Van Keppel, 1984), which provides scaled scores for a number of dimensions, the present study was not concerned with individual scaled scores, and was primarily interested in overall psychological distress. In addition, the GHQ 30 provides a clinical scoring method as well as the usual scoring method, thus allowing the identification of clinical cases. Two scoring methods were used in the present study. The first was the 4-point Likert method (0-3), where high scores indicate higher levels of psychological distress. This method is consistent with the method used by Field (1992). The second was the clinical scoring method of 0011, in order to identify clinical cases (of over 5 points). The 4-point Likert scoring method was used in the calculation of hypotheses unless otherwise stated.

The GHQ 30 has been well validated and provides normative data for a range of populations. Convergent validity of the GHQ 30 has been found to range from $+0.48$ to $+0.78$, and split half reliability has been reported to be $.95$ (Goldberg & Williams, 1988). It has good internal consistency with an alpha coefficient of $.87$ (Goldberg & Williams). The GHQ 30 also has good validity and when compared to the Clinical Interview Schedule, the correlation coefficient was $.72$ (Goldberg & Williams, 1988).

The GHQ is presented as Appendix D2.

4.3.2.1.2 Satisfaction with Life Scale

The Satisfaction with Life Scale is a short, five item inventory relating to current life satisfaction. This scale was devised by Diener, Emmons, Larson, and Griffin (1985) as a result of a lack of general life satisfaction measures. Specifically, the Satisfaction with Life Scale provides a measure of the subjective judgmental component of life satisfaction. Items are positively worded and participants are asked to rate their agreement with the self description statements, ranging from 1 (strongly disagree) to 7 (strongly agree). Individual scores are obtained by adding the ratings for each item. Scores on the test range from 5 (minimal life satisfaction) to 35 (best possible life satisfaction).

Factor analysis has revealed that the Satisfaction with Life Scale appears to measure a single dimension, which was found to account for 66% of the variance (Diener et al., 1985).

The Satisfaction with Life Scale has demonstrated good construct validity. For example, it has been shown to be negatively correlated with clinical measures of distress such as the Beck Depression Inventory ($r=.72$) (Diener et al., 1985). The Satisfaction with Life Scale provides a relatively stable measure of life satisfaction with a two month test-retest reliability stability coefficient of .82 (Diener et al., 1985).

The Satisfaction with Life Scale is presented in Appendix D5.

4.3.2.1.3 The Delighted-Terrible scale

The Delighted-Terrible scale (Andrews & Withey, 1976) was developed to assess perceived global quality of life measured as a 7-point single item. High scores indicate greater perceived quality of life.

Validity analysis on 222 adults in Ohio, United States, showed a median validity co-efficient of .82, and test retest reliability has been found to be .70 (McDowell & Newell, 1987). Further, Lehman, Ward and Linn (1982) reported internal consistency reliabilities between .74 and .87 on a sample of individuals diagnosed with a chronic mental illness.

The Delighted-Terrible scale is presented in Appendix D5, following the Satisfaction with Life Scale.

4.3.2.2 Grief measures

Data gathered from two grief measures were used in an effort to capture the complexity of existing grief theories, as the present study is grounded in theory via the grief measures.

As stated previously, the present study defined grief as a response to a stressful life event involving loss that encompasses physical, psychological, and behavioural changes in the grieving person. Following is a description of the grief measures used in the study.

4.3.2.2.1 Impact of Event Scale

This inventory, created by Horowitz et al., (1979), assesses the degree of both intrusive and avoidant thoughts, feelings, and behaviours with regard to a particular stressful life event. This scale can be adapted to suit any stressful life event and has been used to assess the impact of a variety of life events. The Impact of Event Scale is one of the most widely used instruments for the assessment of a post-traumatic event.

The Impact of Event Scale was developed on the basis of Horowitz's two-factor theory that can be related to any specific life event. The dichotomies of intrusion and avoidance are the basis for the two-factor theory, and thus, the Impact of Event Scale. For example, the scale taps into intrusively experienced ideas, images, feelings and dreams and the avoidance of ideas, feelings, or situations. The items were developed from statements by people who had experienced a recent life event that was perceived to cause considerable distress to the individual. Approximately half of the pilot sample had experienced bereavement. The utility of the Impact of Event Scale is that it can be applied to any distressing life event (Joseph, Williams, & Yule, 1997).

Acceptable reliability levels (ie. $r = .86$) for the Impact of Event Scale have been cited (Horowitz et al., 1979; Perkins and Tebes, 1984; Zilberg, Weiss, & Horowitz, 1982). High levels of internal consistency for the subscales, calculated using Cronbach's alpha, have also been reported (intrusion = .78, Avoidance = .82), (Horowitz et al., 1979).

For the purpose of measuring relinquishing mother's grief, the Impact of Event Scale was considered an appropriate instrument as loss of a child is clearly a specific event. Maercker,

Bonanno, Znoj, and Horowitz (1998) investigated thematic parameters of complicated grief among a sample that had lost a spouse. The Impact of Event Scale was used together with other self-report measures such as the Revised Texas Inventory of Grief and a narrative interview. Negative themes were most strongly related to the intrusion and avoidance scores on the Impact of Event Scale. Further, Jacobs (1987) indicated that these two dimensions are relevant at any time in the course of dealing with the distress of loss.

The Impact of Event Scale is a self-report measure where scores are obtained by assigning the weights 0, 1, 3 and 5 to the frequency categories of Not at all, Rarely, Sometimes, and Often, respectively. In order to anchor the scale to a stressful life event, respondents are asked to respond in relation to a particular event, and, in the case of the present study, this was the relinquishment of a child. The items were considered in regard to two time periods:

1. At the time of relinquishment
2. At the time of the study

Responses for an additional time period of the child's first birthday was sought but not reported in the present study. This time period was not included in the write up of this study as it was felt that the two time periods reported provided a complete picture. Furthermore, the two time periods that were reported from responses to this scale were the same time periods reported for the other grief scale, namely the Grief Experience Inventory. This resulted in concise analyses of these two time periods.

The Impact of Event Scale was initially designed to provide a unitary total trauma score. However, in its construction, while a positive correlation was found between the two subscales,

it was not strong, ie. $r = .42$ ($p > .002$) (Horowitz et al., 1979). Therefore, the majority of studies employing the Impact of Event Scale use the scores from the two subscales separately. However, some studies have revealed much higher correlations between the two subscales and have therefore used one combined score (eg., Zilberg et al., 1982; Sprang, 2001; Finnsdottir and Elklit, 2002).

In the Impact of Event Scale, intrusion items are items 1,4,5,6,10,11,14 and avoidance items are items 2,3,7,8,9,12,13,15. The scale is presented as Appendix D3.

4.3.2.2.2 The Grief Experience Inventory - Adapted Loss Version

The Grief Experience Inventory (Sanders et al., 1985) was constructed from a Q-sort technique that sought to quantify data from individual interviews of bereaved persons. The inventory consists of 135 statements found to be most frequently associated with grief and bereavement. Respondents are asked to rate each statement as either True or False as it relates to their experience.

The Grief Experience Inventory is based on the assumption that grief is a multidimensional experience. It provides a profile of grief reactions across nine dimensions and is divided into three parts. The first involves bereavement/loss scales pertaining to despair, anger/hostility, social isolation, loss of control, somatisation, guilt, rumination, depersonalisation, and death anxiety. The second part consists of validity scales pertaining to denial, atypical responses, and social desirability. The final part consists of research scales which consist of sleep disturbance, loss of appetite, loss of vigour, physical symptoms, optimism/despair, and dependency.

A shortened version of the Grief Experience Inventory has been devised to measure non-death loss situations. Items from the original version that directly relate to death are omitted in the loss version. Specifically, the scales of guilt, rumination, and depersonalisation are omitted from the non-death version. Thus, the non-death version, known as the Grief Experience Inventory loss version, contains 104 items.

The Grief Experience Inventory loss version was found to display good reliability and validity across several reference groups (Sanders et al., 1985). Test-retest reliabilities for bereaved individuals at a 19 month interval, and a College student's sample at a nine week interval are presented in the Grief Experience Manual, and is presented here as Appendix G.

Evidence for the validity of the Grief Experience Inventory was the comparison between bereaved and non-bereaved individuals, resulting in significant differences at the .001 level on all of the scales (Sanders et al., 1985). The Inventory was also shown to be sensitive to different types of bereavement. Sanders et al. reported that on their comparative analyses, the loss of a child rated as significantly more devastating than the loss of a spouse or parent.

While some researchers have claimed that the Grief Experience Inventory is a comprehensive grief measure (eg., Hansson, Carpenter & Fairchild, 1993), others have not been convinced of its usefulness. Burnett, Middleton, Raphael, and Martinek (1997) held that it has a number of flaws. For example, they argued that while the inventory is designed to be used prospectively, and to map changes over time, leading items do not refer to a state of grief, for example, "It is difficult

to part with the clothing and personal articles of the deceased" or "Immediately after the death I felt exhausted".

Other doubts cast over the efficacy of the Grief Experience Inventory, raised by Brodzinsky (1992) and Burnett et al. (1997) concern the dichotomy of true/false response choices, and the total score being based on the number of true/false responses for each of the scales. These authors argued that this does not account for frequency of experiences.

In his review of bereavement measures, Jacobs (1987) asserted that the 135 inventory items of the full version were indeed specific for bereavement. However, the items have been criticised for doubling up. For example, it has been argued, for example, by Burnett et al. (1997), that many of the items are extremely similar, or that the same item is simply restated a different way.

The present study compiled a set of items that were taken from both the original Inventory and the loss version. Rather than use the loss version (non-death version) of the inventory containing 104 items, it was felt that many items from the death version (full 135 item version) were applicable. For example, guilt has long been cited (eg., Watson, 1986; Lancette and McClure, 1992; Logan, 1996) as a factor in relinquishment and, therefore, many guilt items from the death version were included. Thus, the final set of items in the present study included items that were not only relevant to relinquishment, but were also representative of most of the scales in the full version of the Grief Experience Inventory.

Considering the criticism of Burnett et al. (1997) that many of the items on the Inventory are similar, together with the need to consider the length of the questionnaire used in the present study, items that appeared to be similar to others were deleted. In addition, the selected items for the present study were those that were felt to be more applicable to the relinquishment of a child, rather than the death of a child. The final set in the present study contained 56 items.

To address the concern of Burnett et al. (1997) regarding the questionable ability of the Inventory to map changes over time, the present research used the Grief Experience Inventory to explore two different time points, namely during the week the child was relinquished and during the last seven days (at the time of the study).

To address the concern also raised by Burnett et al. (1997) that the true/false response choice does not allow for exploration of frequency of experiences, the present study sought to identify degrees of, and frequency of the experiences, feelings, symptoms, and behaviour. Thus, participants were asked to rate each item on a 5-point Likert scale ranging from 1 (Not at all true for me) through to 5 (Constantly true for me). Thus, high scores meant high levels of grief and low scores corresponded to low levels of grief.

Since both versions of the Grief Experience Inventory do not have equal numbers of items for each scale, the present study does not either. However, as with both versions, the present study included some items which were included in more than one scale. For example, "I felt exhausted" appears in both the despair scale and the loss of vigour scale.

In the present study, the frequencies of scaled items for the Grief Experience Inventory are presented in Table 4.

Table 4
Frequencies of Scaled Items in the Grief Experience Inventory in the Present Study

Scale	Frequency	Scale	Frequency
Guilt	3	Rumination	4
Loss of control	6	Depersonalisation	2
Loss of vigour	3	Physical symptoms	4
Despair	15	Atypical	6
Optimism/Despair	2	Anger/Hostility	3
Social isolation	6	Somatisation	10
Sleep disturbance	2	Loss of appetite	3

A few items from the death version were reworded to fit more with the relinquishment experience. For example, "I sometimes have difficulty believing the death has actually occurred" was changed to "I had difficulty believing that my child was placed for adoption". Similarly, while some false items remained the same, for example, "I seldom felt depressed", and were reverse coded, other false items were reworded to the positive. For example, "It was not difficult to maintain social relationships with friends" became "It was difficult to maintain social relationships with friends". This was done for ease of understanding by participants.

In the present study, scores were summed and total scores obtained for a total grief score for the Grief Experience Inventory at the first timepoint which was at the time of relinquishment, and a total grief score for the second timepoint, which was in the seven days prior to the study. Scores for each of the subscales were also obtained, primarily for the purpose of reliability and validity checks.

The Grief Experience Inventory used in the present research is presented as part of the questionnaire as Appendix D4.

4.3.3 Section 3: Demographic information

The Demographic Information section of the questionnaire, which is presented as Appendix D6, sought to elicit the participant's age, marital status, education, income, whether the participant was in paid employment at the time of completion of the survey, type of occupation if applicable, and the number of children living with the participant.

4.4 Use of data collection instruments to measure variables under study

Following is a description of the use of the data collection instruments used in the analysis. This includes frequency, type, and satisfaction with contact, the psychological adjustment measures of the GHQ, Satisfaction with Life Scale, and the Delighted-Terrible scale, and the two grief scales (Grief Experience Inventory and the Impact of Event Scale). Participants were asked to respond to each item on the two grief scales at two different timepoints, the first being a retrospective timepoint of the time of the relinquishment, and the second was a current measure at the time of

the study. All other variables were only assessed for the time of the study. Each area is described in turn.

4.4.1 Measuring contact

In Section 1: Adoption Details, participants were asked to indicate frequencies for various types of contact.

4.4.1.1 Types of contact

Participants could nominate any number (ranging from none to all) of the following contact type categories:

- (a) in person, or face to face;
- (b) telephone calls;
- (c) letters/cards/photos directly from the child;
- (d) letters/cards/photos directly from the adoptive family;
- (e) letters/information/photos from the agency; and
- (f) other.

*Note – Letters/information/photos from the agency referred to correspondence passed on from the adoptive parents via the agency. This category was the only one where the agency was involved. In Victoria, the nature of the legislation is that for the first two years after the adoption, contact is usually mediated by the agency, but after that time, unless arranged by the parties involved, contact is arranged directly between the parties.

4.4.1.2 Frequencies of contact

Participants were asked to assign each contact type a frequency of occurrence. These frequencies were then coded from 0 to 5. Thus, the key for contact frequency was:

0 = Never

1 = Less than once a year

2 = Once a year

3 = Twice a year

4 = Every 2-3 months

5 = Monthly or more

Participants were asked to rate frequencies for each type of contact. This was computed by summing each frequency category. Type of contact did not impact on this variable as each type of contact was weighted 1. Therefore, a participant who saw her child once a year and spoke on the telephone to her child twice a year was given the value of 5. Each type of contact was weighed 1 as it was felt that placing a qualitative value on the different types of contact would be subjective at this stage of understanding.

4.4.1.3 Satisfaction with contact

The satisfaction with contact variable was a single item measured on a 4-point Likert scale. Participants were asked to rate their degree of satisfaction with whatever type and frequency of contact experienced, ranging from 1 (very unsatisfied) to 4 (very satisfied).

4.4.2 Measuring psychological adjustment

As mentioned earlier, psychological adjustment was separated into three constructs. The first related to psychological distress (GHQ score), the second to satisfaction with life (Satisfaction with Life Scale score), and the third to perceived quality of life (Delighted-Terrible scale score). While it was believed that the three constructs were related to each other, they were retained as separate variables for the data analyses.

4.4.3 Measuring grief

As stated above, the modified Grief Experience Inventory and the Impact of Event Scale were both used to measure grief experiences at two timepoints, at the time of relinquishment and at the time of the study (during the last seven days prior to the completion of the survey). While the primary variables used in the analysis to address the hypotheses were the grief measures reported by participants for the time of the study, data was also collected for the retrospective timepoint to track any changes in grief and to inform future analyses. Although related measures, the Grief Experience Inventory and the Impact of Event Scale were analysed separately.

CHAPTER 5

FINDINGS

In presenting the findings of the study, this chapter begins with a description of the types of contact experienced within the sample. The results of preliminary analyses conducted to test for data distribution normality, together with reliabilities and validity analyses for the five measures used in the study are then detailed. An overview of the data analyses conducted is next presented, followed by a full account of the findings of the statistical analyses employed to test the hypotheses of the study.

5.1 Contact: Preliminary analysis

As outlined in Section 4.4.1 of Chapter Four, contact with the adopted child and/or the adoptive parents was assessed in terms of frequency of each type of contact category.

The following section sets out the ways in which the variables of frequency of contact and type of contact were treated. This is followed by a description of participants' satisfaction with contact.

5.1.1 Frequency and type of contact

Participants were asked to nominate what type of contact, if any, they had, and to assign a frequency to that particular contact type. Participants could nominate frequencies for any number

of types of contact. As outlined above in Section 4.4.1.1, of Chapter Four, the contact types or situations distinguished were:

- (a) in person;
- (b) telephone calls;
- (c) letters/cards/photos directly from the child;
- (d) letters/cards/photos directly from the adoptive family; and
- (e) letters/information/photos from the agency.

Participants were asked to assign a frequency type from never, through to monthly or more.

These frequencies were then coded from 0 (never) through to 5 (monthly or more). The results of this are presented in Table 5 on the next page, which shows the incidence of frequency of occurrence for each type of contact across the sample of 30 participants.

Table 5

Frequency Count for each Contact Type Group

Frequency of contact	Type of Contact				
	In person	Telephone	Letters from child	Letters from family	Letters from agency
	n	n	n	n	n
Never	20	22	24	18	15
Less than once a year	1	1	0	2	4
Once a year	1	1	2	4	7
Twice a year	1	0	1	1	4
Every 2-3 months	5	3	3	5	0
Monthly or more often	2	3	0	0	0
N	30	30	30	30	30

Table 5 shows a variety of rates of contact per contact type group. Of those who had experienced contact, mothers who had contact via the telephone or in person reported contact more frequently than any other type of contact, with the majority of in person or telephone contact occurring monthly, or every two to three months. Ten mothers reported experiencing in person contact. Among those reporting contact via letters from the child, there was an even split between this type of contact occurring once or twice a year, and every two to three months. In contrast, the frequency of letters from the family tended to be more scattered across the contact frequency groups with contact every two to three months and once a year (n=5 and n=4 respectively) at the higher end of the continuum, and contact less than once a year or twice a year (n=2 and n=1 respectively) at the lower end. Half the sample reported experiencing some degree of contact via

letters from the agency, with just under half of these contacts occurring once a year, followed by an even split of less than once a year and twice a year. It was reported that 24 mothers never received letters from their child (age of the child would account for some of this), and 15 mothers never received letters via the agency.

Summing the frequencies for each contact type derived a total frequency score for each participant. Since participants could nominate a frequency for each type of contact situation, a total frequency of contact score of 25 was possible for each participant.

5.1.2 Relationship between contact types

To explore whether the frequency of experience of the five contact types were related, a correlational analysis was performed. The results are presented in Table 6.

Table 6
Spearman Correlations for the Breakdown of Contact Type

	Phone Calls	Letters from child	Letters from adoptive family	Letters from agency
In person	.777**	.657**	.645**	-.403*
Phone calls		.705**	.580**	-.556**
Letters from child			.710**	-.330*
Letters from adoptive family				-.419*

*Denotes significance at $p < .05$.
N = 30.

**Denotes significance at $p < .01$.

As shown by Table 6, all contact types were positively correlated with each other, with the exception of letters from the agency. Therefore, it was decided to regard these variables collectively as one aggregated frequency of contact variable, excluding letters from the agency. Thus, scores on this aggregated frequency of contact variable could range from 0 to 20 (as letters from the agency was excluded). It is this variable that was subsequently used in Section 5.6 in the conceptualisation of the testing of hypotheses concerning frequency of contact, but was not critical for hypotheses relating to contact type.

5.1.3 Contact type re-classified

To further investigate the nature of contact experiences, the contact type groups were reclassified into four discrete groups. These groups comprised:

- (a) mothers who had no contact at all;
- (b) mothers who had any form of contact, whether that be by letters, cards and/or photos from the adoptive family or child, that was mediated by the adoption agency;
- (c) mothers who only experienced direct contact, that is, any type of contact such as in person visits, telephone calls or letters, that was not mediated by the agency; and
- (d) mothers who had a combination of contact experiences that involved some direct contact and some contact mediated by the agency.

The groups were then coded as:

0 = No contact

1 = Agency mediated contact only

2 = Agency mediated and direct contact

3 = Direct contact exclusively

Figure 1 shows frequencies for these four types of contact across the 30 participants.

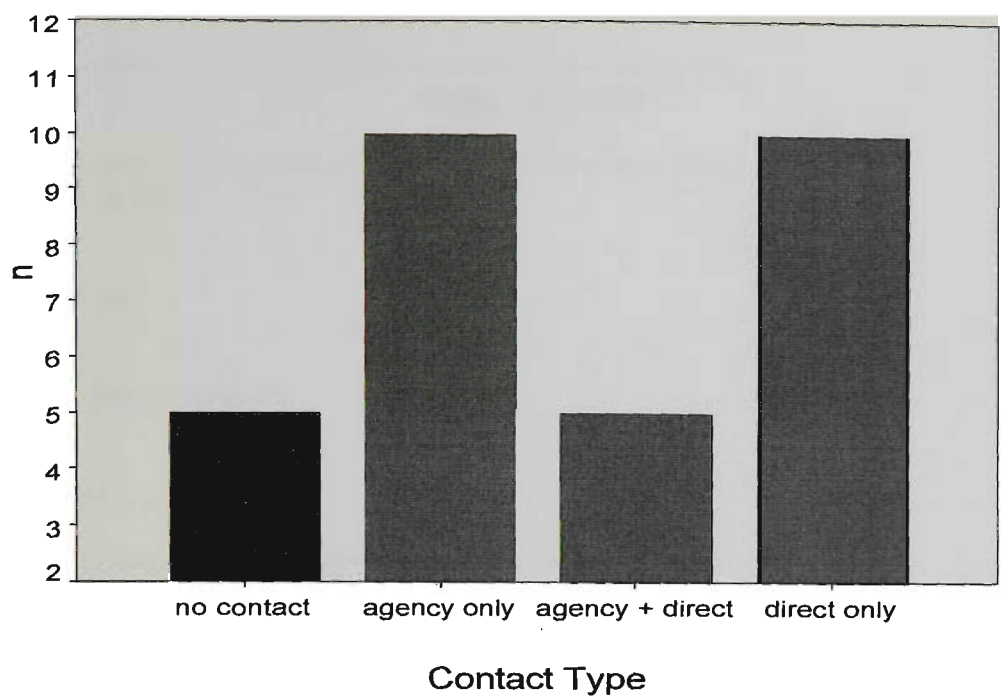


Figure 1: Frequencies for the re-classified contact type groups for the 30 participants

Figure 1 shows that 10 mothers (33%) had agency only contact, another 10 (33%) had direct only contact, and 5 (17%) had a combination of direct and agency mediated contact, and 5 (17%) had no contact at all.

Table 7 on the next page presents the mean frequency of contact for each of the four contact type groups in Figure 1.

Table 7
Mean Frequency of Contact within the Re-classified Contact Type Groups

Group	Mean frequency
0 (No contact at all)	0
1 (Agency only)	2.1
2 (Agency + direct contact)	4.8
3 (Direct only)	10.6

Table 7 indicates that for those mothers who reported having direct contact only, the frequency of this contact was considerably greater than for those reporting some form of contact where the agency was involved, whether that be a combination of direct contact and agency contact (mean 4.8), or agency only contact (mean = 2. 1). However, it must be noted that all mothers who reported experiencing face to face contact, also experienced at least one other form of contact, namely telephone calls. It is likely that many of the telephone calls that mothers’ reported having were simply to arrange a face to face contact.

Table 7 also indicates that while the re-classified variable of contact type is essentially a nominally scaled variable, it would be reasonable to regard it as an ordinal index of contact frequency as well.

5.1.4 Case summary analysis of frequency and type of contact

Case summary analysis revealed that all the mothers who reported in person contact (n= 10) also experienced other forms of direct contact. Further, of the 10 mothers who had in person contact, 7 experienced this contact monthly, or every 2-3 months. By comparison, mothers who experienced contact only through letters from the adoptive family, or through the agency, had this contact twice a year or less. No mothers in the sample reported receiving letters from the child as the only form of contact, and this form of contact only ever accompanied in person contact. Every mother who experienced in person contact (n=10) also reported experiencing other forms of direct contact. Of the five mothers who experienced a combination of direct and agency mediated contact, two experienced in person contact and letters via the agency, and three mothers received letters directly from the adoptive family and via the agency.

5.1.5 Satisfaction with contact

Table 8 on the next page shows the frequencies each category of the variable of satisfaction with contact, across 25 participants. Five participants did not indicate their satisfaction with contact.

Table 8 indicates that 14 of the 25 responding mothers were either unsatisfied (7) or very unsatisfied (7) with the type and frequency of contact they experienced, compared to 11 mothers who were either very satisfied (8) or satisfied (3). The mean score for satisfaction with contact was 2.5, and the median was 2.

Of the 5 mothers who did not respond to the question relating to satisfaction with contact, 2 had no contact at all, 1 had letters from the adoptive family once a year, 1 had letters from the agency

less than once a year and 1 experienced in person contact and telephone calls every two to three months.

Table 8
Frequencies for Satisfaction With Contact

Satisfaction rating	n	%
Very satisfied	8	26.7
Satisfied	3	10.0
Unsatisfied	7	23.3
Very unsatisfied	7	23.3
Total	25	83.3
Missing	5	16.7

Interestingly, when the participants were asked to rate how satisfied they were with how the adoption agency handled the adoption, 18 mothers reported being very satisfied, 3 were satisfied, 5 were neutral, and only 4 mothers reported being unsatisfied. Furthermore, 24 mothers in the sample reported feeling happy with the adoptive family and only one mother was not happy, while again 5 mothers did not answer this question.

5.2 Descriptive statistics for the measures used in the study

Outlined now are the descriptive statistics for the GHQ, the Satisfaction with Life Scale, the Delighted-Terrible scale, the Grief Experience Inventory, and the Impact of Event Scale.

Table 9 on the next page shows the means and standard deviations for the psychological adjustment measures and the grief measures (at the timepoints of time of relinquishment and time of study).

Table 9 shows that the GHQ scores were quite high. When the clinical scoring method was used, 27 out of the 30 participants fell into the clinical category indicating a high degree of psychological distress in the sample. A score of 5 or more denotes a clinical case, and here, 24 participants scored 10 or above using this scoring method.

Table 9 also shows that scores for the Grief Experience Inventory at the time of relinquishment (mean = 165.03) were higher than at the time of the study (mean = 121). This is similar to the Impact of Event Scale scores, where the mean for the first timepoint was 45.25, and 24.23 for the last timepoint. This suggests that over time, mothers believed their grief had decreased.

Table 9 shows that, while scores for the Impact of Event Scale subscales of intrusion and avoidance decreased from the time of relinquishment to the time of the study, at both timepoints intrusion scores were substantially higher than avoidance scores. This suggests that the mothers in the present sample experienced greater difficulty with intrusive psychological processes than with avoidance processes.

Table 9

Descriptive Statistics for the Standardised Scales for Psychological Adjustment and Grief

Scale	n	Maximum score possible	Minimum score attained	Maximum score attained	Mean	SD
GHQ total	30	90	13	56	40.13	10.35
SWLS	30	35	4	27	17.03 (Median = 19)	7.49
D-T	30	7	1	7	4.70 (Median = 5)	1.71
GEI at time of relinquishment	30	285	69	258	165.03	55.26
GEI at time of study	30	285	61	229	120.93	50.11
IES at time of relinquishment	30	75	30	75	45.23 (Intrusion = 26.03 Avoidance = 19.20)	18.23
IES at time of study	30	75	21	67	24.23 (Intrusion =14.57 Avoidance =9.67)	19.77

Coding

GHQ: High scores = high degree of psychological disturbance

SWLS (Satisfaction with Life Scale): 1 strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = neither agree or disagree, 5 = slightly agree 6 = agree, 7 strongly agree (5 questions, responses summed - min. score = 5 minimal life satisfaction, max. score = 35 = maximum life satisfaction)

D-T (Delighted-Terrible scale): 1 = terrible, 2 = unhappy, 3 = mostly unsatisfied, 4 = mixed, 5 = mostly satisfied, 6 = pleased, 7 = delighted

GEI (Grief Experience Inventory): High scores = high levels of grief

IES (Impact of Event Scale): High scores = high levels of grief

Table 10 on the next page shows the means and standard deviations for the two grief measures at the time of the study, plus the maximum possible score that could be attained for each scale.

Table 10

Descriptive Statistics for the Grief Experience Inventory and Impact of Event Scale Scores at the Time of the Study by Subscale

	n	Maximum Possible Score	Mean	Std. Deviation
GEI				
Guilt	30	15	14.70	6.44
Loss of control	30	30	13.60	4.66
Depersonalisation	30	10	3.93	2.33
Loss of appetite	30	15	3.63	2.62
Sleep disturbance	30	10	4.53	2.91
Loss of vigour	30	15	9.10	4.96
Physical symptoms	30	20	9.80	5.12
Despair	30	75	36.47	17.16
Atypical	30	30	12.70	5.68
Optimism/Despair	30	10	3.73	2.56
Anger	30	15	7.80	4.00
Social isolation	30	30	12.63	6.35
Somatisation	30	50	19.77	9.35
IES				
Avoidance	30	40	9.67	9.33
Intrusion	30	35	14.57	11.45

Table 10 shows that scores for the Grief Experience Inventory on the scale of guilt were by far the most striking, with a mean of 14.7 out of a possible maximum of 15. This was followed by anger. The more physical symptom scales of loss of appetite, somatisation, physical symptoms, and sleep disturbance all were rated relatively low.

Table 10 also indicates that at the time of the study, the mothers experienced more difficulty with intrusive thoughts, such as dreaming about the child, than with avoidance behaviours, such as

attempting not to think or talk about the child.

5.3 Analysis of the psychometric properties of the measures

This section presents the results of normality tests for the five measures and a number of variables of interest. This is followed by results of reliability and validity tests that were conducted in respect of the five measures, together with their descriptive statistics.

5.3.1 Meeting the assumptions of the proposed analyses

The Kolmogorov-Smirnov test was used to test departures from normality. Results revealed that the variables of frequency of contact, the Delighted-Terrible scale, support at the time of relinquishment, and choice in relinquishment were not normally distributed. Frequency distributions for these variables are presented in Appendix J. These variables were transformed (square root) in order to conform to normality. After transformation, support at the time of relinquishment and frequency of contact conformed to normality, however, the Delighted-Terrible scale and choice in relinquishment were still not normally distributed. Since the Satisfaction with Life Scale purported to measure the same construct as the Delighted-Terrible scale, supported by strong correlations between the two measures, the Delighted-Terrible scale was dropped from parametric analysis. Untransformed variables were used in non-parametric analysis.

5.3.2 Reliability and validity of the instruments

Reliability and validity testing procedures were employed in respect of the scores obtained on the five measures used in the present study. Since the Grief Experience Inventory was modified,

Cronbach's alpha was analysed for each individual scale. This was also conducted for the GHQ. Reliability tests on the Impact of Event Scale, Satisfaction with Life Scale, and the Delighted-Terrible scale were also run. These findings are reported below, followed by an examination of the validity of the scales.

5.3.2.1 Reliabilities of the instruments

5.3.2.1.1 General Health Questionnaire (GHQ)

Cronbach's alpha for the GHQ was calculated at .8613, which was satisfactory.

5.3.2.1.2 Satisfaction with Life Scale

Cronbach's alpha for the Satisfaction with Life Scale was calculated at .9540, which was assumed to be satisfactory.

5.3.2.1.3 Impact of Event Scale

The present study found a high correlation between the two subscales ($r = .809$, $p = .000$). Therefore, a total Impact of Event Scale score was used in the data analyses. The present study found high levels of internal consistency for the subscales using Cronbach's alpha (intrusion = .92, avoidance = .83, total = .93).

5.3.2.1.4 Grief Experience Inventory

Since scores on the Grief Experience Inventory for grief at the time of the study were the primary Grief Experience Inventory scores used to address the hypotheses, reliabilities were calculated for the timepoint of the time of the study. Results revealed that the Inventory at the time of the study had high reliability with Alpha = .9724. Individual item and scale reliabilities for the Grief Experience Inventory at the time of the study are presented in Appendix H and Appendix I. Concerning individual item reliabilities, it was found that q25 and q52 had low item to total correlation. Therefore, these two items were removed from the overall Inventory score for the time of the study.

For independent scale scores, q52 and q41 had low item to total correlation, but because the present study was primarily interested in total scores rather than independent scale scores, for the overall score for the inventory at the time of the study, only q25 and q52 were deleted due to their effect on the overall alpha as described above.

5.3.2.2 Validity of the instruments

Correlating scores on the five measures assessed convergent validity of the measures used. It was expected that these scores would be correlated.

Table 11 on the next page shows the correlational matrix for the grief scale scores at both timepoints and the psychological adjustment scale scores.

Table 11

Spearman Correlations for the Standardised Scales for Grief and Psychological Adjustment

	D-T	IES at time of relinquishment	GEI at time of relinquishment	IES at time of study	GEI at time of study	GHQ
SWLS	.882**	-.525**	.715**	-.404*	-.663**	-.222
D-T		-.368*	.658**	-.493**	-.732**	-.211
IES at time of relinquishment			.782**	.310*	.425*	.335
GEI at time of relinquishment				.513**	.650**	.125
IES at time of study					.772**	.149
GEI at time of study						.273

Coding

GHQ: High scores high degree of psychological disturbance

SWLS (Satisfaction with Life Scale): 1 = very unsatisfied - 7 very unsatisfied (5 questions, responses summed - min. score = 5 = minimal life satisfaction, max. score = 35 = maximum life satisfaction)

D-T (Delighted-Terrible scale): 1 = terrible, 2 = unhappy, 3 = mostly unsatisfied, 4 = mixed, 5 = mostly satisfied, 6 = pleased, 7 = delighted

IES (Impact of Event Scale): High scores = high levels of grief

GEI (Grief Experience Inventory): High scores = high levels of grief

*Denotes significance at $p < .05$. **Denotes significance at $p < .01$.
N = 30.

As expected, there was a strong, significant positive correlation between the Satisfaction with Life Scale and the Delighted-Terrible scale, while both were significantly negatively correlated with the grief measures of the Grief Experience Inventory and Impact of Event Scale at both time

points. In other words, the higher the grief, the less satisfied with life and the more "terrible" on the Delighted-Terrible scale. Similarly, the two grief measures were correlated positively with each other. Further, the Impact of Event Scale intrusion subscale and the Grief Experience Inventory rumination scale were found to be positively correlated ($\rho = .854, p = .000$).

It was expected that the GHQ would be significantly correlated with the other adjustment measures of the Satisfaction with Life Scale and the Delighted-Terrible scale. However, as Table 11 illustrates, the correlation was not significant. It is unclear what impact the GHQ as a scale had on the results, since the other measures tended to be correlated as expected. Indeed, since the GHQ measures number of psychological symptoms, and the higher the score, the higher the degree of psychological disturbance, the direction of this finding was expected in that the GHQ was negatively associated with the Delighted-Terrible scale and the Satisfaction with Life Scale, and positively with the grief measures. However, the lack of significance is striking. It would seem that while the Delighted-Terrible scale and the Satisfaction with Life Scale are measuring similar constructs, and the Grief Experience Inventory and the Impact of Event Scale are measuring similar constructs, the GHQ is largely measuring a different construct. It is unclear why the presence of psychological distress (as measured by the GHQ) was not significantly associated with the variable of perceived quality of, and satisfaction with life. A possible reason may lie in the comments by some of the participants that they did not understand some of the wording of the GHQ items. This suggests that this measure for this group of participants may not have been reliable.

5.4 Data analysis employed to test hypotheses

5.4.1 Non-parametric analyses

Since the present study originally aimed to gather data from 40 participants, hierarchical regressions were planned. However, due to the smaller number of participants than anticipated, and the substantial departures from normality in some of the data as described in Section 5.3.1, non-parametric correlational techniques were employed where possible to test the hypotheses.

To test Hypotheses 1, 3, 4, 6, 8, detailed in Section 3.3.2 of Chapter 3, one-tailed Spearman correlational analyses were employed. These hypotheses concerned directional associations between the following variables:

- (a) Frequency of contact and psychological adjustment;
- (b) Satisfaction with contact and psychological adjustment;
- (c) Frequency of contact and satisfaction with contact;
- (d) Frequency of contact and grief; and
- (e) Satisfaction with contact and grief.

As explained in Section 5.1.2, above, the frequency of contact score was arrived at by summing frequencies for all contact types with the exclusion of letters from the agency.

All analyses were conducted for the whole sample of 30 participants, except when the variable of satisfaction with contact was involved. Five participants did not answer this question therefore, when satisfaction with contact was analysed, $N=25$.

5.4.2 Parametric analyses

To examine the effect of contact type (re-classified as described in Section 5.1.3, into no contact, agency only contact, agency and direct contact, and direct only contact), which was measured on a nominal scale, on satisfaction with contact, a one-way ANOVA was employed. As noted above, five participants did not respond to the item relating to satisfaction with contact.

Therefore, prior to conducting the ANOVA, the five missing values were replaced with the mean of the distribution of satisfaction with contact (2.5). This was done to preserve the sample size so that the power of the analysis was not affected by a smaller number of cases than planned.

To examine the effect of contact type on adjustment and grief, a MANCOVA was conducted. It was anticipated on the basis of previous research that certain independent variables might affect the dependent variables of psychological adjustment and grief. This would necessitate treating these variables as covariates, and thus the employment of a MANCOVA instead of a MANOVA.

The dependent variables analysed in the MANCOVA were:

- (a) Psychological adjustment as measured by the GHQ and the Satisfaction with Life Scale.
- (b) Grief as measured by the Grief Experience Inventory at the time of the study and the Impact of Event Scale at the time of the study.

The covariates were:

- (a) Mothers' age at the time of the study.
- (b) Support at the time of relinquishment.
- (c) Support at the time of the study.
- (d) Choice in the relinquishment.

The nature of the relationship between the covariates and the dependent variables is explained in more detail in the following section.

A MANCOVA was used instead of two separate ANCOVAs due to the significant correlation between the Impact of Event Scale at the time of relinquishment, the Grief Experience Inventory at the time of relinquishment, and the Satisfaction with Life Scale. Further, as noted in Section 5.3.1 above, the Delighted-Terrible scale scores were not used to test these hypotheses, as the scale did not conform to normality. Thus, the assumptions for a MANCOVA of independence of observations, metric data, and multivariate normality were all met.

The following section outlines the results of correlational analyses conducted to determine the involvement of the covariates.

5.4.2.1 Identification of relevant covariates

As noted in Chapter One, in Sections 1.5.1.1 and 1.5.1.2, the literature has suggested that certain variables may co-vary with psychological adjustment and grief, namely age, support, and choice in relinquishment. Therefore, preliminary to hypothesis testing, two-tailed correlational analyses were run between these variables and the dependent variables to determine if they were in fact related to psychological adjustment and grief. The findings from these correlational analyses follow.

5.4.2.1.1 Mothers' age at the time of the study

Mothers' age at the time of the study and Impact of Event Scale scores for the last time point (time of the study) were significantly negatively correlated ($Rho = -.392, p = .032$), but there was no association between grief scores and time since the relinquishment. Mothers' age was not associated with psychological adjustment.

5.4.2.1.2 Support

In the present study, participants were asked to list whom they believed were supports both at the time of the relinquishment and at the time of the study, with regard to the relinquishment experience. Each support listed was given the weight of 1 and total supports were summed for each participant. As with the type of contact, no qualitative value was placed on any type of support over any others.

Descriptive statistics for the support variables across the whole sample of 30 participants are presented in Table 12 on the next page.

Table 12

Means and Standard Deviations for Support at the Time of Relinquishment and at the Time of the Study

	Mean	SD
Support at time of relinquishment	1.23	1.28
Support at time of study	2	1.54

Coding
 Each support listed was given a value of 1. Total supports for each participant was summed.

N = 30.

Since each participant could list as many supports as she wished, and each support listed was given a value of 1, and the total number of supports for each participant was summed, the mean of 1.23 as shown in Table 12 indicates that the mean number of supports at the time of the relinquishment for the sample was one. The mothers in the sample reported that they had slightly more support at the time of the study than at the time of the relinquishment. Participants own mothers and friends were reported the most frequently as supports as both timepoints.

Table 13 on the next page shows correlations for the support variables, the contact variables, psychological adjustment, and grief.

Table 13 indicates that support at relinquishment and support at the time of the study were significantly positively correlated.

Table 13

Spearman Correlations Between Support, Psychological Adjustment, Grief, Satisfaction with Contact, and Frequency of Contact

	Support at the time of the study	Support at relinquishment
Support at the time of the study		.525**
GHQ	-.440*	-.259
Satisfaction with Life Scale	.249	.466**
Delighted-Terrible scale	.174	.329
Grief Experience Inventory (time of relinquishment)	-.144	-.429*
Impact of Event Scale (time of relinquishment)	-.317	-.648**
Grief Experience Inventory (time of the study)	-.136	-.366*
Impact of Event Scale (time of the study)	-.280	.407*
Satisfaction with contact (N=25)	.030	.175
Frequency of contact	.260	.101

Coding
 Support: 0 = no supports - 8 = maximum number of supports
 GHQ: High scores = high degree of psychological disturbance
 Satisfaction with Life Scale: 1 = very unsatisfied - 7 = very satisfied (5 questions, responses summed - min. score = 5 = minimal life satisfaction, max. score = 35 = maximum life satisfaction)
 Delighted-Terrible scale: 1 = Terrible - 7 = Delighted
 Grief Experience Inventory: High scores = high levels of grief
 Impact of Event Scale: High scores = high levels of grief
 Satisfaction with contact: 1 = very unsatisfied - 4 = very satisfied
 Frequency of contact: 0 = no contact - 20 = maximum amount of contact (excludes letters from the agency)

*Denotes significance at p<.05. **Denotes significance at p<.01.
 N = 30.

Table 13 shows that support at relinquishment was significantly negatively correlated with grief (both measures) at both the time of relinquishment and the time of the study. Conversely, support at relinquishment was significantly positively correlated with the Satisfaction with Life Scale, and there was also a non-significant positive correlation between quality of life as measured by the Delighted-Terrible scale and support at the relinquishment.

There was a significant negative correlation between support at the time of the study and scores for the GHQ.

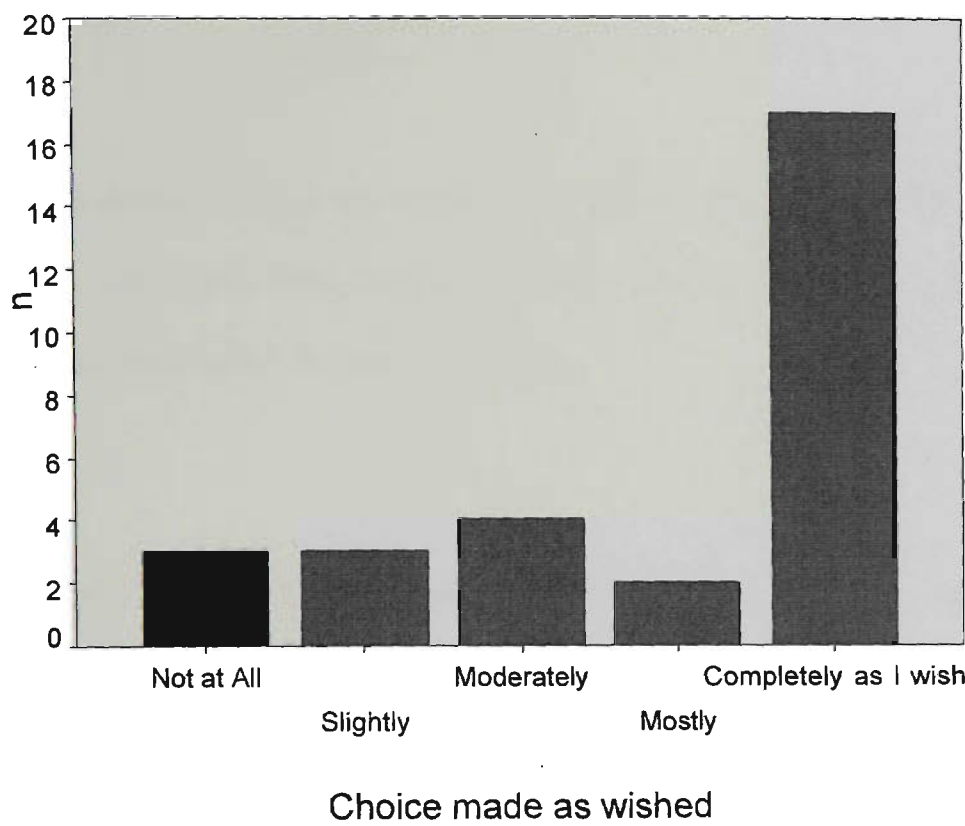
Frequency of contact was not significantly correlated with support at the time of relinquishment or at the time of the study.

5.4.2.1.3 Choice in relinquishment

Participants were asked to rate the extent to which they felt that the decision to relinquish their child for adoption was based on their own wishes. Ratings were measured on a 5-point Likert scale from 1 (not at all as I wished) to 5 (completely as I wished).

The mean for choice in relinquishment was 4 (SD = 1.5), and the median was 5.

Figure 2 shows the frequency of responses for choice in relinquishment.



N=30

Figure 2: Frequencies for choice in relinquishment

Figure 2 shows that 17 participants, just over half the mothers in the sample, reported that the decision to relinquish the child for adoption was a choice made completely as they wished. Three mothers reported that their decision was not at all as they wished and another 3 reported their decision was only slightly as they wished.

Table 14 on the next page shows the results of correlations for choice in relinquishment, the contact variables, psychological adjustment, and grief.

Table 14 indicates that there was a significant negative correlation between choice in relinquishment and the Grief Experience Inventory and the Impact of Event Scale, both at the time of relinquishment and the time of the study.

There was a significant positive correlation between choice in relinquishment and the Satisfaction with Life Scale.

Choice in relinquishment did not seem to be associated with contact, with no significant correlations found between frequency of contact, satisfaction with contact, and choice in relinquishment.

Table 14

Spearman Correlations Between Choice in Relinquishment, Psychological Adjustment, Grief, Satisfaction with Contact, and Frequency of Contact

	Choice in relinquishment
GHQ	.150
Delighted-Terrible scale	.150
Satisfaction with Life Scale	.364*
Grief Experience Inventory (time of relinquishment)	-.673**
Impact of Event Scale (time of relinquishment)	-.439*
Grief Experience Inventory (time of the study)	-.408*
Impact of Event Scale (time of the study)	-.501**
Satisfaction with contact (N = 25)	-.159
Frequency of contact	-.198

Coding

Choice in relinquishment: 1 = not at all as I wished - 5 = completely as I wished

GHQ: High scores = high degree of psychological disturbance

Delighted-Terrible scale: 1 = Terrible - 7 = Delighted

Satisfaction With Life Scale: 1 = very unsatisfied - 7 = very satisfied (5 questions, responses summed - min. score = 5 = minimal life satisfaction, max. score = 35 = maximum life satisfaction)

Grief Experience Inventory: High scores = high levels of grief

Impact of Event Scale: High scores = high levels of grief

Frequency of contact: 0 = no contact - 20 = maximum amount of contact (excludes letters from the agency)

*Denotes significance at $p<.05$. **Denotes significance at $p<.01$.
N = 30.

5.4.2.2 Summary of covariates

Since the above variables were significantly correlated with some of the psychological adjustment and grief variables, these were used as covariates with psychological adjustment and grief. Therefore, for Hypotheses 3, and 7, a MANCOVA was employed.

5.5 Testing of hypotheses

The findings in relation to the testing of each hypothesis are presented in turn. As explained in Section 5.1.2, analyses involving frequency of contact was derived from scores ranging from 0-20 which excluded letters from the agency.

5.5.1 Frequency of contact and psychological adjustment

Hypothesis 1: There will be a positive association between the frequency of contact relinquishing mothers have, and their degree of psychological adjustment.

This hypothesis was tested by correlating the frequency of contact variable with the psychological adjustment variables as indicated by scores on the GHQ, Satisfaction with Life Scale and Delighted-Terrible scale. Results are presented in Table 15 on the next page.

Table 15

Spearman Correlations Between Frequency of Contact and Psychological Adjustment

	GHQ	Satisfaction With Life Scale	Delighted-Terrible scale
Frequency of contact	-.102	-.174	-.215

Coding

Frequency of contact: 0 = no contact - 20 = maximum amount of contact (excludes letters from the agency)

GHQ: High scores = high degree of psychological disturbance

Satisfaction With Life Scale: 1 = very unsatisfied - 7 = very satisfied (5 questions, responses summed - min. score = 5 = minimal life satisfaction, max. score = 35 = maximum life satisfaction)

Delighted-Terrible scale: 1 = Terrible - 7 = Delighted

N=30

Table 15 indicates that all the correlations were non-significant ($p>.05$), hence, the hypothesis that there would be a positive association between frequency of contact and psychological adjustment was not supported.

5.5.2 Type of contact and psychological adjustment

Hypothesis 2: The psychological adjustment of relinquishing mothers will differ according to the type of contact they experience.

Hypotheses relating to contact type, psychological adjustment, and grief were tested by employing a MANCOVA (using the re-classified four group contact types) with the dependent variables of psychological adjustment and grief, and the covariates of age of the mother, support at the time of relinquishment, support at the time of the study, and choice in relinquishment.

Due to the difficulty with transforming the Delighted-Terrible scale to achieve normality (see Section 5.3.1), this was omitted from the MANCOVA and thus dependent variables used were the Impact of Event Scale (at the time of the study), the Grief Experience Inventory (at the time of the study), the GHQ and the Satisfaction with Life Scale.

As noted above, the following results are later referred to in relation to Hypothesis 7 as well.

Results of the MANCOVA indicate that there was no multivariate effect of contact type on the combined dependent variables of grief and psychological adjustment, ($F(12,63)=1.37$, $p=.207$, Pillai's=.619, partial eta squared=.306). Box M (.027) was significant which indicates a violation of the homogeneity of variance/covariance assumption, however, Pillai's criterion was used which is less sensitive to such violations.

Covariate analysis showed that mothers' age at the time of the study was significantly related to current grief as measured by the Impact of Event Scale ($F(1,22)=4.5$, $p=.045$). Choice in relinquishment was significantly related to satisfaction with life ($F(1,22)=5.7$, $p=.026$) and also to current grief as measured by the Impact of Event Scale ($F(1,22)=7.58$, $p=.012$). Support at relinquishment was significantly related to satisfaction with life ($F(1,22)=5$, $p=.036$) and to current grief as measured by the Impact of Event Scale ($F(1,22)=5.35$, $p=.030$). Support at the time of the study was not related to the dependent variables.

The above results indicate that there was no main effect for contact type, but that the covariates of mothers' age, support at the time of relinquishment, and choice in relinquishment were related

to the combined dependent variable of grief and psychological adjustment. Therefore, when mothers' age, support, and choice in relinquishment were controlled for, contact type had no influence on the combined dependent variable of grief and psychological adjustment. Thus, the hypothesis that the psychological adjustment of relinquishing mothers will differ according to the type of contact they experience was not supported. Table 16 shows the means and standard deviations for psychological adjustment for each contact type group.

Table 16
Means and Standard Deviations (in parenthesis) for the GHQ and Satisfaction with Life Scale for each Contact Type Group

Contact Type Group	n	Mean score for GHQ		Mean score for Satisfaction with Life Scale	
No contact	5	41.40	(6.066)	17.40	(9.89)
Agency only contact	10	42.30	(7.349)	17.30	(6.27)
Agency + direct contact	5	44.80	(5.718)	14.40	(6.95)
Direct only contact	10	41.00	(9.362)	17.00	(8.44)

Coding
 GHQ: High scores = high degree of psychological disturbance
 Satisfaction With Life Scale: 1 = very unsatisfied - 7 = very satisfied (5 questions, responses summed - min. score = 5 = minimal life satisfaction, max. score = 35 = maximum life satisfaction)

N = 30.

Table 16 shows that mothers who reported being involved in both agency mediated contact and direct contact scored higher on the GHQ, compared to the other contact type groups. Similarly, those who were involved in agency mediated and direct contact combined reported lower life satisfaction than the other contact type groups.

5.5.3 Satisfaction with contact and psychological adjustment

Hypothesis 3: There will be a positive association between relinquishing mothers' satisfaction with contact and their degree of psychological adjustment.

This hypothesis was tested by correlating the satisfaction with contact variable and the psychological adjustment variables. Results are presented in Table 17.

Table 17
Spearman Correlations Between Satisfaction with Contact and Psychological Adjustment

	GHQ	Satisfaction with Life Scale	Delighted-Terrible scale
Satisfaction with contact	-.305	.238	.079

Coding
Satisfaction with contact: 1 =very unsatisfied - 4 = very satisfied
GHQ: High scores = high degree of psychological disturbance
Satisfaction with Life Scale: 1 = very unsatisfied - 7 = very satisfied (5 questions, responses summed - min. score = 5 = minimal life satisfaction, max. score = 35 = maximum life satisfaction)
Delighted-Terrible scale: 1 = Terrible - 7 = Delighted

N=25

Table 17 indicates that the correlations were not significant ($p>.05$) and therefore, the hypothesis that there would be a significant association between satisfaction with contact and psychological adjustment was not supported.

5.5.4 Frequency of, and satisfaction with contact

Hypothesis 4: There will be a positive association between the frequency of contact relinquishing mothers have, and their degree of satisfaction with contact.

This hypothesis was tested by correlating the variables frequency of contact and satisfaction with contact. The results are presented in Table 18.

Table 18
Spearman Correlation Between Frequency of Contact and Satisfaction with Contact

	Satisfaction with contact
Frequency of contact	-.481*

Coding
Frequency of contact: 0 = no contact - 20 = maximum amount of contact (excludes letters from the agency)
Satisfaction with contact: 1 = very unsatisfied - 4 = very satisfied

*Denotes significance at $p<.05$.
N=25

Table 18 shows a significant negative correlation between satisfaction with contact and frequency of contact. While the variables of frequency of contact, which, as mentioned in Section 5.1.2 excluded letters from the agency, and satisfaction with contact were significantly moderately correlated, the direction was opposite to that expected and thus, the hypotheses was not supported.

In light of this finding being opposite to that which was hypothesised, further exploration of the data was undertaken. On the next page is a breakdown of the means and standard deviations of

frequency of contact for the four levels of satisfaction with contact variable.

Table 19
Means and Standard Deviations (in parenthesis) for Frequency of Contact by Satisfaction with Contact

Satisfaction with contact	n	Mean score for frequency of contact	
Very unsatisfied	7	0.29	(6.26)
Unsatisfied	7	3.43	(3.41)
Satisfied	3	1.30	(1.15)
Very satisfied	8	5.00	(5.59)
Missing	5		

Coding

Frequency of contact: 0 = no contact - 20 = maximum amount of contact (excludes letters from the agency)

Table 19 confirms that mothers who reported being very unsatisfied with contact experienced this contact considerably more frequently than those who were either unsatisfied, satisfied, or very satisfied.

In an attempt to further understand this finding, qualitative analysis of questionnaire comments was conducted. Specifically, thematic content analysis was conducted, of the written responses to the open ended question regarding satisfaction with contact. Sixteen participants made comments regarding this question and a thematic analysis was undertaken. Comments were divided into two groups – comments by participants who were either unsatisfied or very

unsatisfied with contact, and comments by participants who were satisfied or very satisfied with contact. The themes according to these two groups are summarised in Tables 20 and 21.

Table 20
Themes Emerging from Qualitative Analysis of Satisfaction with Contact -
Group 1 – Unsatisfied or Very Unsatisfied with Contact – N=14

Themes emerging	Number of participants stating
Would like more contact than occurs	4
Unhappy with the way the adoptive parents handle contact	5

Table 20 shows that of the 14 mothers who reported being either unsatisfied or very unsatisfied with contact, 9 answered the open ended question regarding satisfaction with contact and two themes emerged in their responses. The first theme, for 4 mothers, was that they would like more contact. As one mother remarked:

“Whenever I see my child it makes me want more and more contact”.

Of the mothers who stated that they would like more contact, two commented that while they would like more contact, they were reluctant to take steps to change the contact arrangements. One mother commented:

“I would like to have more access in the way of written form but hate that I initiate it all the time”.

Similarly, the other mother wrote:

“I would like more contact with my child but I don’t want to intrude”.

The second theme that emerged within the analysis of those who were unsatisfied with contact was unhappiness with the way the adoptive parents handled contact. Specifically, 5 mothers reported that adoptive parents struggled to comply with contact arrangements and that it is up to the relinquishing mother to chase the adoptive parents for contact. One mother remarked:

“I feel like the adoptive parents would rather I didn’t see my child. I always have to initiate the contact”.

Similarly, another remarked:

“I have regular contact with my child, but it is always up to me to initiate. I think the adoptive parents see contact as an inconvenience.”

Themes that emerged from responses to satisfaction with contact from participants who were satisfied or very satisfied with contact are shown in Table 21 on the next page.

Table 21

Themes Emerging from Qualitative Analysis of Satisfaction with Contact - Group 2 – Satisfied or Very Satisfied with Contact – N=11

Themes emerging	Number of participants stating
Pleased to see the child happy with the adoptive family	2
Helps mothers come to terms with the situation	2
Happy with adoptive family and how they treat the relinquishing mother	3

Table 21 displays themes arising in the responses of the mothers who were satisfied or very satisfied with contact. Of these, 7 wrote responses to the open ended question regarding satisfaction with contact.

Table 21 shows that 2 mothers reported that contact allowed them to see their children with the adoptive family, which was a positive experience. One mother stated:

“I love seeing him each time I just love seeing how happy a family they are together”.

Table 21 also shows that 2 mothers reported being satisfied with contact because it helped them to come to terms with the relinquishment. One mother stated:

“That is the reality of the situation. I gave up my rights the day I signed the forms”.

Table 21 shows that 3 mothers reported that contact was a satisfying experience and were happy the way the adoptive family treated them. One mother commented:

“They also send birthday cards to my other children” “They are very kind, they are supportive of me, and they give him everything he needs”.

Another stated:

“We have a very open access arrangement. Sometimes I go to their house, sometimes they come to mine. I can pick her up and take her for the day on my own. They are very supportive of me and of access”

5.5.5 Type of contact and satisfaction with contact

Hypothesis 5: Relinquishing mothers' satisfaction with contact will differ according to the type of contact they experience.

This hypothesis was tested by employing a one-way ANOVA. Results indicated that there were no significant differences between the contact type groups on their degree of satisfaction with contact ($F(3,26)= 1.119, p=.359$).

Table 22 on the next page shows the means and standard deviations for satisfaction with contact as per each contact type group.

Table 22

Means and Standard Deviations (in parenthesis) for Satisfaction with Contact for each Contact Type Group

Contact type group	n	Mean score for satisfaction with contact	
No contact	5	3.21	(.749)
Agency only contact	10	2.56	(1.066)
Agency + direct contact	5	2.40	(1.341)
Direct only contact	10	2.52	(1.118)

Coding
 Satisfaction with contact: 1 = very unsatisfied - 4 = very satisfied

Note: N = 30. As described in Section 5.4.2, the mean for satisfaction with contact (2.52) was substituted for five missing values. Two values were missing from the no contact group, one from the agency only group and two from the direct only group. However, this table shows the means (with substituted values) that were used in the ANOVA.

Table 22 indicates that those who were involved in both agency and direct contact rated their satisfaction with contact as only slightly more than the other contact type groups, with those who had no contact at all reporting the most satisfaction.

5.5.6 Frequency of contact and levels of grief

Hypothesis 6: There will be a negative association between the frequency of contact relinquishing mothers have, and the level of grief reported.

This hypothesis was tested by correlating the frequency of contact scores and the scores for the most recent timepoints (time of the study) on the grief measures of the Grief Experience Inventory and the Impact of Event Scale. These correlations are presented in Table 23 on the next page.

Table 23

Spearman Correlations Between Frequency of Contact and Grief at the Time of the Study

	Grief Experience Inventory (time of the study)	Impact of Event Scale (time of the study)
Frequency of contact	.226	.147

Coding

Frequency of contact: 0 = no contact - 20 = maximum amount of contact (excludes letters from the agency)

Grief Experience Inventory: High scores = high levels of grief

Impact of Event Scale: High scores = high levels of grief

N=30

Table 23 indicates there were no significant correlations ($p>.05$), thus, the hypothesis that there would be a negative association between frequency of contact and current grief was not supported. There was not a significant association between frequency of contact and either of the grief measures. Furthermore, a trend opposite to that predicted emerged.

The relationship between frequency of contact and grief was further explored in terms of the scores reported for the time of the relinquishment. Results of the correlations of frequency of contact and the grief measures at the retrospective first timepoint (time of relinquishment) are presented in Table 24 on the next page.

Table 24

Spearman Correlations Between Frequency of Contact and Grief at the Time of Relinquishment

	Grief Experience Inventory (time of relinquishment)	Impact of Event Scale (time of relinquishment)
Frequency of contact	.310*	.222

Coding
 Frequency of contact: 0 = no contact - 20 = maximum amount of contact (excludes letters from the agency)
 Grief Experience Inventory: High scores = high levels of grief
 Impact of Event Scale: High scores = high levels of grief

*Denotes significance at $p<.05$.
 N=30

Table 24 indicates that there was a significant, positive association between frequency of contact and Grief Experience Inventory scores at the time of relinquishment.

5.5.7 Type of contact and levels of grief

Hypothesis 7: The grief of relinquishing mothers will differ according to the type of contact they experience.

This hypothesis was tested by employing a MANCOVA, which was explained in Section 5.4.2, in relation to the testing of hypotheses. This analysis indicated that there were no significant multivariate or univariate effects. In other words, that there were no differences found between the contact type groups on their level of grief at the time of the study and, thus, the hypothesis was not supported. However, as noted in respect of Hypothesis 2, the co-variates of mothers' age

at the time of the study, support at relinquishment, and choice in relinquishment were related to the combined dependent variable of psychological adjustment and grief.

Table 25 on the next page shows the means and standard deviations for grief (at the time of the study) for each contact type group.

Table 25 shows that mothers who reported having direct contact without any agency mediation, scored substantially higher on the Grief Experience Inventory than those in the other contact type groups. However, it must be noted that these differences were not significant. For the Impact of Event Scale, mothers who experienced no contact reported fewer grief symptoms than mothers in any other contact type group. In contrast, among those who reported only having agency mediated contact, scores for the Impact of Event Scale for this contact type group were the highest of the contact type groups.

Table 25

Means and Standard Deviations (in parenthesis) for the Grief Experience Inventory (*time of study*) and the Impact of Event Scale (*time of study*) for each Contact Type Group

Contact Type Group	n	Mean score for Grief Experience Inventory		Mean score for Impact of Event Scale	
No contact	5	112.20	(45.43)	19.20	(14.20)
Agency only contact	10	120.50	(57.03)	28.60	(25.40)
Agency + direct contact	5	111.60	(47.70)	23.60	(23.77)
Direct only contact	10	137.56	(49.81)	24.65	(15.03)

Coding
Grief Experience Inventory: High scores = high levels of grief
Impact of Event Scale: High scores = high levels of grief

5.5.8 Satisfaction with contact and levels of grief

Hypothesis 8: There will be a negative association between relinquishing mothers' satisfaction with contact and the level of grief reported.

This hypothesis was tested by correlating the variable of satisfaction with contact and the two grief variables (at the final timepoint of the time of the study). The results are presented in Table 26 on the next page.

Table 26

Spearman Correlations Between Satisfaction with Contact and Grief at the Time of the Study

	Grief Experience Inventory (time of relinquishment)	Impact of Event Scale (time of relinquishment)
Satisfaction with contact	.005	.039

Coding
 Satisfaction with contact: 1 = very unsatisfied - 4 = very satisfied
 Grief Experience Inventory: High scores = high levels of grief
 Impact of Event Scale: High scores = high levels of grief

N=25

Table 26 shows that there were no significant correlations, therefore, the hypothesis that there would be an association between satisfaction with contact and grief was not supported.

5.5.9 Grief at relinquishment and current grief

To assess whether there were differences between reported grief for the time of the relinquishment and the time of the study, paired samples T-Tests were run for the Grief Experience Inventory and the Impact of Event Scale scores for both timepoints.

The mean grief score as measured by the Grief Experience Inventory at the first timepoint (at relinquishment) was significantly higher than for the second timepoint (at time of study), (t(29)=5.6, p=.000).

Similarly, the mean grief score as measured by the Impact of Event Scale, at the first timepoint (at relinquishment) was significantly higher than for the second timepoint (at time of study), ($t(29)=5.3$, $p=.000$).

5.6 Post hoc analyses

Post hoc analyses, in the form of Spearman correlational analyses were conducted on the demographic variables and all of the other quantitative variables gleaned from the questionnaire in relation to the dependent variables. While these variables were not directly related to the hypotheses, it was felt that additional exploration of other factors relating to the relinquishment may have had some bearing on the dependent variables in the present study. Since the number of correlations in the post hoc analyses was considerable, only correlations that resulted in a significant relationship with a dependent variable are reported. No additional demographic variables were found to be significantly associated with the outcome variables. However, the quantitative variables that were found to be significantly associated with the outcome variables are reported below.

5.6.1 Psychological adjustment

The reported amount of time mothers thought about their child was significantly related to satisfaction with life .528 (.001), and quality of life .468 (.005). This showed that the more mothers reported thinking about their child, the greater the reported life satisfaction.

The Guilt subscale from the GEI at the time of relinquishment was significantly related to current satisfaction with life -.521 (.000), and quality of life -.488 (.033).

5.6.2 Frequency of contact and satisfaction with contact

Whether or not mothers had counselling at the time of relinquishment (1=yes, 2=no) was significantly negatively related to frequency of contact $-.421 (.010)$. Specifically, mothers who received counselling experienced less contact.

The frequency with which mothers thought about their child (1=daily-6=less than once a year) was significantly related to how much contact they had with their child, $-.347 (.030)$.

Whether the mothers met the adoptive parents prior to the placement (1=yes, 2=no) was significantly related to satisfaction with contact $.388 (.019)$.

There was a significant negative relationship between the Guilt scale from the GEI at the time of the relinquishment and satisfaction with life $-.521 (.000)$, and quality of life $-.488 (.033)$. There was also a significant negative relationship between the Guilt scale from the GEI at the time of the study and satisfaction with life $-.529 (.001)$, and quality of life $-.578 (.000)$. In addition, as measured by the Guilt scale from the GEI, there was a significant positive relationship between guilt at the time of relinquishment and guilt at the time of the study.

5.6.3 Grief

Satisfaction with the way the agency handled the adoption (1=very dissatisfied – 5=very satisfied) was significantly related to grief at the time of the relinquishment as measured by the

IES $-.419 (.001)$ and the GEI $-.384 (.018)$. This suggested that the more satisfied mothers were with the way the agency handled the adoption, the lower their levels of grief.

Whether mothers had any face to face contact with their child since the placement (1=yes, 2=no) and current grief was significantly related as measured by the IES at the time of the study, $-.317 (.050)$.

Whether the mothers met the adoptive parents prior to the placement (1=yes, 2=no) was significantly related to current grief as measured by the GEI at the time of the study, $-.374 (.023)$.

There was a significant negative relationship between the Guilt scale from the GEI at the time of the relinquishment and grief as measured by the IES at the time of relinquishment, $.742 (.000)$.

There was also a significant negative relationship between the Guilt scale from the GEI at the time of the study and grief as measured by the IES at the time of the study, $.562 (.001)$.

5.7 Integrative summary of findings

The responsiveness of birthmothers to this study indicated considerable concern about the experience of relinquishing a child to adoption among this group of people. While the final sample consisted of 30 participants, 10 short of the desired sample size for statistical analyses, the number of enquiries and informal communications that the researcher had with birthmothers who heard about the study was surprising.

Concerning type of contact, 10 of the 30 mothers experienced direct contact without the mediation of the adoption agency, and a further 5 experienced a combination of direct contact and agency mediated contact. All 10 ten mothers who experienced in person contact also experienced other forms of direct contact, with two of those mothers also receiving letters via the agency. Similarly, those same 10 mothers also reported meeting the adoptive parents prior to placement. Agency mediated contact was a common form of contact, with 10 mothers experiencing agency mediated contact as their only form of contact. Of the 30 mothers in the sample, 5 did not experience any contact at all.

It appeared that many were involved in more than one type of contact, such as both telephone and in person contact. Two mothers in the sample experienced monthly in person contact, and five every 2-3 months. Those with contact via the telephone or in person tended to experience this contact more frequently than did those with other types of contact. Conversely, four of the mothers having contact via letters from the agency experienced this contact less than once a year, with seven only once a year. Overall, 15 mothers had either no contact or contact only via the agency, with the remaining 15 having some sort of direct contact (10 direct only, and 5 a combination of direct and agency mediated contact). When frequencies for contact are taken into consideration, with contact via the agency only ever occurring once or twice a year, the results indicate that 50% of the sample did not experience much contact at all. No participant in the sample had letters from the child as the only form of contact, and this form of contact only ever accompanied contact in person.

When contact type was collapsed into discrete groups, it was found that contact frequency was directly related to contact type, indicating that contact type was not only considered to be a

discrete variable, but also a variable of intensity of contact. Contact type was not associated with psychological adjustment or grief.

In terms of satisfaction with contact, 14 mothers in the sample were either unsatisfied or very unsatisfied with contact, compared to 11 who were either very satisfied or satisfied. Contrary to expectation, correlational analysis revealed a negative association between frequency of contact and satisfaction with contact. However, five mothers did not answer the satisfaction with contact question. Similarly, post hoc analyses indicated that if mothers met the adoptive parents prior to the placement, they were less likely to be satisfied with future contact.

Qualitative analyses regarding satisfaction with contact suggested that the adoptive family play a vital role in the birthmothers' satisfaction with contact. Mothers who felt valued and often supported by the adoptive parents tended to view contact as a more satisfying experience than those who experienced difficulties with the adoptive family. The primary difficulty cited by the birthmothers was the perception that the adoptive family made it difficult for the birthmother to have access and birthmothers' felt they had to chase the adoptive family for their legal rights to access. This led some birthmothers to feel like an intruder in the adoptive families' lives.

In terms of frequency of contact, it seems that some mothers who experienced quite regular contact found that no matter how much contact they had, they wanted more. Whereas, for some who had limited contact, such as once or twice a year, they tended to be quite resolved in their decision to relinquish and were comfortable with the access arrangements. It seems that for those mothers, some contact reassured them of their child's health and happiness and helped them accept the adoption, but that contact was not a big part of their lives.

While GHQ scores for the mothers indicated relatively poor psychological adjustment across the sample, the means for the other two psychological adjustment measures, the Satisfaction with Life Scale and the Delighted-Terrible scale, indicated that the participants felt their life was of a reasonable quality and felt a sense of positive life satisfaction. Therefore, it could be argued that while the mothers in the sample reported experiencing high degrees of psychological distress, perhaps of quite a serious nature, they still felt, when everything was considered, that their lives were satisfying overall.

The results indicated that grief scores were quite high at both timepoints, especially on the scales of guilt and anger. However, grief scores for both the Grief Experience Inventory and the Impact of Event Scale revealed significantly higher scores reported for the first timepoint than the last, suggesting that the mothers' grief had decreased over time. Interestingly, correlations showed that the higher the level of grief reported for the time of relinquishment, the more contact the relinquishing mother would experience.

As noted above, while frequency and type of contact were not significantly associated with psychological adjustment or with grief, other factors were active. For example, preliminary analyses revealed that the older the mother was, the lower her level of current grief as reported at the time of the study, regardless of the time period since the relinquishment. Thus, age seems to have played an important role in the grief of these mothers.

Choice in relinquishment was significantly negatively correlated with both grief scores reported for the time of relinquishment and for the time of the study. Results also revealed a positive association between the degree of choice the mothers felt they had, and their satisfaction with life in general. Seventeen mothers reported that one of the reasons they had decided to relinquish was because of either their parents or the birthfather. The extent to which these people influenced the decision to relinquish is unclear.

What seemed to have the highest association with psychological adjustment and grief was number of perceived supports the mothers felt they had. A positive association was found between the number of supports the mothers felt they had at the time of relinquishment, and their levels of grief at both the time of relinquishment and at the time of the study. Similarly, a positive association was found between the number of supports the mothers felt they had at time of the relinquishment, and satisfaction with life. Current support (at the time of the study) was negatively associated with number of psychological distress symptoms.

Post hoc analyses revealed that frequency of contact was significantly related to whether the mother had experienced counselling, and the degree to which mothers thought about their children. Specifically, mothers who experienced counselling regarding the relinquishment reported experiencing more contact than those who had no counselling, and mothers who thought more about their child reported experiencing more contact. A positive association was also found between satisfaction with contact and whether mothers had met the adoptive parents prior to placement.

Post hoc analyses revealed that guilt, as measured by the Guilt subscale of the GEI was related to both psychological adjustment and grief. Negative associations were found between guilt and satisfaction with life and quality of life at the time of the relinquishment and at the time of the study. Similarly, positive relationships were found between guilt and grief at both the time of relinquishment and time of the study.

In briefer summary, the significant findings are as follows:-

Factors that were associated with psychological adjustment

- While frequency and type of contact was not associated with psychological adjustment, there was a significant negative association between satisfaction with contact and frequency of contact.
- Perceived support at the time of relinquishment was positively associated with satisfaction with life, and negatively associated with number of psychological distress symptoms.
- Choice in relinquishment was positively associated with satisfaction with life in general.
- Guilt was negatively associated with satisfaction with life and quality of life.

Factors that were associated with grief

- Frequency of contact and type of contact were not associated with levels of grief as reported for the time of the study. However, frequency of contact was positively associated with level of grief as retrospectively reported for the time of the relinquishment.

- A significant negative association was found between mothers' age and grief, but no associations were found between grief and the number of years that had passed since the relinquishment, or the age of the mother at the time of relinquishment.
- A significant negative association was found between perceived support at the time of the relinquishment and grief, reported for the time of relinquishment and the time of the study.
- A significant negative association was found between choice in relinquishment and grief, reported for the time of relinquishment and the time of the study.
- A significant positive association was found between mothers' perceptions of the way the agency handled the adoption and grief at the time of the relinquishment.
- There was a significant difference between grief at the time of relinquishment and current grief, indicating a decrease in grief over time.
- There was a positive association between guilt and grief at the time of the relinquishment and at the time of the study.

CHAPTER 6

DISCUSSION OF THE FINDINGS

This chapter first discusses the limitations and strengths of the study. This is followed by an interpretation of the findings. The results are discussed in relation to the aims of the study with regard to theory and previous research in the field.

The present study explored the experience of open adoption from the perspective of the relinquishing mother. As articulated in Section 3.3.1 of Chapter Three, since there has been little documentation about contact arrangements in the State of Victoria, Australia, the study first sought descriptive data about how contact actually works by exploring the open adoption experience of relinquishing mothers. The second aim of the study was to investigate potential associations between contact and relinquishing mothers' psychological adjustment and experience of grief resolution.

6.1 Limitations and strengths of the study

The following section outlines the strengths and limitations of the present study. Interpretation of the findings must be made in light of this. The balance of the strengths and limitations are discussed in relation to sampling issues, questions of measurement, and definitions of contact.

6.1.1 Sampling

Some of the difficulties of research into such a specific group of individuals are sample size, potential bias in sampling and a lack of a matched control group. In addition, specific to the present study, participants were not screened for past psychological difficulties, which may have influenced the data collected. Finally, recall bias needs to be considered, due to the nature of the retrospective time period measured by the grief instruments.

The number of non-relative adoptions in the State of Victoria from 1984 to 2000 was 1,209 (Australian Bureau of Statistics, 1985; Australian Institute of Health and Welfare, 2004). If it was assumed that for each of these adoptions there is one relinquishing mother, 1,209 would constitute the population under investigation. However, the scope of this study did not lend itself to contacting every eligible mother in Victoria. The present study focused on a small sample recruited primarily from two adoption agencies in Victoria, which had on their books 337 women who had relinquished a child for adoption within the given timeframe. However, the agencies were unable to confirm what addresses they were confident about. Questionnaires were eventually mailed out at the request of 52 potential participants, and of those, 26 participated in the study. Another four women participated as a result of the media exposure, which was limited due to funding constraints. Thus, the response rate in terms of questionnaires mailed out was reasonable (50%), even though the initial response rate from the Introductory Letter was low. One reason for this was clear from the large number of relinquishing mothers who actually made contact with the researcher but who did not participate in the formal part of the study, namely that the topic was highly emotional and stressful for them. Indeed, many relinquishing mothers who had contacted the researcher stated this fact, but expressed a fervent hope that the research would be informative and of benefit to future relinquishing mothers. In addition, unless relinquishing mothers had kept in contact with the adoption agencies, current addresses for them

were not guaranteed, and some addresses probably dated back to the 1980s. Therefore, it needs to be considered that there may have been sampling bias, in that the relinquishing mothers who had actually received information about the research were either those who had not moved address, or who had kept in contact with the adoption agency. In addition, the voluntary nature of the study did not afford a random sampling method, and this may have resulted in a non-representative sample.

It is questionable whether the characteristics of this sample represent relinquishing mothers in adoption in the State of Victoria, Australia. Similarly, the small sample raises the issue of the generalisability of the findings to the wider relinquishing mother population. However, as Logan (1996) has noted, it is extremely difficult to obtain a representative sample of relinquishing mothers and sampling bias is inherent in this type of research.

The small sample size also raises the question of statistical validity. However, it is usual with small samples for a Type II error rate to increase and thus differences between sample and population parameters may not be detected. This means that statistical relationships that emerged in this study can be considered to be reliable, and that where general trends were indicated, a statistically significant relationship may have been apparent if the sample had been larger.

The small sample size also limited the study in terms of statistical analysis. For example, the planned multiple regressions were not possible. Further, since there were only five participants who had no contact at all, strict comparisons of contact versus no contact could not be made.

The present study did not include a matched control group of non-relinquishing mothers in the design because of the difficulties in recruiting such a group where matching for previous losses, previous pregnancies, and psychological disturbance would be necessary. However, while this could have provided a comparison for psychological adjustment, it would not have been applicable in examining grief.

The present research did not screen participants for previous loss, previous psychological disturbances or previous pregnancies and/or pregnancy, and birth complications. This may have affected the results, especially when consideration is given to the fact that the sample appeared to be quite emotionally distressed, and teasing out some of the reasons for this may have shed some light on the role played by the relinquishment and subsequent contact.

While the measures used in the present study were primarily related to present life circumstances, the participants were asked to rate their thoughts, feelings, and behaviours in relation to grief, both at the time of the study and at the time of the relinquishment. For some of the mothers in the study, the time of relinquishment was 16 years earlier. Therefore, the time that has passed since the relinquishment may have contributed to distortions or lapses in memory, which may have caused mothers to either over-report, or under-report their experience.

6.1.2 Measures

A strength of the present study was its use and exploration of multiple measures. The lack of valid and reliable measures to assess the experiences of relinquishing mothers in previous research has been a limitation of some important past research findings (Brodzinsky, 1990). The

standardised measures used in the present study have all been well validated in the literature, thus adding to the robustness of the study. This has been a major strength of the present study, and an advancement in research methodology in the field, since the majority of the research to date, have either used qualitative methods, or quantitative measures with questionable validity and reliability.

However, it must be noted that some of the measures in the present study raised questions. For example, even when transformed, the Delighted-Terrible Scale was not normally distributed, which meant that the scores on this scale were omitted from the parametric analyses. While the GHQ in the present study revealed acceptable reliability levels and normality of distribution, the lack of significant associations between the GHQ and the other grief and psychological adjustment measures suggested that for this sample, the GHQ was largely measuring a different construct to the other psychological adjustment measures. This was not anticipated. Furthermore, as evidenced by verbal and written feedback by some of the participants, the wording of some of the items of the GHQ was difficult to understand. Indeed, the response categories tended to be ambiguous and confusing which was noted by several participants. When speaking to the researcher on the telephone regarding other matters on the questionnaire, four participants commented on the ambiguity of the GHQ. Another participant specifically telephoned the researcher because she was having difficulty understanding the response choices of the GHQ. Three other participants made written comments on the GHQ part of the questionnaire, namely “confusing”, “doesn’t make sense”, and “don’t understand. Thus, the GHQ may not have been an appropriate measure of psychological adjustment for this group and results in the present study pertaining to this measure should be interpreted with caution.

6.1.3 Definitions of contact

Contact in adoption is a complex process and a limitation of the present study is the difficulty in quantifying every type of contact. Several commentators have highlighted this point, for example, McRoy et al. (1988) stated that examinations of the experiences of contact are complicated by the fact that open adoption has been defined in different ways by different people. Specifically, Baran and Pannor (1990) stated that, at that time, there was no one standard definition and practice of open adoption. As the findings of the present study revealed, many women in the sample experienced multiple types of contact and frequencies, which made attempts at quantifying contact more difficult than anticipated. In addition, the small sample size and small number of participants that did not experience any sort of contact made comparisons between contact and no contact impossible.

Nonetheless, the present research was able to capture the nature of contact in a more complete way than has usually been done in previous research. Furthermore, contact arrangements and the subsequent way it is documented and researched varies from country to country, and state to state, and while there have been some attempts at categorising forms of contact in a comprehensive way, such as in the study by McRoy et al. (1988), not all of these categories, such as time-limited contact, apply to the Victorian context.

While the present study examined both frequency and type of contact, it must be noted that because of the lack of significant correlation between the contact type of letters from the agency, with all the other contact types, this was excluded from the frequency of contact aggregated variable. This may have impacted on the results, although frequency of letters from the agency was low, with the majority of mothers experiencing this form of contact only once a year.

Clearly, an understanding of the ways in which contact is set up and practised in a local setting is necessary, but the necessity for local definitions does limit the comparability of open adoption across the international field.

6.1.4 Overall considerations of the strengths and limitations of the present study

In the present study, the use of standardised measures and attempts at operational definitions of grief, psychological adjustment and contact in adoption has provided invaluable information and a firm starting point for future research.

The sampling issues, particularly the small sample size and the challenges in conceptualising and statistically analysing contact, suggests caution in the interpretation of the findings. However, in contrast, it must be noted that one of the major strengths of the present research is the pioneering nature of the study in Australia.

6.2 Varieties of contact

6.2.1 Frequency and type of contact

The first aim of the present study was to document and examine the practice of open adoption and contact arrangements in the State of Victoria. While all the participants in the present study had relinquished their child for adoption under open adoption legislation, not every mother in the sample took up her right to contact, with five mothers experiencing no contact at all.

An interesting finding in this study was the important role the adoption agencies play in contact, with ten mothers solely experiencing contact that was mediated by the agency, and five mothers

experiencing not only direct contact (n=2 - in person and n=3 – letters from the adoptive family), but also contact via the agency. Direct contact without the assistance of the adoption agency was experienced by only a third of the sample. Ten mothers experienced regular in person contact which was accompanied by other forms of direct contact.

This study has shown that for the relinquishing mothers in this sample, contact had taken on many forms. This means that the definition of open adoption proposed at the outset of this research, stated in Section 3.2.1, of Chapter Three, seems to be an accurate assessment of what constitutes open adoption in Victoria. Thus, open adoption operates on a continuum from no contact, to information exchanges mediated by the adoption agency, through to regular face-to-face contact.

Previous research and commentaries have conceptualised open adoption a variety of ways, as detailed in Section 1.2, of Chapter One, and it seems that previous research has examined contact largely as a function of type of contact, rather than frequency. For example, Blanton and Deschner (1990) conceptualised contact in terms of the birthmother meeting the adoptive parents prior to the relinquishment. Thus, their investigation into the impact of contact on relinquishing mothers' level of grief was based on a dichotomous contact variable of open versus closed adoption. Similarly, Lauderdale and Boyle (1994) assigned their participants to either an open adoption group or a closed adoption group. Brodzinsky (1992), on the other hand, conceptualised contact on a continuum from non-identifying information exchanged prior to placement, to ongoing contact but still did not register actual frequency of contact. Cushman et al. (1997) only loosely defined frequency of contact, investigating associations between a number of

psychological variables and whether or not the birthmother had had contact with the child in the year prior to the study.

Grotevant and McRoy (1998) separated their sample into groups according to type of contact, ranging from minimal non-identifying information exchanged, which ceases after placement, to direct contact that either ceases after a specified period of time or continues on an ongoing basis.

The present study focussed upon both type and frequency of contact.

6.2.2 Satisfaction with contact

The present study defined contact as any type and frequency of contact post-relinquishment.

While type and frequency of contact was established, satisfaction with contact was also explored.

Mothers were asked to rate their degree of satisfaction with contact on a Likert-type scale.

The present study hypothesised that there would be a positive association between frequency and type of contact and satisfaction with contact. However, results revealed the opposite. There was a significant negative, albeit modest, association between frequency of contact and satisfaction with contact, with no association found between type of contact and satisfaction with contact. However, case summary analysis revealed that of the 10 mothers who experienced face to face contact, 8 of those reported being either unsatisfied or very unsatisfied with the contact arrangements. This poses the question of whether this is a result of type or frequency of contact, as those who had face to face contact experienced a lot more contact than other types of contact.

However, since some of the mothers who experienced face to face contact reported having to chase the adoptive parents for contact, and were subsequently unsatisfied with contact, it is likely that these particular women rated quite high for frequency of contact, purely because they had to send letters or make telephone calls to the adoptive family, in an attempt to pursue the agreed upon contact arrangements.

Comparisons with previous research for the hypotheses relating to satisfaction with contact are not possible, as there have been no previous empirical investigations specifically examining possible links between satisfaction with contact and frequency of contact. However, Henney et al. (2004) reported that those mothers in the Minnesota- Texas Adoption Research Project who experienced either mediated or fully disclosed adoptions tended to report very few dissatisfactions with contact, and numerous satisfactions. In fact only one mother from the fully disclosed group reported dissatisfaction with her openness arrangement, whereas 52% of mothers in the confidential group reported dissatisfaction. Of course, this finding may have been a function of contact type, rather than frequency. Nonetheless, the qualitative data from the present study suggested that for some mothers, dissatisfaction with contact was because of difficulties experienced with the adoptive family regarding trying to maintain the agreed upon access. This is a similar to finding to Henney et al. (2004) who found that many dissatisfying aspects of contact for mothers who were involved in either fully disclosed or mediated adoptions revolved around the adoptive family not upholding the agreed upon contact arrangements.

In the present study, approximately half the mothers reported being unsatisfied with the contact arrangements, which appears to be in contrast to the results of a few studies that have enquired in a more general sense about relinquishing mothers' satisfaction with contact. Lancette and

McClure (1992) found that their sample of five relinquishing mothers were all quite positive about their contact arrangements, and felt that contact helped them adjust to the relinquishment and come to terms with the adoption. Similarly, McRoy and Grotevant (1998) found that the relinquishing mothers in their sample who experienced contact generally found it to be a positive experience. Again, birthmothers in Etter's (1993) sample reported an overwhelming degree of satisfaction with contact, but it must be noted that these mothers were originally matched with the adoptive families according to their desired level of contact.

When further exploration of the variables of frequency of contact and satisfaction with contact was undertaken, the means indicated that the mothers who reported being "very unsatisfied" with contact experienced significantly more contact than those who were either "unsatisfied", "satisfied", or "very satisfied". While it was assumed in the planning of the current research that if relinquishing mothers were unsatisfied with the frequency of contact, it was because they in fact wished for more contact, the results suggested the opposite. Specifically, results suggested that the more frequent the contact was, the less satisfied with contact the mothers reported being. Qualitative analyses revealed that for many mothers who were unsatisfied with contact, this dissatisfaction was as a result of wanting more contact than they were experiencing. Another possible interpretation of this finding perhaps lies in the nature of the quality of the relationship established with contact. It is likely that mothers who are unsatisfied with contact continue frequent contact in the hope of either resolving some aspect of the relinquishment that continues to trouble them, or to fulfil something that is missing either within themselves, or in the relationship established through contact.

6.3 Psychological adjustment and contact

Part of the second aim of the research was to explore the psychological adjustment of relinquishing mothers as it relates to contact. A series of hypotheses were tested concerning associations between psychological adjustment and contact.

No significant associations were found between either frequency or type of contact and psychological adjustment, in contrast to the findings of several other studies in the field.

Cushman et al. (1997) found a significant association between the psychological adjustment of relinquishing mothers and contact, in that the more open the adoption, the more psychologically well adjusted were the relinquishing mothers. Similarly, McRoy et al. (1988) found that contact was related to a decrease in psychological disturbance, specifically anxiety relating to the child's well-being, and that even written updates alleviated the relinquishing mother's anxiety.

Brodzinsky (1992) found an association between contact and depression, indicating that mothers who were involved in a more open arrangement experienced less depression than those in a less open adoption arrangement.

Interpretation of the present findings must also take into account the fact that scores for the GHQ, the most general of the psychological adjustment measures used, were high across the board, suggesting a high degree of psychological distress. Since neither frequency nor type of contact were found to be associated with this, it is likely that factors other than contact play a larger role in the mothers' psychological life. Although Winkler and Van Keppel (1984) found in their sample a range of psychological difficulties, it was not clear whether the degree of psychological distress was a result of the relinquishment, or whether existing psychological disturbance had meant that the relinquishing mothers did not cope well with the relinquishment.

Interpretation here seems to present a common dilemma in relinquishing mother research.

Condon (1986) has suggested that it may be the case that the relinquishing mothers who have participated in research, and have been found to experience psychological disturbances, may have not only been predisposed to psychological distress in the first place, but that a degree of psychological disturbance may originally have contributed to an unwanted pregnancy and the subsequent decision to relinquish. However, it could also be argued that the distress caused by relinquishment is lifelong, and regardless of the type and frequency of contact with the child following adoption, relinquishing mothers still cannot adjust successfully.

While some, such as Blanton and Deschner (1990), have made comparisons between mothers who were satisfied with the adoption per se and psychological adjustment, there appears to be no published quantitative data on the specific hypotheses of an association between satisfaction with contact and psychological adjustment. However, Brodzinsky (1992) found a negative association between satisfaction with contact and depression.

The present study did not find an association between satisfaction with contact and psychological adjustment. However, the trend indicated that the more satisfied the relinquishing mothers were with contact, the less psychological distress symptoms they reported experiencing, and the more satisfied with their lives they were.

6.4 Grief and contact

The final part of the second aim of the present research was to explore the experience of grief resolution for relinquishing mothers in relation to contact. A series of hypotheses were tested concerning associations between grief and contact.

While no significant associations were found between frequency of contact and current grief, a significant association was revealed between contact and grief at the time of relinquishment, indicating that the higher the level of grief at the time of the relinquishment, the more contact mothers were likely to experience. Since part of an adoption plan in Victoria is for relinquishing mothers to indicate their desired type and frequency of contact at the time of relinquishment, this finding suggests that their degree of grief at the time of the relinquishment may have played a role in the degree of contact chosen.

The results of the present study indicate quite high levels of grief in the sample reported for both the time of the study and for that marked for the time of relinquishment. However, a significant difference was found on both grief measures between reports for the two time points, with grief at the time of the relinquishment being significantly higher than grief at the time of the study.

It is interesting to note that the mothers in the sample reported experiencing more intrusive thoughts than avoidance behaviours for both the time of relinquishment and the time of the study. According to Horowitz' (1990) theory of grief, intrusion is often associated with feelings of guilt. This was certainly the case with the present sample, where high levels of intrusion on

the Impact of Event Scale and high degrees of guilt on the Grief Experience Inventory were found.

While not significant, the present study found a trend linking higher frequency of contact with higher levels of current grief. This finding is curious, since previous research has suggested that contact impacts positively on grief resolution. For example, Grotevant and McRoy (1998) found significant differences in grief resolution between mothers involved in various types of contact arrangements, in that mothers involved in closed adoptions had poorer grief resolution than mothers in open adoptions. Similar results have been found in Lauderdale and Boyle's (1994) study, and in the research of Cushman et al. (1997), who found that relinquishing mothers who had had some contact with their child had lower levels of grief than those who had not had contact.

Nonetheless, while the trend relating to frequency of contact and grief found in the present study is in contrast to those of the majority of previous research, it does extend the findings of Blanton and Deschner (1990), who discovered that the mothers in their sample who were involved in open adoptions experienced more grief symptoms than those involved in closed adoptions. The present study investigated this notion in more detail, with the advantage of contact frequency placed on a continuum, rather than considering dichotomous groups of contact versus no contact. Thus, a distinct difference between the present study, and that of Blanton and Deschner (1990) is that results from the present study indicate a non-significant trend that the more contact mothers had, the greater their grief, whereas Blanton and Deschner's (1990) results reflected the dichotomous treatment of contact in their study, with results indicating those who had any amount of contact, reported more grief symptoms than those mothers who had no contact. An

interpretation here may be that grief resolution needs to involve a sense of total acceptance of the loss of the child, which can usually only be attained through a certain finality of the loss experience. Blanton and Deschner (1990) postulated that contact may prevent the relinquishing mother from breaking ties with her child, thus, leaving the relationship in limbo which, as traditional grief theory would generally suggest, impedes the process of reorganisation of ones life and re-appraising ones relationship to the lost person.

Furthermore, Blanton and Deschner (1990) highlighted a comparison of grief in women whose partner had died, and grief in women who had gone through a divorce, which revealed that divorced women often have a more difficult time letting go and recovering emotionally than do widows. In this scenario, death can be freeing in its finality. Indeed when the researchers compared their findings to normative data for parents whose child had died, they found that the women in the sample who had relinquished their child for adoption had stronger grief reactions than those whose child had died. The findings of the present study are suggestive of a more complex grief process for relinquishing mothers than what could be termed a 'normal' bereavement experience.

When reviewing the work of Blanton and Deschner (1990), Brodzinsky (1992) suggested that the positive association between contact and grief could be a result of the women in more open adoptions feeling more free to express their feelings of grief concerning the relinquishment. Similarly, it may be that the more grief mothers experience, the more they attempt to work through this by engaging in more contact. However, as the findings of the present study indicate, this may not necessarily act to reduce the grief.

From a different perspective, researchers such as Lauderdale and Boyle (1994) have discovered that at the actual time of relinquishment, many birthmothers did not get a proper chance to say goodbye to the child. The importance of rituals in grief and loss has been highlighted in the theoretical literature. Volkan (1970) argued that mourning rituals are an important aspect of the grieving process. However, the relinquishing mother is denied such rituals like a funeral. Millen and Roll (1985) supported this theory, and stated, "We believe that it would be useful to have a rite or an alternate method to acknowledge publicly the loss of a woman who has given up her child" (p. 418). This is further complicated by continued contact with the child. Nonetheless, a ritual to acknowledge the loss of a child to adoption may assist the mother to work through her loss while still acknowledging the existence of her child. This may then free her to cognitively reframe her relationship with her child, which could include contact.

When consideration is given to the positive overall satisfaction with life the mothers in the present sample reported, it would seem that while they may be attempting to work through a considerable degree of unresolved grief, they have been able to compartmentalise this area of their life. That is, while they may still be experiencing profound grief, albeit significantly less than at the time of the relinquishment, and are subsequently struggling with contact, evidenced by their dissatisfaction with contact, it seems that it is not affecting other areas of their life. The findings in the present study of high psychological distress and high levels of grief sitting beside reasonably positive satisfaction with life, requires further understanding. Perhaps, as critics of grief theories such as Wortman and Silver (1989) have argued that working through or acceptance of a loss is not necessary in grief resolution. It may be that the mothers in the present sample have been able to separate their grief and psychological distress from other aspects of their lives, and as Harvey (2002) suggested, have learnt to live with their loss, rather than try to work through it.

The findings of the present study did not demonstrate a significant association between satisfaction with contact and grief. This result is in contrast to the findings of Brodzinsky (1992), who discovered that the mothers in her sample who were more satisfied with the degree of openness experienced less grief. When consideration is also given to the present study's finding of a positive association between mothers' age and grief, and Brodzinsky's non-significant finding of the same, it may be that her measure of grief, an adapted version of the Perinatal Grief Scale, and the present study's use of the Impact of Event Scale and the Grief Experience Inventory, are tapping into different aspects of grief.

6.5 Other factors impacting on psychological adjustment and grief in relinquishing mothers

6.5.1 Mothers' age at the time of the study

The current age of the mother was significantly related to current grief, indicating that the older the mothers were, the lower their levels of grief at the time of the study. Interestingly, this did not seem to be associated with how old the mother was at the time of the relinquishment and the number of years that had passed since the relinquishment. This may indicate that the older a person is, the better psychologically equipped he or she is to cope with grief, regardless of when the loss actually occurred. While Brodzinsky (1992) also did not find an association between grief and the number of years that had passed since relinquishment, in contrast to the present study, she did not find an association between the mothers' age and grief.

6.5.2 Support

The few studies that have explored support for relinquishing mothers have demonstrated a link between lack of support and subsequent psychological distress and poor adjustment to the relinquishment (Davidson, 1994; Field, 1992; Logan, 1996). Winkler and van Keppel (1984) found that a lack of support was directly related to a decrease in psychological well being. The findings of the present study were in accord with previous findings. A significant negative association was found between support at the time of the study and psychological adjustment scores on the GHQ, indicating that the more supports mothers felt they had, the less psychological distress symptoms they experienced. Interestingly, there was also a significant association between support at the time of relinquishment and present perceived satisfaction with life. This suggests that support at the time of the relinquishment may either have long lasting effects or be part of an ongoing pattern of support.

The present study also found a significant association between grief and support, both at the time of relinquishment and the time of the study, in that mothers who felt well supported, felt less grief. This is in line with the work of Brodzinsky (1992), who found that mothers who experienced a higher level of satisfaction with available support reported lower levels of grief. Particularly relevant to this study is Brodzinsky's finding of a positive association between the actual number of people named as supports and levels of grief.

The findings of the present study concerning support are also in line with those of Lauderdale and Boyle (1994), that relinquishing mothers with few supports believed that this lack of support led to overwhelming feelings of grief and loss. Furthermore, the mothers in Lauderdale and

Boyle's study reported that they believed that had they been given the opportunity to talk through their feelings, they would have had a better chance of working through some of their grief.

The findings of the present study regarding support and grief are not surprising if the concept of disenfranchised grief is considered (discussed in Section 2.1.6.3 of Chapter Two). Harvey (2002) argued that support and disenfranchised grief are directly related, for if an individual's grief is not, or cannot be, openly acknowledged, the grieving person often cannot be supported by others. Indeed, historically, relinquishing mothers' grief has been ignored, as it was commonly believed they should simply forget about their child and get on with their lives (Brodzinsky, 1990).

6.5.3 Choice in relinquishment

In the past, the decision to relinquish a child for adoption was not always the choice of the mother herself. Many women have reported, years later, the pressure and coercion they experienced at the time of the pregnancy and subsequent relinquishment (Deykin et al., 1984). While in recent years women have supposedly been given more choice and access to services and support, research has indicated that for some women, the choice in deciding whether to relinquish a child for adoption has been fraught with pressure and lack of freedom to choose (Logan, 1996; Field, 1992).

Wiley and Baden (2005) argued that there appears to be little empirical attention paid to the role played by choice in relinquishment. They proposed that the degree to which mothers felt they

had been coerced into a relinquishment should be taken into account when investigating outcomes for relinquishing mothers.

Lauderdale and Boyle (1994) found that women who felt they had some choice in their decision to relinquish their child for adoption, tended to accept and adjust to the relinquishment better than those who felt they were not entirely responsible for the decision to relinquish. In the present research, a significant positive association was found between choice in relinquishment and satisfaction with life, indicating the more choice the mothers felt they had in the relinquishment, the greater their reported current satisfaction with life.

Similarly, the results of the present study found that the degree of grief the mothers in the sample experienced was significantly associated with the degree of choice they felt they had in their decision to relinquish. The results indicated that the more choice the mothers felt they had about relinquishing, the fewer grief symptoms they experienced. This supports the findings of the research by De Simone (1996), who found in his sample of relinquishing mothers that the greater the perception of coercion by others, the higher the levels of unresolved grief. Seventeen mothers in the present study reported that either their parents or the child's birthfather had, to some degree, influenced their decision to relinquish.

6.5.4 Guilt

Feelings of guilt expressed by relinquishing mothers is a common finding in the literature (eg., Logan, 1996; Condon, 1986). While the present study did not focus on the concept of guilt, post hoc analyses revealed guilt to be significantly associated with both psychological adjustment and

grief. Specifically, results indicated that the less guilt mothers' felt at the time of the relinquishment, the greater their current satisfaction with of life, and greater quality of life. Guilt at the time of the relinquishment was significantly associated with guilt at the time of the study, suggesting that feelings of guilt at the time of the relinquishment may be an indicator of degree of guilt that is carried through many years.

Guilt was also associated with grief. There was a significant positive association between guilt and grief at the time of the relinquishment, indicating that the more guilt mothers' felt at the time of the relinquishment, the more grief they experienced.

6.6 Integrative interpretation of the findings

It would seem that the small sample of 30 in the present study presented a clinical picture, with mothers overall reporting a high degree of general psychological distress, and high degrees of grief. However, at the same time, nearly half the sample reported being satisfied with their lives. Frequency and type of contact was not found to be significantly associated with psychological adjustment or grief of the mothers. The lack of significant associations found in the present study between contact and psychological adjustment are in contrast to the findings of other studies in the field. Cushman et al. (1997) found a positive association between psychological adjustment and contact, and McRoy and Grotevant (1998) found a negative association between contact and psychological distress, namely, anxiety. Brodzinsky (1992) found a negative association between contact and depression. Small cell sizes for frequency and type of contact may have accounted for the non-significance found in the present study. In addition, previous psychological disturbance may also have impacted on this result. Furthermore, the way in which contact was

treated in the present study was unique to the field, making direct comparisons of results from previous studies difficult.

While the present study did not find a significant association between contact and grief, the trend indicated that the more frequent the contact, the higher the levels of current grief. This is in contrast to other studies in the field. For example, Grotevant and McRoy (1998) found that mothers involved in closed adoptions had poorer grief resolution than mothers in open adoptions. Similarly, Lauderdale and Boyle (1994), and Cushman et al. (1997) found that mothers who had some contact with their child reported lower levels of grief than those who had not had contact. On the other hand, the trend found in the present study extends the work of Blanton and Deschner (1990), who found that mothers in their sample who were involved in open adoption experienced more grief symptoms than those involved in closed adoptions. The findings of the present study were interpreted here in relation to general theories of grief, particularly stage theories (eg.; Sanders, 1999; Horowitz, 1990) that emphasise a "completion" or "acceptance" stage to mark the end of the mourning period, highlighted by an acceptance of the finality of the loss. The difficulty that some of the mothers who had more regular contact experienced in grief resolution may have been related to a difficulty with acceptance of the loss, which, according to traditional grief theory, can usually only be attained through finality of the loss experience. Thus, ongoing contact with the child may interfere with this process for relinquishing mothers. However, another explanation, as Brodzinsky (1992) highlighted, is that mothers who have more ongoing contact may feel more free to express their grief regarding the relinquishment.

The present study found a significant negative association between frequency of contact and satisfaction with contact. This was interpreted in terms of those relinquishing mothers who

reported high levels of dissatisfaction with contact but who also experienced more frequent contact than others in the sample who were comparably more satisfied with contact, possibly feeling compelled to maintain a level of contact they were not comfortable with. They may have felt either persuaded by the adoptive parents, felt it was in the best interests of the child, or felt a sense of guilt, which was propelling them to have an amount of contact that was not satisfactory for them. Furthermore, anecdotal evidence indicates that many relinquishing mothers feel they cannot express dissatisfaction with the circumstances surrounding the relinquishment, or subsequent contact. While in the State of Victoria, Australia, if either party wishes to change the conditions of contact, they can have the contact arrangements reviewed by the adoption agency, anecdotal evidence indicates this rarely occurs. Another possible explanation for this result lies in the qualitative responses to questions relating to satisfaction with contact. Results suggested that mothers who experienced regular contact found that, no matter how much contact they had, it was never enough. On the other hand, those who had limited contact did not report a desire for more contact. Perhaps this means that while some contact reassures mothers of their child's health and wellbeing, there may be a limit to how much contact is comfortable for a relinquishing mother, with too much possibly leading to a sense of role confusion.

Another possible explanation for the negative association found between frequency of contact and satisfaction with contact, lies in the very nature of contact, rather than the type or frequency. It is possible that it is the actual relationship or interpersonal interaction established in contact that provides satisfaction or fulfilment, rather than the type or frequency of contact. Perhaps, those who are engaging in more frequent contact and are not satisfied with that contact, continue the more frequent contact in the hope that whatever is not working or perhaps missing from that relationship will be resolved at some point soon.

Degree of support and degree of perceived choice in the actual relinquishment were found to be significantly associated with psychological adjustment and grief, with the data indicating that the more support mothers felt they had and the more choice they felt they had in the relinquishment, the lower their levels of grief and greater their degree of psychological adjustment.

The impact of social support found in the present study is in line with the findings of relinquishing mother studies and the broader field of social support. For example, Lauderdale and Boyle (1994) found that the relinquishing mothers who had few supports believed this to be a reason for their overwhelming sense of grief and loss. More specifically, Brodzinsky (1992) found a negative association between number of supports and levels of grief, and with satisfaction with available supports and grief.

In terms of choice in the relinquishment decision, the present findings are similar to those found by Lauderdale and Boyle (1994), who discovered that the relinquishing mothers who felt they had some choice in their decision to relinquish their child tended to accept and adjust to the relinquishment better than those who felt they were not entirely responsible for the decision. Similarly, De Simone (1996) found that the greater the perception of coercion by others, the higher the levels of unresolved grief in relinquishing mothers.

Post hoc analyses revealed the pervasive nature of feelings of guilt in relinquishing mothers which is consistent with the literature (eg., Condon, 1986; McRoy & Grotevant, 1998). Results found significant associations between guilt and psychological adjustment and grief, and can

indicate that mothers who felt less guilt, enjoyed greater satisfaction with, and quality of life, and experienced less grief. However, guilt was not associated with satisfaction with contact.

One could speculate that whether or not there is contact, the same adjustment difficulties are inherent in both open and closed adoptions and do not seem to be ameliorated by contact.

Furthermore, the issue of grief has been highlighted in the study as being difficult to resolve and symptoms of grief, although decreasing over time, appear to be long lasting, with contact possibly being irrelevant to this resolution.

CHAPTER 7

IMPLICATIONS OF THE FINDINGS

The summary of the findings at the end of Chapter Six sets the scene for further exploration of the findings in relation to theory, practice and research, regarding both methodological issues and areas for future empirical investigations.

7.1 Implications for theory

There has been a notable lack of attention paid to theory concerning the experience of relinquishing a child for adoption. Numerous studies of both open and closed adoptions have alluded to grief and loss concepts, but have generally failed to underpin the research with relevant theoretical models. While Winkler and van Keppel highlighted this lack of theoretically driven research in 1984, and made attempts to ground their research in theories of grief and stressful life event theories, their recommendations have largely not been taken up by researchers in the field. Of course, it is entirely possible that some researchers may have essentially taken the defensible position that theorising is premature in the context of minimal data.

The present study, however, has emphasised the importance of employing theoretical frameworks in the design of relinquishing mother research, such as the use of theories of grief. Among the findings relating to grief in the present study, high levels of intrusive thoughts, guilt

and anger were prominent. Teasing out some of these issues within the theories used in the present study may be worthwhile to further understand grief in relinquishing mothers.

Advancements in grief theory, and the emergence of a more complete understanding of particular forms of grief, such as anticipatory and disenfranchised grief, were considered to be particularly relevant to relinquishing mothers. As Harvey (2002) noted, disenfranchised grief is often associated with a lack of social support. This could be said to be demonstrated in the present sample of relinquishing mothers. It could be argued that relinquishing mothers' grief is disenfranchised, as many people would not understand how a person can grieve a loss that is not death. Furthermore, as previously highlighted, relinquishing mothers have historically been encouraged to forget about their lost child, and simply move on with their lives. While this concept may be outdated in some circles, it is doubtful whether the wider community truly understands the loss and grief involved in relinquishing a child for adoption. Thus, mothers' grief is certainly disenfranchised and therefore, fewer supports are available. Indeed the present research has shown a link between grief and lack of support, and it is suggested that the mothers in the current sample may have been experiencing a degree of disenfranchised grief. Many researchers have argued that the concept of grief is difficult to quantify and assess, reflected in the lack of standardised measures of grief. Brodzinsky (1990) has postulated a need for an adaptive model of grieving that individualises existing grief theories to fit better with the experience of relinquishing a child for adoption. Perhaps in this context, the concept of disenfranchised grief may be applicable and worthy of further theoretical development.

The findings of the present study, primarily the high grief and psychological distress scores, suggest that stress and coping models are important to consider in conceptualising the experience

of the relinquishing mother. For example, theories could be elaborated here that take account of individual differences in the experience of stress, differences determined by an individual's cognitive style of appraising the stressor, and the ways in which one copes with the situation (Brodzinsky, 1990). Indeed, Winkler and van Keppel (1984) argued that a stressful life event model could explain well the relinquishment experience. Overall, the present study supports Brodzinsky's (1990) proposal that research into individual differences in the appraisal of the relinquishment, and the specific coping behaviours used to handle the stress of relinquishment, is important for the future.

7.2 Implications for practice

7.2.1 Support

Adequate support was highlighted in the present study's findings as being an important aspect when coping with a relinquishment. Relinquishing a child for adoption is still fraught with feelings of shame and guilt, which can result in mothers not seeking support from family, friends, and professional support services. While the present study did not investigate satisfaction with, or quality of support available to the mothers in the sample, it did demonstrate that the number of supports available to the mother at the time of relinquishment had a significant bearing on her future health and well being and levels of grief and loss.

This implies that professional support services need to ensure that the relinquishing mother feels empowered to make an informed choice about the details of her child's adoption, that she receives advice on future contact arrangements that are individually tailored to her needs, and that she is appropriately counselled about the very real issues of grief and loss.

In addition, the present study found a significant relationship between support at the time of relinquishment and current levels of support, suggesting that at the time of relinquishment, if a secure support base is established, the relinquishing mother can draw on this support in the future.

7.2.2 Choice in relinquishment

While the majority of mothers in the sample reported that they felt the decision to relinquish their child was primarily their own, some did not. The results revealed that the choice to relinquish was significantly related to grief and psychological well-being, suggesting that those who felt the relinquishment was entirely their own decision, fared better psychologically than those women who felt they had little choice in the matter. This fact is important for practice, with adoption agencies needing to be as certain as possible that the relinquishing mother understands her rights and options. Adoption agencies also need to take time to assist the mother to make an informed and free choice, and allow for follow up counselling to deal with later doubts.

7.2.3 Contact in practice

Findings of the present study have demonstrated that the mothers who participated in the research did not experience contact in the same way, as a variety of contact forms were apparent. However, many women reported feeling unsatisfied with the contact arrangements, which was in turn found to be associated with compromised general psychological adjustment. In the State of Victoria, Australia, adoption agencies do not usually monitor adoption clients after a certain period of time, unless they are directly involved in contact on an ongoing basis. Further,

relinquishing mothers may feel they have no right to discuss their concerns with their adoption agency and, therefore, do not make contact with the agency about their worries. Perhaps more active and intensive follow up by adoption agencies would address this lack of satisfaction.

It has been suggested in the literature that an important part of grief resolution is a ritual to acknowledge the loss being mourned. In bereavement by death, this ritual is usually a funeral and associated social events. However, relinquishing a child for adoption does not usually result in any specific formal ritual to acknowledge the loss (Millen & Roll, 1985). This is further complicated with contact with the child and thus, a ritual to acknowledge the loss of a child to adoption may assist the mother to work through her loss while still acknowledging the existence of her child.

All of the 10 mothers who reported having face to face contact had also met the adoptive parents prior to the placement. Thus, meeting the adoptive parents prior to placement may be a precursor to the establishment of ongoing face to face contact. Therefore it is important for agencies to understand that the way contact is initially set up and experienced tends to be long lasting.

7.3 Implications for future research

7.3.1 Methodology

The present study has emphasised the need for more robust studies in the area of relinquishing mothers in adoption. Currently, it seems the field is still grappling with the most effective way of

understanding the relinquishment experience. The majority of research to date has used a qualitative approach with varying degrees of robustness. A combination of quantitative and fulsome qualitative approaches beyond the scope of the present study, would provide a more comprehensive picture of the relinquishment experience. Indeed, a large proportion of the mothers in the present sample indicated their willingness to participate in interviews, while others who declined to be involved in a questionnaire study, were keen to simply tell and express their experience in a less structured way. The response rate for the present study was quite low. Possible reasons for this are proffered in Section 6.1.1 in Chapter Six, such as the emotive aspect of the topic. However, some of these reasons relate to methodological issues, which need to be kept in mind in future studies. Addresses for potential participants in the present study dated back nearly 20 years and the agencies were unable to confirm whether these addresses were current. Future studies need to take this fact into consideration, or if possible, only contact potential participants that are known to be still at the same address.

Although the present study was not longitudinal in design, it did demonstrate through the retrospective use of the grief measures that the psychological experience of relinquishing a child for adoption changes over time, indicating the necessity for a longitudinal approach, tracking changes in not only the psychological experience of relinquishment, but also the practicalities of contact over time.

The challenging sampling issues obviously need to continue to be addressed in future research. Future studies involving general standardised measures, such as the GHQ, may provide a clearer picture of the sample if a matched control group was to be used. In addition, while a sample that can be generalised to the population under investigation may be difficult to recruit, a larger

sample would provide greater robustness and greater flexibility in statistical analysis - a limiting factor in the present study. A larger sample size may reveal greater variability in contact arrangements, which would permit a comparison between mothers who experience some type of contact and those mothers who experience no contact at all.

Given the clear involvement of psychological adjustment found in both previous research and the present study, future research should attempt to screen participants for factors relating to past experience that may impact on the open adoption situation, such as past psychological difficulties, previous loss, and pregnancy related experiences.

7.3.2 Areas for future exploration

The present study largely focused upon the areas of psychological adjustment and grief, based upon indications from previous research in the field of both open and closed adoptions. In adoption research, and research into grief in general, there does not appear to be an easy or uniform way of exploring this experience, and future research needs to take this into account when attempting to assess grief in the relinquishing mother. The present study partly attempted to address this by using more than one grief measure, but greater clarity is required concerning the grief process specific to relinquishing mothers to ascertain the best way to examine this experience. Similarly, psychological adjustment appears to be a broad term applied to the relinquishment experience. The present study has attempted to conceptualise psychological adjustment as it relates to the relinquishment experience, but greater clarity is required.

Grief and psychological adjustment aside, the present study has alluded to a number of other factors that need to be considered when examining the relinquishment experience in open adoption. For example, the study has highlighted the importance of support for the relinquishing mother. Perceived and actual support should be examined to understand the most helpful resources, in particular the role played by professional supports. Future research should consider the type of support available to the relinquishing mother and the circumstances relating to accessing that support. Furthermore, as Brodzinsky (1992) has identified, satisfaction with available support is a factor in grief resolution for relinquishing mothers. Brodzinsky not only assessed the number of supportive persons available to the relinquishing mother, as did the present study, but also assessed the perceived satisfaction with those supports. Since the present study was not primarily investigating support, this more in-depth investigation of support was not employed. However, since the results indicate the importance of support, coupled with supporting previous research in the area, such as the work of Winkler and van Keppel (1984) and Brodzinsky (1992), future research should attempt to explore the issue of support in more detail.

The finding that guilt was strongly associated with both psychological adjustment and grief, together with the finding that guilt as a construct is relatively stable over time, suggests that further exploration of the role of guilt in relinquishment is necessary.

The experience of adoption is obviously best understood when all parties to the adoption are involved in investigations. This is especially the case for open adoption, and research investigating the experience of contact by the adopted child, adoptive families, and the relinquishing parents would provide a more complete picture of what constitutes open adoption in practice and how this is experienced and managed by all the parties involved.

7.4 Conclusion

This exploratory study postulated that for the relinquishing mother participating in open adoption in Victoria, Australia, the experience of contact with her child would ameliorate psychological distress and protracted grieving. However, it was found that, in fact, actual type and frequency of contact did not seem to have much of an impact on relinquishing mothers' psychological lives. However, mothers' satisfaction with their contact experiences impacted on their degree of psychological distress with those who were more satisfied, reporting fewer psychological distress symptoms than those who were not satisfied. Thus, in terms of psychological distress, the present study has demonstrated that it is not the type or frequency of contact, but rather the degree of satisfaction with contact, that impacts on psychological adjustment and suggests that quality of contact may be a more powerful factor than frequency or type of contact.

Support, degree of choice in the relinquishment decision, and guilt had significant links with the psychological adjustment and grief of the mothers in the sample. These factors tend to be similar to those experienced by relinquishing mothers in traditional closed adoptions, suggesting that it is the experience of relinquishing a child for adoption per se that produces the often devastating and long term negative effects on the relinquishing mother which may be outweighed by any positives in contact. Furthermore, while grief did decrease for the mothers since the time of relinquishment, their degree of grief was still quite high, indicating that the passage of time and ongoing contact with the child and/or adoptive family had not necessarily assisted the mothers in overcoming their grief. Similarly, degree of guilt felt at the time of the relinquishment was associated with degree of guilt felt at the time of the study indicating that like grief, the years since relinquishment did little to decrease feelings of guilt associated with the relinquishment.

This study has demonstrated that the field of open adoption, both in research and practice, is still in its early stages of conceptualisation in Australia. The field will be enhanced with a focus on some of the basic psychological issues of relinquishing mothers, before contact in open adoption can be fully understood and effectively promoted.

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APPENDIX A
INTRODUCTORY LETTER

Agency Letterhead

Date

Dear

Our records indicate that some time ago you used our services. Together with Victoria University, we are conducting research into your experience of those services and are inviting you to participate. At this stage the researcher has no identifying information about you and if you did agree to participate, no identifying information from you would be required. Your participation would be anonymous and completely confidential. If you are interested in receiving more information about the research which aims to provide a better service, please return the attached form in the reply paid envelope. Alternatively you may telephone the Researcher, Ms Madeleine McNiece, Victoria University, on 9375 7518 or 0410 436 794, or you can telephone contact Sheena McKendrick from Uniting Care Connections on 9530 0666. .

Thank you in anticipation.

Name
Agency

Att:

APPENDIX B

MAILBACK FORM

I would like more information about the research by: (Please complete 1 or 2)

1) **Mail** – Please post me information at the following address: (Name optional)

OR

2) **Telephone** – Please call me on phone: _____

The best time to call me is: _____

APPENDIX C

EXPLANATORY STATEMENT

Dear

Thank you for indicating your interest in my research. I am a Doctoral student in the Department of Psychology at Victoria University. As part of my course I am conducting a research project on the experiences of birthmothers who have relinquished their child for adoption in the last 18 years. The project will be supervised by Dr Jenni Rice, a registered psychologist and Senior Lecturer at the University. We are conducting this research with the co-operation of Uniting Care Connections, who sent out the introductory letter you received. Introductory letters were sent to a number of women like you who relinquished their child for adoption through their agency (formerly Copelen Family Services) in the last 15 years. As a result of that letter, you have indicated that you may wish to help with the research by taking part.

This is important research because the agency does not have much information about the health and well being of birthmothers who have used their service and it is of concern to them, and to the researchers, to understand how women who have relinquished a child are getting on. This information is vital for the improvement of services and the welfare of both women and children. We are also interested in learning about whether you have contact with your child, how this is going and how you feel about this.

If you are willing to participate please complete the enclosed questionnaire relating to your relinquishment experiences and your current well being. You do not need to identify yourself in the questionnaire however, questionnaires are numbered in the event that you may decide to withdraw from the project at any time. Please return your completed questionnaire in the reply paid envelope enclosed. If you wish to withdraw your questionnaire at any time, you may contact myself on 9375 7518 or 0410 436 794 or Dr Jenni Rice on 9365 2586 (direct line) and request your numbered questionnaire be destroyed. Please keep the final “details” page that contains your number.

You may also wish to participate in a confidential interview. The research would be greatly assisted if you were able to help in this way. If this is the case please fill out the last section of the questionnaire. If you agree to an interview, I would conduct it in your home, or elsewhere if you would prefer. As with the questionnaire, the interview will ask about your relinquishment experiences and your current well being. The interviews will be transcribed and the questionnaires coded by me. Your participation will be strictly confidential, and no names will be included in the final report. The records will be kept in coded form for seven years following the completion of the research, after which time they will be destroyed. Even if you agree to participate, you will always be free to withdraw from the project at any time.

Due to the sensitive nature of this project, if at any time during your participation you feel the need for support, please contact Sheena McKendrick from Uniting Care Connections on 9530 0666. Alternatively, you may contact myself or Dr Jenni Rice at any time on the above telephone numbers should you wish to discuss the research or have any questions.

We hope that the information gained from this research will help the community, including adoption agencies, support birthmothers better.

Thank you in anticipation.

Madeleine McNiece

Dr Jenni Rice

Supervisor

APPENDIX D1
QUESTIONNAIRE: ADOPTION DETAILS

QUESTIONNAIRE #

Thank you for agreeing to fill out a questionnaire. If you would like to make additional comments please do so at any time just by writing them throughout the questionnaire.

The purpose of this project is to provide reliable information about the experiences of mothers who have relinquished a child for adoption, how these experiences change over time, and to look closely at why some mothers find relinquishment very difficult and some find it less difficult. This questionnaire will cover a variety of topics: non-identifying personal information; your experiences at the time of and since your child was relinquished; your health; and responses such as expression of feelings, sense of loss and social support. Because I do not know about the full range of birth mothers' reactions, I have to ask you about a lot of things. In doing so, however, I do not want to suggest that you should have reacted in any particular way. People's reactions are very different.

ADOPTION DETAILS

Your baby

1. When was your baby born?

Month _____ Year _____

2. Did you have: (please circle corresponding letter)

- a. a boy
- b. a girl

3. Did you see &/or hold your baby after s/he was born?

Yes ☐ If Yes, how frequently? _____
No ☐

4. Was the child you placed for adoption your: (please circle corresponding letter)

- a. first born
- b. second born
- c. third born
- d. other (specify) _____

Circumstances of the relinquishment

5. At the time that you placed your child for adoption were you: (please circle corresponding letter)

- a. single
- b. married
- c. in a stable defacto relationship
- d. divorced
- e. widowed

6. For what reason(s) did you place your child for adoption? Please check each statement that was true for you.

- I was too young

☐
- I was too old

☐
- My physical health

☐
- My emotional health

☐
- My finances

☐
- I was single

☐
- The wishes of my mother

☐
- The wishes of my father

☐
- The wishes of the child’s father

☐

Other (specify) _____

7. When did you sign consent to place your baby for adoption?

Month _____ Year _____

8. Please rate the extent to which you feel that the decision to sign consent for the adoption of your child was based on your own wishes.

1

2

3

4

5

not at all

slightly

moderately

mostly

completely as I

as I wished

wished

9. Did you receive any counselling before you gave consent to place your child for adoption?

Yes ☐

No ☐

If Yes, to what degree was this counselling helpful to you in your decision to place your child for adoption?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
very unhelpful	somewhat unhelpful	neutral	somewhat helpful	very helpful

Reasons:

10. Do you have any other comments you would like to make about the circumstances of your relinquishment and your child’s placement for adoption?

11. Please rate the degree to which you were satisfied with the way the adoption agency handled the process of placing your child for adoption.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
very dissatisfied	somewhat dissatisfied	neutral	somewhat satisfied	very satisfied

Reasons:

The adoptive family

12. Did you visit your baby in foster care before his/her placement with an adoptive family?

Yes	<input type="checkbox"/>	If Yes, how often did you visit? _____
No	<input type="checkbox"/>	

13. How old was your baby when s/he was placed with an adoptive family?

_____(weeks)

14. If it was important to you, are you satisfied that you were able to choose a suitable adoptive family for your child?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Reasons for your answer _____

15. Did you meet the adoptive family prior to your child's placement with them?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

16. Are you happy with the adoptive family that your child was placed with?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Reasons for your answer _____

17. Have you had any face-to-face contact with your child since s/he was placed with an adoptive family?
- Yes ☐
- No ☐
- If Yes, how old was your child when you first had contact after the placement? _____
- If Yes, When was your most recent contact with your child? _____

Your feelings

18. Did you experience a sense of loss during the first 12 months after your child was placed for adoption?
- Yes ☐
- No ☐
- If yes, please describe _____
- _____
- _____
19. Have there been periods in your life since the adoption when your ‘sense of loss’ has been greater (eg: birth of subsequent children, birthday of your relinquished child).
- Yes ☐
- No ☐
- If yes, please give details _____
- _____
- _____

Support

20. Who did you feel you could talk to about your child at the time of relinquishment?
- _____
- _____
- _____

21. Who do you feel you are currently able to talk to about your child and his/her relinquishment?

22. Have you ever sought counselling to help you to come to terms with having relinquished your child?

Yes ☐
No ☐

If Yes, what prompted you to seek counselling?

23. Would you be interested in talking to other women who relinquished a child for adoption?

Yes ☐
No ☐

Thinking about your child

24. How often do you think about your child? (please circle corresponding letter)

- a. daily
- b. weekly
- c. monthly
- d. several times a year
- e. once a year
- f. less than once a year

25. Do you ever have to stop yourself from thinking about your child?

Yes ☐
No ☐

If Yes, In what situations do you do this?

Access

26. What were the access or information arrangements you agreed to at the time you gave your consent for your child to be adopted?

27. Did you nominate anyone else (besides yourself) to have access with your child?

Yes ☐

No ☐

If yes, who?

28. Please indicate the type and frequency of accesses you now have with your child? (Please tick as many as apply)

Type of Access	Frequency of Access					
	Monthly or more often	Every 2 to 3 months	Twice a year	Once a year	Less than once a year	Never
In person visits / outings						
Telephone calls						
Letters/cards/photos directly from your child						
Letters/cards/photos directly from the adoptive family						
Letters/information/photos from the agency						
Other (please specify)						

29. Who initiates the accesses (Please circle as many as apply)

- a. You
- b. Child
- c. Adoptive Family
- d. Agency

30. Please rate your satisfaction with access

1	2	3	4
very	unsatisfied	satisfied	very
unsatisfied			satisfied

31. Comments regarding access:

APPDENDIX D2

QUESTIONNAIRE: GENERAL HEALTH QUESTIONNAIRE

The following questions relate to your health and well being **over the last few weeks**. Please circle the answer which you think most nearly applies to you. Remember that I want to know about present and recent complaints, not those you had in the past.

Been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
Lost much sleep over worry?	Better than usual	Same as usual	Less than usual	Much less than usual
Been having restless, disturbed nights?	Better than usual	Same as usual	Less than usual	Much less than usual
Been managing to keep yourself busy and occupied?	Better than usual	Same as usual	Less than usual	Much less than usual
Been getting out of the house as much as usual?	Better than usual	Same as usual	Less than usual	Much less than usual
Been managing as well as most people would in your shoes?	Better than usual	Same as usual	Less than usual	Much less than usual
Felt on the whole you were doing things well?	Better than usual	Same as usual	Less than usual	Much less than usual
Been satisfied with the way you've carried out your task?	Better than usual	Same as usual	Less than usual	Much less than usual
Been able to feel warmth and affection for those near to you?	Better than usual	Same as usual	Less than usual	Much less than usual
Been finding it easy to get on with other people?	Better than usual	Same as usual	Less than usual	Much less than usual
Spent much time chatting with people?	Better than usual	Same as usual	Less than usual	Much less than usual
Felt that you are playing a useful part in things?	Better than usual	Same as usual	Less than usual	Much less than usual
Felt capable of making decisions about things?	Better than usual	Same as usual	Less than usual	Much less than usual
Felt constantly under strain?	Better than usual	Same as usual	Less than usual	Much less than usual
Felt you couldn't overcome your difficulties?	Better than usual	Same as usual	Less than usual	Much less than usual

Been finding life a struggle all the time?	Better than usual	Same as usual	Less than usual	Much less than usual
Been able to enjoy your normal day-to-day activities?	Better than usual	Same as usual	Less than usual	Much less than usual
Been taking things hard?	Better than usual	Same as usual	Less than usual	Much less than usual
Been getting scared or panicky for no good reason?	Better than usual	Same as usual	Less than usual	Much less than usual
Been able to face up to your problems?	Better than usual	Same as usual	Less than usual	Much less than usual
Found everything getting on top of you?	Better than usual	Same as usual	Less than usual	Much less than usual
Been feeling unhappy and depressed?	Better than usual	Same as usual	Less than usual	Much less than usual
Been losing confidence in yourself?	Better than usual	Same as usual	Less than usual	Much less than usual
Been thinking of yourself as a worthless person?	Better than usual	Same as usual	Less than usual	Much less than usual
Felt that life is entirely hopeless?	Better than usual	Same as usual	Less than usual	Much less than usual
Been feeling hopeful about your own future?	Better than usual	Same as usual	Less than usual	Much less than usual
Been feeling reasonably happy, all things considered?	Better than usual	Same as usual	Less than usual	Much less than usual
Been feeling nervous and strung-up all the time?	Better than usual	Same as usual	Less than usual	Much less than usual
Felt that life isn't worth living?	Better than usual	Same as usual	Less than usual	Much less than usual
Found at times you couldn't do anything because your nerves were too bad?	Better than usual	Same as usual	Less than usual	Much less than usual

APPENDIX D3

QUESTIONNAIRE: IMPACT OF EVENT SCALE
REACTIONS TO RELINQUISHMENT EXPERIENCE

The decision to place your child for adoption is a difficult one and can be regarded as a stressful life event.

On _____ you relinquished your child for adoption
(please insert date) (stressful life event)

Below is a list of comments made by people after stressful life events. Please read each statement and indicate **how frequently** these comments were true for you at two different periods in your life – at the time you signed the consent for adoption of your child and over the last seven days. Please remember when answering these questions that the event being referred to as “it”, is *relinquishing your child for adoption*. Please indicate the appropriate frequency for you at each of the three time points by the following numbers:

1 = Not at all 2 = Rarely 3 = Sometimes 4 = Often

	In the week you signed consent for adoption of your child	In the last 7 days
I thought about it when I didn't mean to.		
I avoided letting myself get upset when I thought about it or was reminded of it.		
I tried to remove it from memory.		
I had trouble falling asleep or staying asleep.		
I had waves of strong feelings about it.		
I had dreams about it.		
I stayed away from reminders of it.		
I felt as if it hadn't happened or it wasn't real.		
I tried not to talk about it.		

	In the week you signed consent for adoption of your child	In the last 7 days
Pictures about it popped into my mind.		
Other things kept making me think about it.		
I was aware that I still had a lot of feelings about it but I didn't deal with them.		
I tried not to think about it.		
Any reminder brought back feelings about it.		
My feelings about it were kind of numb.		

APPENDIX D4 **QUESTIONNAIRE: GRIEF EXPERIENCE INVENTORY**

LOSS AND GRIEF

Previous research has indicated that many women who relinquish a child for adoption feel a sense of loss. The following questions are concerned with the experience of grief. The statements included represent thoughts and feelings commonly expressed by people who have suffered a loss and are grieving.

I would like to ask you to try to remember how you were feeling at the time you consented to the placement of your child for adoption. Please read each statement and indicate how much these comments were true for you during the week when you relinquished your child . Please indicate how much you had these thoughts and feelings at the time your child was relinquished by placing numbers in the first column.

I would also like to know how much these thoughts and feelings have been true for you over the last seven days. Please indicate how much you had these thoughts and feelings in the last seven days by placing numbers in the second column.

Please indicate the appropriate frequency of these thoughts and feelings at both time points by the following numbers:

- | | | |
|----------------------------|----------------------------|---------------------------|
| 1 = Not at all true for me | 2 = Rarely true for me | 3 = Sometimes true for me |
| 4 = Frequently true for me | 5 = Constantly true for me | |

	During the week when your child was relinquished	During the last seven days
I felt I could have done more to prevent my child from being placed for adoption		
I had feelings of guilt because I had to relinquish my child for adoption		
I felt that I did all that could have been done to provide for my child		
The yearning for my child was so intense that I felt physical pain in my chest		
I yearned for my child		
I found myself unconsciously looking for my child in a crowd		
I was strongly preoccupied with the image of my child		
I could not stop crying		
I felt dazed and confused		
I had difficulty believing that my child was placed for adoption		

- 1 = Not at all true for me
 2 = Rarely true for me
 3 = Sometimes true for me
 4 = Frequently true for me
 5 = Constantly true for me

	During the week when your child was relinquished	During the last seven days
I felt exhausted		
My arms and legs felt very heavy		
I felt lost and hopeless		
I felt restless		
I had feelings of apathy		
I was not enthusiastic about anything		
Life seemed meaningless		
Life seemed empty and barren		
I had frequent mood changes		
Small problems seemed overwhelming		
I wished I were dead		
I had no energy		
I felt like I had a lump in my throat		
I drank too much alcohol		
I seldom felt depressed		
I was more irritable with others		
I frequently experienced angry feelings		
The actions of some people made me resentful		
I felt cut-off and isolated		

- 1 = Not at all true for me
 2 = Rarely true for me
 3 = Sometimes true for me
 4 = Frequently true for me
 5 = Constantly true for me

	During the week when your child was relinquished	During the last seven days
I was reluctant to attend social gatherings		
I felt the need to be alone a great deal		
I frequently took long walks by myself		
I avoided meeting old friends		
It was difficult to maintain social relationships with friends		
I cried for long periods easily		
I felt extremely anxious and unsettled		
I had a strong desire to scream		
I had the urge to curl up in a small ball		
I found it difficult to cry		
I had frequent headaches		
I took sleeping pills		
I took tranquilizers		
My mouth and throat were dry		
I lacked the energy to enjoy physical exercise		
I did not look after myself		
My neck and shoulders felt tense		
I lost weight		
I lost my appetite		
Bodily aches and pains bothered me		

- 1 = Not at all true for me
- 2 = Rarely true for me
- 3 = Sometimes true for me
- 4 = Frequently true for me
- 5 = Constantly true for me

	During the week when your child was relinquished	During the last seven days
I had trouble sleeping		
My sleeping patterns changed		
I had a hearty appetite		
I prayed		
I felt like I was being punished		
I disliked myself		
I was critical of myself		

APPENDIX D5

QUESTIONNAIRE: SATISFACTION WITH LIFE SCALE AND DELIGHTED-
TERRIBLE SCALE

SATISFACTION WITH LIFE SCALE

Below are five statements with which you may agree or disagree. Using a 1 to 7 scale, indicate your agreement with each item by placing the appropriate number in the box next to that item. The 7-point scale is:

- 1 = strongly disagree
- 2 = disagree
- 3 = slightly disagree
- 4 = neither agree or disagree
- 5 = slightly agree
- 6 = agree
- 7 = strongly agree

- ☐
- In most ways my life is close to ideal.

☐☐☐☐

DELIGHTED-TERRIBLE SCALE

All things considered, how do you feel about your life?

Terrible	Unhappy	Mostly Unsatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1	2	3	4	5	6	7

APPENDIX D6
QUESTIONNAIRE: DEMOGRAPHIC INFORMATION

DEMOGRAPHIC INFORMATION

1. Your age on your last birthday

2. Marital status (please circle corresponding letter)

- a. Married
- b. Defacto
- c. Single
- d. Divorced
- e. Widowed

3. Education (please circle corresponding letter)

- a. Did not complete High School
- b. Completed High School
- c. TAFE or Diploma
- d. Degree
- e. Post Graduate Degree

4. Income (please circle corresponding letter)

- a. Less than \$20,000
- b. \$20,000 - \$30,000
- c. \$30,000 - \$40,000
- d. \$40,000 - \$60,000
- e. \$60,000 plus

5. Are you in paid employment at present?

Yes ☐

No ☐

If yes what is your current occupation?

6. Number of children living with you

APPENDIX E

REQUEST FOR INTERVIEWS AND/OR SUMMARY

If you are interested in participating in an interview please telephone me or complete the following:

I wish to participate in an interview. Please contact me on:

Name: _____

Phone: _____

The best time to call me is: _____

If you would like a copy of my preliminary findings which will be available early next year, please feel free to contact me by telephone or I could mail you the findings to:

Name: _____

Address: _____

Madeleine McNiece
Ph: (03) 9375 7518
0410 436 794

APPENDIX F

DETAILS

Thank you for participating in this research. Please return your questionnaire to me by mail in the enclosed reply paid envelope. You may keep this page and the explanatory statement.

If for any reason you wish to withdraw your questionnaire from the project you would need to contact me and quote the questionnaire number. Your number is _____. Similarly if you have any questions about this research please contact me.

Madeleine McNiece
Ph: (03) 9375 7518
0410 436 794

APPENDIX G

RELIABILITY ESTIMATES FOR GRIEF EXPERIENCE INVENTORY SCALES

FOUND BY SANDERS, MAUGER AND STRONG (1985)

Scale	Alpha	Test-Retest Reliability	
		College Students	Early Bereavement
		r	r
Denial	.50	.61	.18
Atypical responses	.52	not computed	.47
Despair	.84	.84	.63
Anger	.69	.72	.47
Guilt	.52	.76	.57
Social isolation	.54	.83	.51
Loss of control	.68	.74	.62
Rumination	.69	.77	.57
Depersonalisation	.71	.77	.69
Somatisation	.81	.87	.55
Death anxiety	.55	.71	.50
Sleep disturbance	-.55	.52	.19
Appetite	.68	.84	.25
Loss of vigour	.37	.80	.60
Physical symptoms	.68	.87	.58
Optimism vs Despair	.66	.69	.59
Dependency	-.23	.68	.57
Social desirability	.34	.53	.57

APPENDIX H

RELIABILITIES BY ITEM FOUND IN THE PRESENT STUDY FOR THE GRIEF EXPERIENCE INVENTORY AT THE TIME OF THE STUDY (SECOND TIMEPOINT)

Item	Scale mean if item deleted	Scale variance if item deleted	Corrected item-total correlation	Alpha if item deleted
1	121.7000	2449.7345	.4755	.9747
2	121.4667	2425.9126	.6363	.9743
3	121.2333	2466.3920	.3679	.9751
4	121.5333	2429.0161	.6843	.9741
5	121.0667	2430.0644	.6453	.9742
6	122.0000	2463.3793	.5171	.9745
7	121.4333	2417.9782	.7472	.9739
8	122.0667	2441.4437	.7577	.9740
9	121.9333	2421.4437	.8284	.9738
10	122.0000	2458.4138	.5049	.9746
11	121.5667	2412.8747	.8244	.9737
12	122.1000	2438.1621	.6717	.9741
13	121.9333	2411.5126	.8717	.9736
14	121.8000	2398.4414	.9095	.9735
15	122.0333	2445.6885	.7680	.9740
16	121.7667	2420.1851	.8538	.9737
17	122.1333	2421.5678	.8550	.9737
18	122.0000	2418.1379	.8727	.9737
19	121.3000	2397.5276	.8521	.9736
20	121.3667	2423.2747	.6907	.9741
21	122.2667	2435.5126	.7971	.9739
22	121.5667	2436.2540	.7525	.9740
23	122.1333	2464.8782	.5763	.9744
24	122.5333	2499.4989	.3180	.9749
25	120.6667	2550.5057	-.1450	.9761
26	121.4000	2435.7655	.7523	.9740
27	121.2667	2396.9609	.8231	.9737
28	121.3333	2426.2989	.7146	.9740
29	121.6000	2405.8345	.8228	.9737
30	121.9000	2428.9207	.7785	.9739
31	121.5667	2433.5644	.7137	.9740
32	122.0667	2482.1333	.4452	.9746
33	122.0000	2442.0690	.6700	.9742
34	121.8333	2447.9368	.6196	.9743
35	122.2000	2451.5448	.8551	.9740
36	121.5667	2405.8402	.8606	.9736
37	122.1000	2449.6103	.6227	.9743
38	122.2333	2449.7023	.6796	.9742
39	119.8333	2582.3506	-.3997	.9765
40	121.7000	2440.2862	.5621	.9745
41	122.6667	2499.6782	.3872	.9747
42	122.7333	2509.1678	.2801	.9749

APPENDIX H Continued

Item	Scale mean if item deleted	Scale variance if item deleted	Corrected item-total correlation	Alpha if item deleted
43	122.0667	2443.2368	.6506	.9742
44	121.8333	2423.3851	.7777	.9739
45	121.6667	2396.5747	.9052	.9735
46	121.0000	2419.3103	.7360	.9740
47	122.2000	2464.7172	.5067	.9745
48	122.0333	2456.5161	.5334	.9745
49	121.8667	2456.6023	.5954	.9743
50	121.4667	2406.6713	.7674	.9739
51	121.8667	2424.3264	.7019	.9741
52	120.5000	2507.1552	.1502	.9755
53	121.7333	2467.6506	.4434	.9747
54	121.7667	2432.0471	.6290	.9743
55	121.5667	2444.6678	.5973	.9743
56	121.1667	2449.9368	.5890	.9743

APPENDIX I

RELIABILITIES BY SCALE FOUND IN THE PRESENT STUDY FOR THE GRIEF EXPERIENCE INVENTORY AT THE TIME OF THE STUDY (SECOND TIMEPOINT)

Rumination = .8216

Somatisation = .8501 – however, after removal of q52, alpha = .8727

Social isolation = .8753

Sleep disturbance = .6681 – however, after removal of q41, alpha = .8169

Atypical = .7816

Anger = .8896

Depersonalisation = .5838

Loss of control = .7077

Guilt = .7686

Loss of appetite - .5406 – however, after removal of q52, alpha = .9298

Loss of vigour - .9034

Optimism/despair - .9607

Physical symptoms - .8111