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“It's like a phantom limb. It feels like it's there. It's supposed to be there, but it's not.”:

Birthmothers' Metaphors of Ambiguous Loss

A Dissertation

Presented to

the Faculty of the College of Arts, Humanities and Social Sciences

University of Denver

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Melodee Lynn Sova

August 2021

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Title: "It's like a phantom limb. It feels like it's there. It's supposed to be there, but it's not.": Birthmothers' Metaphors of Ambiguous Loss

Advisor: Dr. Erin Willer

Degree Date: August 2021

Abstract

Birthmothers are a population with unique experiences and challenges. Among those challenges is the difficulty understanding and managing a loss for which they do not have a readily available coping strategy. As a birthmother, the author of this dissertation was uniquely situated to connecting with, and understanding the ways in which, birthmothers expressed their narratives. The purpose of this dissertation is to explore the ways in which birthmothers make sense of their experiences with ambiguous loss by examining the metaphors they employ when narrating their adoption story. The use of metaphor in the birthmother narrative was especially important because metaphor often allows us to "express the unexpressable" (Young, 2008, p. 365). It is important that communication scholars better understand the dynamics of ambiguous loss within the context of adoption, particularly within the birthmother experience since birthmothers are often the least represented and understood member of the adoption triad. By better understanding how birthmothers experience, and interact with, ambiguous loss, a better understanding of how adoption has a life-long effect on birthmothers can be achieved. The scholar analyzed the narratives of 19 birthmothers, who had placed a child for adoption between 4 and 18 years prior. The scholar first conducted a narrative interview with each birthmother by simply asking her to tell her adoption story. Then the scholar asked a few follow up questions centered on ambiguous loss. The scholar utilized Owen's (1984) method of extrapolating metaphors based on *recurrence*, *repetition*, and

forcefulness. The author then utilized Owen's (1985) methodological framework of categorizing metaphors into main metaphors, subsequent relational themes, and further sub-themes. The author found six main metaphors including: "Missing Piece", "Physical Suffering", "Disconnection", "Emotional Conflict", "Forces of Nature", and "Personal Growth". Analyses of those extracted metaphors revealed that birthmothers continue to experience ambiguous loss even years after the adoption event. Many birthmothers experienced feelings associated with pain, grief, loss, suffering, and uncertainty. However, a few participants also experienced a form of personal growth. Implications of those findings, along with strengths and limitations to the study were included. The author also suggested future research in the field of family communication.

Key words: birthmothers, ambiguous loss, adoption, narrative, metaphor, family communication, qualitative

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Chapter 1. Opening

“It's like a phantom limb. It feels like it's there. It's supposed to be there, but it's not.”: An

Analysis of Birthmothers' Metaphors of Ambiguous Loss

I remember having “the sex talk” with my mom and older sister Patricia in the car. Mom talked to us about how difficult it would be for a teenager to go to school and raise a baby and we both agreed. We discussed what we would do if either of us became a teenage mother and the three of us agreed that adoption would be the best option for teen moms. Five years later, this conversation impacted my sister and me differently: as teenagers faced with our own pregnancies, I chose to place my child for adoption; she chose to parent hers.

I met Josh at church when I was nine. By the time I was 13, we were best friends who would spend hours on the phone each night. At 15 I became pregnant with our child. I was a freshman in high school, and he had already graduated. I wrote off the nausea as the stomach flu as long as I could, and at around three months hesitantly asked my mom for a pregnancy test. She looked at me with a look that was a cross between brokenhearted and disappointed. I was filled with shame. How could I, Melodee—the responsible one, the honors student, the one with plans for college and a dream of being a teacher—do this to my life? No matter the outcome of the pregnancy test, I took my mother's disappointment to heart and I was disappointed in me too. I peed in a bowl because I feared peeing on my hand. Looking back now I realize how ridiculous that was:

grosser things happen to your body during pregnancy than touching a little pee. The little “pink” line came out dark purple and I could no longer ignore what was happening with my body.

After the results were in, I held back tears as I left our trailer house to go for a walk. Our trailer house with holes in the floor covered by plywood and places where the wall and the floor were separating so you could see light through the cracks. I walked out of our trailer that was infested with cockroaches and onto the dirt road full of potholes that surrounded our small trailer park. I could not find my shoes, so I left without them and internally laughed at the cliché of a barefoot and pregnant teenager in a trailer park. I can’t tell you when I made the adoption choice, but it was soon after that first walk and before I told Josh that I was pregnant. I looked at my life, at that place, and I knew I would not make my child pay for my naivety. See, my seventeen-year-old sister was due with her daughter any day and that little girl was coming home to this house that was nowhere near ready for her.

A week or so after I was positive I was pregnant I sat down with my boyfriend and told him we were going to be parents. He just kept repeating that Jim (my dad) was going to kill him and asking what we were going to do. I told him I was too young to be a mom and he was not in the place to raise a child; he didn’t have a job. In whispered conversations in the back of my trailer we discussed what we could do. My sister’s newborn was asleep in a cardboard box in the other room. I brought up adoption and he was not on board to begin with.

My choir teacher was the first to know outside of Josh and my mom. His response of “oh Melodee” was so full of concern that I started crying in class. I told him that I was

thinking about adoption and he told me the Biology teacher adopted her daughter and she might be able to help me. So, I walked into that teacher's room, a teacher I had not had as a student yet because she taught sophomores and I was a freshman and asked her where she adopted her daughter from. She was a bit shocked at my question, but in her classroom before school, I made my second disclosure, outside of Josh and my mom, that I was going to be a teenage birthmother.

The next teacher cheerleader in my corner was the child psychology teacher. I boldly walked into her classroom, having never met her before, and told her I was pregnant, I was placing my baby for adoption and I wanted to talk to her classes about it. When she picked her jaw up off of the floor, she said she would have to discuss it with administration but that I was brave for wanting to tell my story. I had my reasons. As a budding and natural communication scholar even then, I realized talking helped me make sense of my experiences in ways that nothing else really did. The second reason is that the gossip mill in my little school was fast and I was already not fitting into fixed-sized school desks; my secret would not be safe for long. In order to stop high school gossip, I spent the majority of the next few months telling my adoption story in front of classes of students. Most of the reactions were positive. One male angrily left the room because he felt a child should have both a mom and a dad. He didn't understand that was exactly what I was trying to do. As my pregnancy and adoption progressed the whole school celebrated with me and cried with me when telling my story was too much to handle. At this time, I felt like I had support. I had no idea how empty I would be when I came back to school after giving birth. Even then I told my story, like my heart was compelling me to.

Soon after I had a small group of teacher cheerleaders who were all in my adoption corner. The home-economics teacher and I left school early one day to visit the adoption center that I would eventually place my child through. The social workers told me I was strong, 'birthmother strong' and selfless and mature for my age. I bought into this narrative and held myself and my decision in high esteem. They told me I would grieve but I had no idea how it would rattle my core.

Josh wasn't a huge part of my adoption story. He lived about an hour away from me and was terrified for his life because neither his mom nor my dad knew anything about the pregnancy, so he did not visit often. No one told my dad until much later in my pregnancy, he worked a lot, and I wore big tee shirts. When we finally did tell dad, Josh didn't die but I am certain the thought of killing him crossed my dad's mind. It was like life went on. My body grew but I tried not to become attached to the baby growing inside me. I still went to school, I still failed Spanish tests.

I was informed by the adoption agency that I would have what they called a Mediated Semi-Open Adoption, meaning for all future correspondence after the baby was born, I would write the adoptive parents and send the letter to the center and the center would send it to the adoptive parents and vice versa. I would choose the adoptive parents and meet them. I was handed scrapbooks of perspective parents, all desperate for a child, all seemingly perfect on paper. I sat down and made a list of all of the things I wanted them to have; it was surreal shopping for parents for my child. I wanted them to be religious and with no other children. Josh wanted them to have at least one other child, so we compromised and looked for an agnostic? family with one child.

I settled on a family. I called them my postcard family for how perfect they looked. They had a son, were rich, took 'mid-winter vacations,' and had a big house with a pool. They were everything I wasn't, far more deserving of this child than me. Josh signed his parental rights away and the adoption agency told my child's adoptive mother and father they were going to be parents. We were supposed to have dinner together and my adoption case worker told me to pick a restaurant. We never went out to restaurants so I picked the first place I could remember: a country fair restaurant called Black-eyed Pea. I had never been there before.

Meeting them for the first time was just as awkward as it sounds like it would be. I had questions and they did too. They were hoping I knew the sex of the baby, but I wasn't going to know until birth because I did not have a sonogram. We talked about what they would do if the baby had dyslexia like Josh did. I asked them if they believed in aliens.

I got sicker the closer I got to my due date; I had pre-eclampsia (pregnancy induced high blood pressure) and was sent home on bed rest. My school just looked the other way, and my absence was not noted. I'm pretty sure they broke the law counting me there the whole time I was gone. Three weeks before my due date I was brought in at 6:00 a.m. to be induced. I wanted the adoptive parents to be there with me because I knew how much bonding happened in those first few hours. Apparently, that choice did not happen often, and so the social worker and the adoptive parents were unsure of their place in my crowded hospital room. The room was full of awkward conversations followed by awkward silences. I am sure they were nervous. I could have still changed my mind (I almost did). By midafternoon neither the baby nor I were handling labor well. My blood pressure continued to rise giving me a bloody nose and the baby's heart rate

was not stable. I was taken in for an emergency c-section. A short time later a screaming baby girl was born, and the nurses asked if I wanted to see her. I was confused, of course I did.

I had no idea how immediately I would fall in love with her. After all, I had spent my pregnancy believing I was carrying a child for another family. She was perfect, like a porcelain doll. I held her for what seemed like a fleeting time before handing her over to her adoptive mother. When I got to hold her, I almost always ended up handing her off, she wasn't mine. My arms were empty while her adoptive mother's arms were full as she cuddled her baby. My heart was so full but so broken all at the same time. As I held her my heart created a void that I began to fill with cognitive dissonance. The rational part of me knew that I was going to give her a full and happy life but the primal part of me didn't understand why I was letting my baby go. My mind was going in two different directions, adoption or parent, but of course I settled on adoption. After all she was perfect and happy and going to have a great life, just not with me.

The agency's social worker told me the hospital's social worker had to go home so there was not time to wait, so I was pressured to sign my rights away at 48 hours, which is the law in my home state. My parents were not with me, but I knew the adoptive parents were waiting downstairs in the waiting room. I cried as I signed my rights away staining the official documents with salted pain. After a dozen or so signatures, it was official: she wasn't mine anymore. She was by blood mine. She looked just like me. I had the incision and pain that proved she came from my body, but legally with just a few signatures, she wasn't mine anymore. She would never be to her adoptive mom what she was to me and she would never be to me what she was to her adoptive mom.

The adoptive parents came up and we cried together. I held her and changed her and fed her a bottle and tried to say goodbye to her. After a while we danced around the fact that they needed to leave but the inevitable happened and the social worker took her away from me. The adoptive mom walked out of the room backwards murmuring “thank you” repeatedly and I sat on the edge of the hospital bed in shock. Eventually the door closed behind them and my arms were as empty as my body was.

I was not prepared for the visceral reaction I would have for her leaving. My entire body shattered and screamed at the fact that she was gone, and she wasn't supposed to be. My mind kept repeating “birthmother strong” over and over and I cried that night until my eyes swelled shut. Later I would receive a picture of their first night home: a sleepy-eyed new mother feeding her baby.

I went home the next day with balloons but no baby, my body broken from surgery and my soul forever irreparable. No one at the adoption agency prepared me for the aftermath of labor, of the bleeding and breasts swollen to feed a baby who wasn't there. During the day I could keep busy, for almost a year I cried myself to sleep every night.

As with all grief, I am not going to say that things got easier as the years moved by, things just got different. Elizabeth Stone famously said “Making the decision to have a child - it is momentous. It is to decide forever to have your heart go walking around outside your body.” This was very true for me except I had to do it blindfolded. Sure, I got pictures and letters about once a year, but happiness is so easy to picture in three pictures and four pages of superficial text. I didn't know how she really was or if she thought about me as often as I thought about her. Over time the birthparents began to

comment on how much she reminded them of me which made my heart yearn for her even more.

In my state at 18, an adult adoptee can register with the adoption registry and if the birthparent is also registered, the adoptee will get the birthparents' contact information. I registered by her birthday and waited. And waited. After all, I did not have any idea how much she knew about me, if anything at all. Soon after her birthday I received a letter from her adoptive parents informing that they would help her find me if she desired to, but that they hadn't shown her the pictures and letters that I had meticulously sent every year. She really didn't know anything about me. I don't know if she would feel like it would be a betrayal to her parents to want to contact her birthparents, so I didn't know if she would ever want to contact me. I didn't know if she resented me. I didn't know if she feared rejection from me as I did from her and that was why she hadn't reached out by the end of her 18th year. I didn't know...much.

December, 2014

It took about 30 minutes and a free trial of Ancestry.com for me to find her when she was 18. I knew her name and her address and her brother's Facebook page (but not hers yet). I had every piece of information I needed to reach out to her, but the uncertainty was overwhelming. I didn't know if she wanted to know me at all and the thought that she would reject me after all of the years I spent thinking about her from afar, was too much to bear. So, I ended up in limbo too scared to move forward, unable to go backward, if there was a backward, continuously looking at her brother's Facebook

page for any mention or reference of her. His settings were tight so all I saw from him was his picture and his friends list. Her name was not on it.

By happenstance she changed her Facebook picture to a picture of her and I realize she went by a different last name on Facebook and had a pop culture character as her picture previously. That picture was now her and now I really had all the pieces to contact her. I still didn't. I would rather not know anything than know that she didn't want to meet me. It was easier to handle. I was a pro at loving her from afar already.

But in 2017 as a New Year's resolution, I promised myself I would contact her and on October first I sent her a Facebook message. I almost puked when I hit send.

October 1, 2017

"Jessica, I don't really know how much you know about me, but HI, I'm Melodee and I am your birthmother. I am going to try to make this not awkward, but it may be difficult as awkward is an intrinsic personality trait of mine. I've studied communication for the last 11 years and I still don't have the words to express the dichotomy of emotions I have felt over your lifetime. Whatever you decide to do with this information from here on out, I really need you to know three things. You are perfect, and even though I did not raise you I have loved you your whole life. You were always wanted by me, by your birth father, by our families, and by your family. And finally, I won't ever reject you. I understand that deciding how to navigate the emotions and conversations from here on will be difficult, but I am open to answering any questions you may have. I would very much like to get to know the person you have become. Always, Melodee"

November 15, 2017

“I am so so very sorry for taking so long to reply. I rarely if ever use Facebook and have to admit this is the first time I have checked in quite a while. I would absolutely love to get to know you and your family, I have so many questions I honestly don't know where to start. To be honest I am writing this during a small sort-of break at work if my reply seems a little rushed. I also may be in a small state of shock, but a happy shock I promise.”

We met in person a few weeks after our initial conversation and grief hasn't been the same since. Boss (1999) defined ambiguous loss as a loss where the thing or person you are grieving has psychological presence but physical absence. My trip to the car with no baby in my arms was the first real sense of ambiguous loss I felt. But the sense of psychological presence was there all of the time after that, especially Mother's Day and her birthday. I had a scrapbook and loose pictures to hold but no child. So, for me, was the ambiguous loss over after Jessica and I connected? I don't know if it ends. She is physically present in my life, and she still isn't my child. She has this whole life and these stories that I am not a part of. But she looks like me, she talks like me, she laughs like me, she acts like me, but she isn't mine like a child is, but she is biologically my child.

Chapter 2. Introduction

Relinquishing a child for adoption, for a birthmother, can result in coping with lifelong and significant loss (Davidson, 2010, Gritter, 2000; O’Leary & Baden, 2005). Birthmothers often experienced long-term psychological effects from placing a child for adoption, including negative self-image, a sense of being unlovable, strong fear of rejection, difficulty creating attachments with subsequent children and future romantic partners, a lifelong sense of grief, and ambiguous loss (Aloi, 2008; Carr, 2000; Davidson, 2010; O’Leary Wiley & Baden, 2005, Understanding ambiguous loss, n.d.).

Ambiguous loss is “an incomplete and uncertain loss” (Boss, 1999, p. 3). Boss (1999) posited that there are two types of ambiguous loss: the first is where a person is physically present but psychologically absent, such as a grandparent with Alzheimer’s. The second is where a person is physically absent but psychology present such as the loss a birthparent often experiences when relinquishing a child for adoption. Fravel, McRoy and Grotevant (2000) described the loss birthmothers feel surrounding adoption as a “psychological presence” or the notion that the child is still a part of their lives even though she or he is not physically present in the birthmother’s everyday life after placement. The birthmother’s loss may feel like experiencing a death, despite the child living (Davidson, 2010). Boss (2006) claimed that ambiguous loss is the “most stressful kind of loss” (p. xvii). This “alive but separated” feeling makes the birthmother’s ability to process and deal with the grief of her experience uniquely difficult (Fravel, McRoy, &

Grotevant, 2000). Yet a birthmother's loss is not recognized by society and this lack of recognition creates a sense of disenfranchised grief (Baxter & Norwood, et al. 2012; Baxter & Scharp, et al. 2012; Lang, et al., 2011).

Psychology, sociology, and social work scholars have explored how birthmothers experience loss surrounding adoption and the impact that it has on their self-esteem, identity, and psychological wellbeing (Aloi, 2008; Baran & Pannor, 1990; Gritter, 2000; Henney, French, Ayers-Lopez, McRoy, & Grotevant, 2011; O'Leary & Baden, 2005). Communication scholars (Baxter & Norwood, et al. 2012; Baxter & Scharp, et al. 2012) have acknowledged that birthmothers experience ambiguous loss. However, researchers have not examined the intricate nature of birthmother experiences with ambiguous loss per se. In sum, being a birthmother can be a traumatic experience where the birthmother could feel significant loss (Gritter, 2000). Even with the significant loss, birthmothers' grief is not completely understood. The purpose of this study is to examine birthmothers and ambiguous loss.

Scholars should focus on how a birthmother experiences grief and loss and how her narrative aids in shaping how she understands her own experiences. Since grief is discursive and culturally constructed (Betz & Thorngren, 2006) communication scholars are uniquely situated to better understand ambiguous loss.

Given the need to explore birthmothers' complex experiences of ambiguous loss, research methods that attend to the intricate nature of their grief are essential.

Specifically, Coleman and Garratt, (2016) posited that:

There is significant need for in-depth qualitative analysis wherein women are provided little prompting and are encouraged to share whatever they are inclined to share

regarding their lives before, during, and following placement. From extensive analysis of open-ended interviews, researchers and theorists will gain a much fuller appreciation for the range of individual's experience. They all share the willingness to bring new life into the world without many tangible benefits and our understanding of this population will benefit greatly from developing a clearer understanding of their strengths, the many positive qualities that led them to the decision, enabled them to survive the separation, and continue with their lives. As birthmothers are better understood as complete human beings with many strengths the knowledge gained can be employed pro-actively to counter negative stereotypes and reduce stigma (p. 157-158).

In the field of communication studies, scholars have primarily utilized qualitative interviews to examine the experiences of *adoptive parents and adoptees* (Colaner, Halliwell, & Guignon, 2014; Colaner & Kranstuber, 2010; Harrigan, 2010; Suter, Rayes, & Ballard, 2010), and some scholars have analyzed members of the adoption triad stories written online (Baxter, Norwood, Asbury, & Scharp, 2014; Baxter, Suter, Thomas & Seurer, 2015; Suter, Baxter, Seurer & Thomas, 2014). Powell and Afifi (2005) utilized in depth narratives to examine adoptees experiences with ambiguous loss and uncertainty. Scholars have stated that narrative is important to understanding feelings related to adoption (Baxter & Norwood, et al. 2012; Baxter & Scharp, et al. 2012; Fravel & Elde, 1998; Gritter, 2000) and to ambiguous loss (Betz & Thorngren, 2006; Boss, 2008, 2010; Lee & Whiting, 2007; Tshudin, 1997). Yet only a few scholarly examinations of *birthmothers*, within the field of communication studies, have included narrative analysis of online stories (Baxter, Norwood, Asbury, & Scharp, 2014; Baxter & Scharp, et al. 2012). Scholars (Krahn & Sullivan, 2015) found that qualitative research is well suited to

examining the birth parent experience of child relinquishment and grief and loss in open adoption, which is an intricate and complex experience influenced by social context, including the adoption policies that structure relationships within the adoption triad.

Thus, in the proposed study, I will examine birthmothers' experiences of ambiguous loss. To do this, the current study will utilize narrative methods, and also a metaphorical analysis. Grief and ambiguous loss are difficult emotions to put into words, so metaphors allow us to "express the unexpressable" (Young, 2008, p. 365). Within narratives, metaphors can help scholars, and birthmothers, better understand how they are making sense of their ambiguous loss. Rosenblatt (2008) suggested that we use metaphor to consider or describe one thing in terms of another thing. People unconsciously utilize metaphor to categorize emotional experiences (Modell, 2009). Modell (2009) posited that metaphor is the "currency of the mind" (p. 6), as it is the "organizing template that establishes the categories of emotional memory" (p. 8). Thus, through categorization via metaphor, people can begin to make sense of their traumatic experiences.

To better understand adoption, ambiguous loss, and birthmothers, in the following literature review I will examine a range of literature on each topic. I will begin by examining adoption terminology, openness in adoption, birthmother demographics, ambiguous loss, grief, and birthmothers, as well as the importance of narrative, and metaphor.

Literature Review

Since scholars have not examined a birthmother's experience with ambiguous loss it is important to understand the connections and differences between grief and ambiguous loss. In order to fully examine a birthmother's ambiguous loss, in the

following literature review I will examine some of the research on adoption. I will preview labels and terminology surrounding adoption, types of adoption, and what previous adoption scholars know about birthmother's experiences in adoption. I will examine grief and research on grief specific to birthmothers, then I will discuss disenfranchised grief and ambiguous loss. I will revisit the research behind narrative and narrative interviews, metaphors, specific research on metaphor and grief and depression, to fully construct why these pieces are important to this study and why this study must include all of these topics in order to explain the complexities inherent in birthmothers' ambiguous loss experiences.

Adoption Definitions and Labels

Silber and Speedlin (1997) defined adoption as, "... the process of accepting the responsibility of raising an individual who has two sets of parents" (p.140). The scholars defined adoption as a lifelong, intergenerational process that unites birth families, adoptees, and adoptive families forever (Silverstein & Kaplan 1988, as cited in O'Leary Wiley & Baden, 2005).

These definitions highlighted that adoption is a lifelong process, not just a single one-time event. Another definition of adoption is from the Adoption Network (2021) they defined adoption in purely legal terms as "The process by which a legal and permanent parent-child relationship is created through a court process". This definition does not hint at the emotions or psychological wellbeing of all members of the adoption triad. Adoption is often framed as both a loss for the birthmother but a loss for the baby too (Norwood & Baxter, 2011).

Scholars (Baran & Pannor, 1990) generally refer to the three sets of people involved in adoption—the mother and father (birth parents), the adoptive parents, and the adopted child(ren)—as the adoption triad. Each set of people involved has their own unique experience in the lifelong process (Gritter, 2000). According to O’Leary and Baden (2005), women who placed their child for adoption have been referred to as natural parent, biological parent, genetic parent, and real parent, but the most agreed upon label for these women is birthmother. Not only are there different terminology for the birthmother in adoption, but there are also the different types of adoption for domestic infant adoptions in the United States.

Adoption Types

Christian and Bryant (1998) explained that the different types of adoption could affect the way the birthmother constructs her grief, so it was important for the purposes of this project to understand the different types of openness in adoption. Historically, most adoptions have been closed adoptions, or adoptions where the birthmother and the adoptive family/child do not have any contact. Confidential, or closed adoptions, were thought to be the best way to protect the privacy of the members of the adoption triad and the best way to shield the birthmother from the social stigma associated with being an unwed mother (Ge et al. 2008). Since the 1970s, adoptions have steadily been growing more open. This trend led to more communication between adoptive parents and the birthmother (Cushman, Kalmuss & Brickner Namerow, 1997).

Openness in Adoptions

Baran and Pannor (1990) defined open adoption as the exchange of identifying information between the adoptive and birth parents in an agreement where both sets of

parents retain the right to information about each other and continued contact. The scholars stressed that the amount and type of contact could vary over time and with the changing needs of those involved.

Openness in adoption began with sharing names (first names mostly), then moved to ongoing sharing of letters and pictures (Silber & Speedlin, 1997). The scholars (Cushman, Kalmuss & Brickner Namerow, 1997) cited several ways for an adoption to be open: the birthmother picks the adoptive parents, the birthmother meets the adoptive parents, the birthmother receives updates on the child through the adoption agency, the birthmother gets pictures and letters from adoptive parents about the child (open mediated adoptions), the birthmother contacts the adoptive parents directly via letters and/or phone calls post placement, birthmother visits adoptive parents and child post placement (fully open adoptions). Scholars (Brodzinsky, 1990; Baran & Pannor, 1990; Ge, et al. 2008; Silber & Speedlin, 1997) have examined birthmothers who have different amounts of openness in adoptions and at different points in her adoption experience (Brodzinsky, 1990, Christian & Bryant, 1998; Gritter, 2000, Krahn & Sullivan, 2015). Overall, the scholars found that openness in adoption means better emotional health for birthmothers, but the scholars still found trauma and loss to be a theme in adoption stories no matter when they are told or what type of adoption they have (Brodzinsky & Livingston Smith, 2014; Christian & Bryant, 1998; Ge, et al. 2008; Gritter, 2000, Krahn & Sullivan, 2015). Clutter (2014) found a sense of healing, health, and happiness in the birthmothers open adoption experience in the years postplacement.

According to scholars Silber and Speedlin, (1997) “All members of the adoption triad benefit from lifting the veil of secrecy” (p. 36). Adoptees get an upbringing that is

rooted in “self-knowledge and truth”, birth parents get relief from “angst” that “permits grieving”, and adoptive parents have fewer insecurities and have the advantage of current medical information on their child (Pertman, 2011 p. 17). Openness helped alleviate issues in adopted children who may feel something is missing because they hear their birth-story directly from their birthparents.

Feelings and Grief

Ge et al. (2008) claimed that open adoptions increase a birthmother’s sense of pride in her decision to place. Contact helps alleviate a birthmother’s worry about her decision and the well-being of her biological child (Cushman, Kalmuss & Brickner Namerow, 1997). Closed adoptions often hurt the birthparents because they do not forget about the child, as they are told they should, and are then left forever wondering if they made the right decision (Silber & Speedlin, 1997). Scholars (Christian & Bryant, 1998; Cushman, Kalmuss & Brickner Namerow, 1997; Ge, et al. 2008; O’Leary & Baden, 2005) have found that the type of adoption a birthmother chooses does have some effect on her grief. Women with closed adoptions with no contact post placement reported the highest levels of unresolved grief and depression (Christian & Bryant, 1998). Having some sort of openness in the adoption helps the birthmother with her grief and her adjustment post placement.

In their study on openness in adoption, Cushman, Kalmuss and Brickner Namerow (1997) found that all their participants who helped select the adoptive family reported fewer negative outcomes than those birthmothers who did not help choose. The scholars found that birthmothers who received letters from the adoptive family experienced less worry and more feelings of relief, but meeting the adoptive family only

brought slightly more relief than those who just selected the family. Silber and Speedlin (1997) said that “Letters exchanged usually focus on developmental information about the adoptee and expressions of concern and assurance between the two sets of parents” (p.163). The birthmother had some information about how the child was doing.

The birthmothers in their study who reported having visits and phone conversations with the adoptive parents post adoption reported less worry, less grief, less regret, more relief, and more peace with her decision than those birthmothers who did not have visits or phone calls (Cushman, Kalmuss & Brickner Namerow, 1997). The scholars stated that most of the women in their sample desired some form of openness but not complete openness in the adoption. All the birthmothers in their study claimed that receiving pictures allowed them to know the child was alive, healthy, and happy (Cushman, Kalmuss & Brickner Namerow, 1997). Scholars (Baran & Pannor, 1990) claimed that birthmothers were not the only member of the adoption triad to benefit from some sort of contact. They posited that all adopted children to some degree feel as though there was something wrong with them that made their biological mother give them away. The scholars claimed that openness in the adoption and contact with the birthfamily helps to alleviate this feeling because they get the ‘real’ story from the mother who placed them (Baran & Pannor, 1990).

Having some openness in the adoption helps the birthmothers cope with their grief and adjustment post placement. In the cases of birthmothers with open adoptions the birthmothers claimed to feel more assured of the child’s well-being, and had more pride in her adoption decision, which in some cases led to the birthmother reporting more well-being post placement (Ge, et al. 2008). Birthmothers who had open adoptions with

ongoing communication including phone conversations and even physical visits reported less grief and better well-being than women who only communicated via letters (Cushman, Kalmuss & Brickner Namerow, 1997). O’Leary and Banden (2005) claimed that birthmothers who had planned for an open adoption showed more attachment to the child in the womb, which led to greater grief immediately following the placement, but these birth mothers showed higher resolution of grief in the long term. Continued contact alleviated anxiety and helped reaffirm the adoption decision, but mothers in the past did not have this contact option (March, 1997). Many of the women in closed adoptions did not know open adoptions existed at the time of placement (Christian & Bryant, 1998).

Summary

Adoption has grown and changed over time from closed adoptions where birthmothers knew nothing about the life of their child to more open adoptions where birthmothers can hear about their child through letters, phone calls, or even visits. Despite the change in adoption, scholars (Christian & Bryant, 1998; Cushman, Kalmuss & Brickner Namerow, 1997, Ge, et al. 2008; Gritter, 2000) have found that there is still a considerable amount of trauma in adoption for the birthmother. Birthmothers experience grief and loss in the months and years following placement (Cushman, Kalmuss & Brickner Namerow, 1997). In sum, this review covered adoption terminology and different types of adoptions and their outcomes. Next, I will examine who comprised birthmothers in the United States.

Birthmother Demographics

Since grief is culturally constructed, understanding the general demographics behind birthmothers is important (Betz & Thorngren, 2006). The National Council for

Adoption (NCFA, 2017) claimed that in 2014 approximately 18,000 domestic infant adoptions occurred, so not including multiples births we can assume that 1% of all unwed mothers place her child for adoption each year (NCFA, 2017).

Whereas the stereotype of a birthmother is that she is a young and uneducated, lower-class teenager, scholars have found this statistically to not be true (Gritter, 2000). O’Leary and Baden (2005) claimed that white women relinquish their children more often than women of other ethnicities, and African American women relinquish their children for adoption the least. O’Leary and Baden (2005) claimed that women who chose adoption were more likely to have educational and life goals than women who chose to parent their children. The scholars posited that because of cultural norms young, unwed African American mothers more often decide to parent. They were also more likely to have informal adoptions where family members care for the child.

Women who become birthmothers tend to be of slightly higher socioeconomic status and have more education than those unwed young mothers who parent (Chippindale-Bakker & Foster, 1996; Pertman, 2011). Less educated pregnant young women tend to think less about the long-term consequences of parenting. Birthmothers tend to be slightly older (late teens to mid-twenties) than young mothers who chose to parent (early to mid-teens) (Pertman, 2011).

Summary

In summary, there is no set demographic on who makes up the birthmother population although scholars have found a few trends. Decisions to place a child for adoption may vary by culture, education level, and age of the mother. I have discussed

the recent literature on adoption types, consequences for the birthmother and birthmother demographics. However, I found grief to be the most common effect of adoption.

Understanding Grief

In order to understand the differences and similarities about the grief process specific to birthmothers I will cover what scholars know about the grief process in general. Giblin and Hug (2006) claimed that, “Grief is entirely unique and follows no time bound or stage-based frameworks” (p. 14). However, to examine grief, psychologists have attempted to understand grief as a process one must go through to move on (Maples, 1998). Maples offered several different models of grief including Kübler-Ross' (1969) five stages of grief: denial, anger, bargaining, depression, and acceptance, as well as Sanders' (1989) five stages of grief. Sanders' five stages include shock, awareness of loss, withdrawal, healing, and renewal. Where these stages could be used to understand the grief that comes from experiencing any number of traumatic events, they are most commonly utilized to explain grief from the death of someone. The problem with using standard models to understand the grief of birthmothers is that their grief is not the result of a death per se and is ambiguous and disenfranchised. Dinwoodie (2015) stated;

The grief of women whom have placed their children for adoption is much more complex than simply making a decision of relinquishing their child and then moving on with their lives, the traditional grief models do not acknowledge their disenfranchisement and ambiguous loss and, therefore, do not account for the whole grieving experience of these women. Without modifications to these traditional grief models, we may never fully understand what many of these women experience after the signing of the adoption papers. (p. 27)

Thus, it will be important to understand how a birthmother experiences grief after adoption. Next, I will examine how a birthmother incorporates her loss into her story through the metaphors she utilizes.

Disenfranchised Grief and Ambiguous Loss

Disenfranchised grief is a loss that is “not openly acknowledged, publicly mourned, or socially supported” (Doka 1989, p. 4 cited in Lang, et al, 2011, p. 187). Where grief studies offer scripts for how one is supposed to handle grief, no such cultural script exists for how birthmothers are supposed to handle their grief. Doka (1989 as cited in Davidson, 2010) posited that society has a list of legitimate relationships that one can grieve. The primary reason disenfranchised grief exists is that society places all the value on the traditional family structure, so that relationships outside of that traditional family structure are illegitimated and not concrete (Davidson, 2010). Healthcare practitioners and society sometimes think that because adoption is voluntary the birthmother does not feel grief (Davidson, 2010).

Grief and Disenfranchised Grief in Birthmothers

Several factors make a birthmother’s grief unique and uniquely difficult (Davidson, 2010). These factors include: lack of acknowledgement from society, inability to outwardly express her intense feelings, lack of visual memories from not seeing the baby, a fixation with a reunion fantasy as a way of not dealing with the feelings of loss, the feeling that choosing adoption means you can’t grieve the adoption, self-blame and low self-esteem, coercion from others to make an adoption decision which leads to the inability to take responsibility for the decision, and the feelings surrounding the decision,

such as lack of social support, drug use, and not talking about her experience or keeping the adoption secret (Davidson, 2010).

As stated above, society often does not allow a birthmother to grieve or acknowledge her grief, leading to disenfranchised grief. There are social constraints that do not allow the birthmother to heal. Her feelings of loss are negated by advice that she should forget the adoption, that the adoption was her choice, and that the child is not dead (Aloi, 2008). As her grief is disenfranchised, she may feel like she is not entitled to her feelings of grief (O'Leary & Baden, 2005). This alienation from her own feelings could create long term psychological issues (Aloi, 2008).

Relinquishment is a lifelong process, and the birth mother may have to revisit previous feelings about the adoption often, especially around the child's birthday, Mother's Day, and other holidays (O'Leary & Baden, 2005). In his research, Brodzinsky (1990) found that birthmothers still cited a strong sense of grief and loss years after the placement of her child, and that about 40% of the birthmother's examined cited suffering from depression in the months and years following the adoption. The whole family of the birthparents may also feel some sort of loss in an adoption (Silber & Speedlin, 1997).

Christian and Bryant (1998) posited that more communication with the adoptive family helped the birthmother create a stronger sense of identity and made her more comfortable in her role as a birthmother, leading to less grief. The scholars also found that birthmothers who were still in a relationship with the birthfather showed higher levels of grief, possibly from being surrounded by his grief on top of her own. The women reported even higher levels of grief when the birthfather objected to the adoption than when he agreed. Birthmothers with ongoing contact were less likely to have high

levels of grief and were more assured of the child's well-being (Christian, McRoy, Grotevent, & Bryant, 2000).

Silber and Speedlin (1997) borrowed a phrase from Concerned United Birthparents that being a birthparent is like having a "lifelong sense of psychological amputation" (p. 46). However, in adoption agencies, lifelong psychological care is costly and is often left out to help the birthparents forget the child. However, scholars have shown that forgetting is difficult if not impossible just as with the death of someone close (Aloi, 2008; Gritter, 2000; O'Leary & Baden, 2005; Pertman, 2011; Silber & Speedlin, 1997). Since the birthmother's adoption grief does not include a death, scholars call her grief an ambiguous loss (Boss, 2006).

Summary

Grief holds no real pattern or stages, but several scholars have attempted to categorize stages of grief in order for people to understand grief (Maples, 1998). There are several types of grief including the grief experienced by the death of someone, but the grief experienced by a birthmother has been called disenfranchised or ambiguous because society has no real scripts for the person to follow. Birthmothers experience a grief that is unique to them and that grief can be life-long and life-altering (Pertman, 2011).

Understanding Ambiguous Loss

Part of the reason a birthmother's grief is disenfranchised is because her loss is ambiguous. Scholars (Lang, et al, 2011) defined ambiguous loss as, "A loss in which an important component is missing, thwarting mourning customs and rituals and preventing typical coping behaviors" (p. 187). People can experience an ambiguous loss because of a divorce, relationship dissolution, infertility, miscarriage, losing a job, moving, abuse,

chronic illness, or mental illness (Betz & Thorngren, 2006). Ambiguous losses are different from other types of grief because the child is still there in some capacity. The psychological presence and physical absence of the birthchild means there is no possibility for closure. Ambiguous losses freeze grief, people become immobilized and isolated and are often separated from support systems that could help them make sense of their ambiguity (Betz & Thorngren, 2006). Boss (2008) defined two types of ambiguous loss. The first being psychological presence but physical absence, like adoption is for birthmothers and adoptees. The second type is physical presence with psychological absence such as an alcoholic parent or a grandparent with Alzheimer's.

Boss (2008) explained why ambiguous losses are especially stressful and traumatic. She claimed that ambiguity confuses people because previous coping strategies are not applicable. The ambiguity of the situation leaves people feeling helpless and with no agency. Unresolved loss is viewed by society as a failure, so an inability to 'get over' a loss may make the person feel weak and guilty. Boss (2008) claimed that people tend to feel like they have no agency because the common coping and grief process rituals do not apply. There is no one to bury, no funeral to have, and no social support from society. The ambiguity and lack of answers can cause some people to become obsessed with sensemaking, and the search for answers can take over their life (Boss, 2008). Lastly, the lack of closure is often perceived as a personal weakness instead of a part of the nature of ambiguous losses. Ambiguous loss causes depression, anxiety, and conflict within families which can add to the trauma because social support is essential in dealing with the loss (Abrams, 2001; Boss, 2010).

Fravel, McRoy, and Grotevant, (2000) examined ambiguous loss in birthmothers. They posited that psychological presence means the person is in the heart or on the mind of family members. The scholars claimed that psychological presence can go on a continuum of positive to negative, but that grieving may be blocked because the child is still alive. They claimed that birthmothers do not forget their adopted children. In fact, "...adopted children are psychologically present to their birthmothers, not only on special occasions but as the birthmother goes about her routine, day-to-day life" (p. 428). The scholars found ten indicators of psychological presence including the birthmother saying she "felt" the presence of her adopted child. This study added on to the research conducted by Fravel, McRoy, and Grotevant, (2000) by examining the ways a birthmother makes sense of her ambiguous loss.

Boss's Guidelines

Boss (2010) proposed a set of guidelines (rather than stages like Kübler-Ross) to help in the acceptance of an ambiguous loss. The first is finding meaning, the second is tempering mastery, the third is reconstructing identity, the fourth is normalizing ambivalence, the fifth is revising attachment, and the sixth is discovering hope. To find meaning the person must make sense out of her/ his experience. Boss (2010) claimed that people with ambiguous losses need to change from either/or thinking to both/and thinking. To assist in finding meaning, Boss (2010) posited that people examine the cultural metaphors guiding their previous thoughts on grief and create new ones where loss does not always have closure. She suggested that in place of the traditional rituals involving the lost person, that the family reframes the rituals rather than canceling them.

To temper mastery, Boss (2010) claimed that a person must adapt a both/and mentality. For example, an adult who is taking care of her mother with dementia would have to be able to view herself as daughter of their parent and a parent to their parent, or in the case of a couple where the husband has Alzheimer's, the wife would need to be able to view herself as a wife and a wife to a husband who no longer remembers who his wife is. Boss (2010) cited that a person must learn to live with the ambiguous and regain control over their lives. A birthmother may need to accept that she is both a mother and not a mother at the same time. People must accept ambiguity because there is nothing else they can do (Boss, 2010). When faced with an ambiguous loss a person must change their identity in order to accept their new roles. Stigma may make taking this new role difficult but holding on to absolute unchanging identities is impossible in the face of an ambiguous loss (Boss, 2010).

To accept the ambiguous loss into one's life they must accept that the ambiguity is going to be present and deal with the feelings surrounding that loss. Boss (2010) called the ambivalence of the ambiguous loss a sociological ambivalence because it happens within families and social groups. Boss stated that "Revising attachment means accepting rather than resisting the ambiguity that surrounds a relationship" (p. 144). Understanding ambiguity is to understand that relationships are both/and while they do not have to be either/or.

Ambiguous Loss and Narrative

Boss (2010) claimed that traditional therapy methods were often insufficient because their goal was often closure; people with ambiguous loss rarely achieve closure. That did not mean that talking about ambiguous losses was not helpful. Telling stories of

the loss helped people deal with the wide ranging, and often confusing, emotions surrounding the loss (Drewery & Winslade, 1997). By talking through these feelings people could begin to create new rituals to honor the past and embrace the future (Betz & Thorngren, 2006). “It is through telling stories that meaning is made. People make meaning; meaning is not made for us” (Drewery & Winslade, 1997, p. 33). If people make meaning through talking and language, then meaning can also be changed through talking and language. By telling their story over and over, family members can create new meanings about their losses and discern what needs to heal (Tshudin, 1997 as cited in Betz & Thorngren, 2006). Through storytelling, families and individuals will be able to assimilate the loss into their family story and make sense of how the loss fits into their identity.

Disenfranchised grief and ambiguous loss, hope, love, birth, labor, motherhood, identity, change, life, choices; these are all experiences that cannot be fully understood in statistics. They are experiences that might sometimes not be fully understood by words. Words will be where we should start to try and understand.

Summary

A birthmother’s loss is ambiguous because there are no real mourning rituals to placing a baby for adoption (Lang, et al, 2011). Boss (2008) posited two types of ambiguous loss; physical presence and psychological absence and physical absence with psychological presence, such as the loss felt by birthmothers. Like other scholars’ stages of grief, Boss (2008) came up with a set of guidelines to help a birthmother grieve. Boss stated that part of these guidelines involved assimilating the ambiguity into her identity.

One of the ways to create identity surrounding trauma is through narrative (Drewery & Winslade, 1997).

Narrative

One of the ways to understand words is to understand how they are used in narrative form. Humans use narratives to make meaning, order, and to shape our experiences (Denzin & Lincoln, 2013). Narratives are “socially constrained forms of action, socially situated performances, ways of acting in and making sense of the world” (Chase, 2013, p. 44). Simply put, narratives are life experiences as told by those who lived them (Chase, 2013). “Narrative theorists define narrative as a distinct form of discourse: as meaning making through the shaping or ordering of experience, a way of understanding one’s own or others’ actions, of organizing events and objects into a meaningful whole, of connecting and seeing the consequences of actions and events over time” (Chase, 2013, p. 56). This lens of understanding narrative helps scholars examine the who, what, when, how, and why of a story as it is told and to whom it is told. Listening to the narrating of a story helps scholars understand what realities people use in defining themselves and their experiences; especially those experiences that are traumatic (Harter, Japp, & Beck, 2008).

Narrative and Sensemaking

Narratives help people identify and position themselves before and after a loss. It also helps make sense of the chaos a death or loss brings into one’s life. I will posit the same goes for disenfranchised grief and ambiguous loss; the narratives that birthmothers tell help them make sense of their loss and how that loss fits into their identity. These narratives may even be more important to a birthmother because of the lack of memories

with her child. Baxter and Norwood et al. (2012) cited that people utilize stories as a means of sense making. Sense making comes in the form of being able to tell a coherent story. The story helps pull events, and possibly divergent emotions, all together into one narrative (Baxter & Norwood, et al. 2012).

People make sense of life experiences by turning it into a narrative. These narratives are especially prominent in life events that involve a turning point or trauma (Riessman, 1993). Telling narratives not only reconstructs past actions but it also (re)constructs how the person experienced those actions and how they made meaning from them. The narrative is a performance where the narrator must answer the questions of “what happened next?” and to simultaneously convince the listener that something important did, in fact, happen and that the event had meaning (Riessman, 1993).

Summary

People use narratives to make sense of the things that happen to and around them (Denzin & Lincoln, 2013). Narratives are important in dealing with trauma (Riessman, 1993). Birthmothers experience trauma and thus would benefit from developing a coherent story surrounding her loss (Baxter & Norwood et al. 2012). Where there are several ways in which scholars have examined narrative (Allison, 1994; Bruner, 2003; McAdams, 2008) one way to analyze the narrative for deeper meanings is to conduct a metaphor analysis (Tracy, Lutgen-Sandvik, & Alberts, 2006; Willer, 2012).

Metaphor

The word metaphor is from the Greek “meta” meaning over and “phereras” meaning to carry. Two of the more prominent metaphor scholars Lakoff and Johnson (1980) stated that we view language to share understandings. The scholars claimed that

these shared meanings are often metaphorical in nature because we understand one thing in terms of another thing. Metaphors not only make our thoughts vivid, but they structure our perceptions of events and our understandings of them. Metaphors shape our perceptions of past events, the present, and help us set up the expectations of our future (Lakoff & Johnson, 1980). People understand their experiences through a chain of processes. The language people use to talk about an experience is a way of understanding complex emotions and other innate feelings. To make sense with another person we must have a means to understand that language.

Metaphors help us understand, and help us share understanding of, our experiences and emotions with ourselves and others (Lakoff & Johnson, 1980).

Metaphors are such an integral part of our everyday language that we do not even realize that we are using them. They shape the way in which we experience the world, but those experiences also influence the metaphors we use to understand it. “Metaphor is not simply an ornamental aspect of language, but a fundamental scheme by which people conceptualize the world and their own activities” (Gibbs, 2008, p.3).

Summary

Metaphors are when we compare one thing in terms of another, in order to better convey meaning. People utilized metaphors more often than they realize they did and they shaped the way we viewed ourselves and our experiences (Lakoff & Johnson 1980).

How scholars Use Metaphor Analysis

Willer (2012) examined how young girls understood both the dark and the bright side of social aggression. Willer had her participants draw their experiences and then explain their metaphors. Tracy, Lutgen-Sandvik, and Alberts, (2006) used drawing and a

metaphor analysis to understand how adults experience and process workplace bullying. Suter, Reyes, and Ballard (2010) examined the metaphors utilized by parents who adopted children from either Vietnam or China and found that the parents used metaphors that labeled themselves as protectors and educators. Tracy et al. (2006) claimed that metaphors guide how people experience the world. They claimed that using metaphors can help participants make meaning of events they find difficult to make meaning of (Tracy, Lutgen-Sandvik, & Alberts, 2006). Ambiguous loss and grief could be some of the emotions associated with these events.

Metaphor, Grief, and Recovery

Metaphors are pervasive ways in which we understand and discuss our feelings (McMullen, 1999) and grief is a complicated feeling that is difficult to discuss (Maples, 1998). One of the ways scholars can better understand feelings like grief is to understand the metaphors we use to discuss them. Rosenblatt (2008) examined the metaphors surrounding grief and the notion that one can recover from grief. The scholar claimed that grief affects people in powerful ways, permanently changing their sense of self and how they view the world, yet we still discuss grief as though you recover from it (Rosenblatt, 2008). The notion of recovery is a metaphor that highlights some experiences while devaluing or even excluding other experiences. The definition of recovery makes it seem like a person who is “recovered” from grief is back to the same way they were before the grief, as one would be if they recovered from a cold. For grief this return to a previous state is not achievable (Rosenblatt, 2008). Bereavement and grief are like an illness as they can cause withdrawal from activities and people, require time and maybe treatment, may cause lower levels of everyday functioning, and involve the whole-body. However,

considering grief like an illness leaves out the ideas that the person may never return to how they were before, that the process of grief can profoundly change a person and how they construct their identities (Rosenblatt, 2008).

Maples (1998) discussed how people who are dealing with grief need to construct a new story surrounding the loss, both about the person who is gone and about the role that person now plays in your life. One of the ways to do this is by writing. Young (2008) examined a grief writing group. Young posited that writing about the chaotic feelings grief brings is one way to work through the emotions. They suggested metaphors are ways in which the participants helped describe and explain their feelings to others in the group. Metaphors were also ways in which the whole group could construct a group identity and way of talking about grief.

Young (2008) found the metaphors expressed were primarily categorized into two groups: breakage and erasure. The metaphors of breakage in grief had to do with violence, not necessarily the violence of the death but the way grief tears apart a person's reality. Young stated that the metaphors that fit into this category were that of grief being a ripped page, or a door busted open, or a foot being cut and torn apart as it is dragged from a moving vehicle. According to Young (2008), these metaphors helped the survivors understand the pain and feelings of destruction that came with grief. The metaphors of erasure correlated with the notion that grief brings permanent changes to one's life. One metaphor utilized by the participants was a sandcastle washed out to sea. The sandcastle represented a permanent change, you could rebuild it, but it would never be the same.

Young also found metaphors involving natural forces like storms and quicksand, and metaphors involving natural fauna like singing birds. The participants expressed metaphors involving technology like a foreign film with subtitles and an answering machine. The scholar took these to emphasize the grief over the loss of communication with the dead person. There were also metaphors that had to do with fiber arts like spinning wool into yarn and quilting. This expressed the notion that grief transforms one thing into another, and that other thing can be beautiful.

Grief and Depression

In the Kübler-Ross model of grief, one of the stages is depression. It is beneficial to understand what metaphors are used to discuss depression and grief because scholars have found that depression is one emotion birthmothers have after adoption (Brodzinsky, 1990; Christian & Bryant, 1998). McMullen (1999) examined the metaphors about depression during therapy sessions of depressed women. The most pervasive metaphors the scholar found were those that related depression to darkness. Other reoccurring metaphors were paring depression to forces outside of your control like storms and both the physical and emotional feeling of being weighted down- burdened, heavy, and/ or under pressure (McMullen, 1999). Participants described depression as down or low; they used the metaphors that depression is like spiraling down, sinking low, in a pit, and hitting rock bottom. All these metaphors could be alleviated with counter metaphors such as ascent or pulling one's self out of it (McMullen, 1999).

Summary

Metaphors are particularly helpful when discussing feelings that are difficult to explain or describe such as grief (Rosenblatt, 2008) and depression (McMullen, 1999).

Research Question

After reviewing the previous works involved in the fields of adoption studies, depression and grief after loss, and associated works regarding ambiguous loss, I felt that there was a need for further research to be performed regarding the impact ambiguous loss has on the birthmother. As birthmothers did not commonly have a coping strategy for ambiguous loss or scripting to help deal with their grief, birthmothers often had trouble moving past the ambiguous nature of their loss (Boss, 2008; 2010).

The intention of this study was to identify the metaphors which birthmothers chose to explain and convey their adoption narratives. By identifying and categorizing the metaphors employed to explain a birthmother's feeling around ambiguous loss, I attempted to ascertain ways in which changes could be made to process and practice in the fields of adoption, therapy, counselling, and birthmother follow-up. This research expanded upon the research by Fravel, McRoy, and Grotevant, (2000) by examining the ways in which birthmothers made sense of their ambiguous loss through metaphors. This dissertation also extended the research on ambiguous loss (Abrams, 2001; Betz & Thorngren, 2006; Boss, 2008) by showing how birthmothers expressed their experiences with ambiguous loss in their narratives.

In sum, birthmothers experience grief and loss when they make an adoption plan for their baby/babies (Gritter, 2000). Their grief is both disenfranchised, meaning not recognized by society, (Davidson, 2010) and an ambiguous loss, meaning the child is psychologically present but physically absent (Baxter & Scharp, et al. 2012, Boss, 2008). One of the ways to understand ambiguous loss was through narrative (Betz & Thorngren, 2006). Other communication scholars (Baxter & Norwood, et al. 2012: Baxter & Scharp,

et al. 2012) have examined narratives and birthmothers but the narratives were posted on forums, not told to the researcher, and not about the topics of grief and ambiguous loss. Scholars have agreed that birthmothers experience ambiguous loss (Baxter & Scharp, et al. 2012; Davidson, 2010) but have yet to study it specifically. People with ambiguous losses needed a witness to their grief and to give it a name, in order to validate their experiences (Boss, 2010). Research on the subject should include how she understands her grief. One of the ways scholars can understand how someone is making sense of their lived experiences is through examining the metaphors they utilize when discussing those experiences (Lakoff & Johnson 1980). This led me to the question that guided my research for this project:

RQ1) What metaphors do birthmothers use when narrating their experiences of ambiguous loss?

Chapter 3. Method

Introduction

The study methodology was designed to answer the research question and provide insight into the metaphors birthmothers used linguistically to capture their experiences of ambiguous loss. As such, in the following sections I first briefly discuss the participants and participant recruitment. I then addressed the face-to-face interview procedure and mediated interview procedure. Then I moved into narrative methods and narrative interviews and how I recorded that information. Finally, I discussed validity and researcher's reflexivity.

Participants

Many birthmothers experience some form of grief and ambiguous loss after placement, but not all birthmothers in all types of adoptions experience grief the same. For instance, adoptions with some degree of openness are more common now than they were 20 years ago (Ge, et al. 2008). Scholars have reported that grief is experienced slightly differently in birthmothers with open and closed adoptions (Christian & Bryant, 1998; Cushman, Kalmuss & Brickner Namerow, 1997; Ge, et al. 2008). In the cases of birthmothers with open adoptions, birthmothers have reported feeling more assured of the child's well-being, which in some cases leads to the birthmother reporting more well-being post placement (Ge, et al. 2008). Fravel, McRoy and Grotevant (2000) found that psychological presence is more positive in adoptions with some sort of openness.

Scholars (Christian, McRoy, Grotevant, & Bryant, 2000) claimed that the “Opportunity for contact in ongoing mediated and fully disclosed adoptions seems to help some birthmothers “feel less empty” and be more readily able to see the child in relation to another family” (p. 55). Madden, Ryan, Aguiniga, Killian, and Romanchik (2018) found that having contact with her birthchild post placement were predictive with increased satisfaction with her adoption choice. This research extends the work of Fravel, McRoy and Grotevant (2000) by examining how birthmothers express their experiences with ambiguous loss through the metaphors that they employ. The scholars have already found that birthmothers experience ambiguous loss, while this study seeks to find out how they utilize metaphors in the narrating of their adoption story.

Christian, McRoy, Grotevant, and Bryant, (2000) made the case that grief scholars should examine birthmothers after at least four years past her adoption experience. This was because the birthmothers have had time to process her lived experience of being a birthmother.

Thus, for this study I limited the birthmothers to those with some degree of openness. In addition, Cushman, Kalmuss and Brickner Namerow, (1997) found that birthmothers reported slightly less grief four years after placement compared to birthmothers in their first three years post placement, perhaps because they had begun to make sense of their experiences and incorporated them into their life. Due to this slight difference, the participants for this study were birthmothers with some degree of openness in their adoption and were more than four years post placement, but less than 18 years post placement. The reason behind the age cap is because in the states that offer open records, 18 is the age an adoptee can request his or her records. Past the age of

reunion, whether or not one has happened, can bring out feelings of rejection (March, 1997). These feelings could complicate how the birthmothers explain and understand their grief.

Participant Demographics

Birthmothers who participated in this study were asked to provide a specific set of demographic identifiers. Those pieces of information were used to better understand the lives and narratives of the birthmothers involved. Demographics included in the study were: birthmother's age, her age at the time of adoption, the year the adoption took place, gender of the child, type of adoption, socio-economic status at time of adoption, race, and religion. The information provided by the participants is listed in a table below:

Table 1.
Participant Demographics

Participant	Age	Age at Birth of Child	Year Child was born	Number of Other Children	Child's Gender	Type of adoption	Socio-Economic Status at Time of Adoption	Race	Religion
Abigail	29	21	2012	1	M	Semi-Open	Poor	White	Questioning
Bella	47	31	2004	0	NB	Fully Open	Middle Class	African American	Christian
Clementine	26	17	2010	2	M	Fully Open	Middle Class	White	LDS
Denise	36	22	2006	0	M	Semi-Open	N/A	White	Christian
Emily	30	18	2012	4	M	Mediated-Open	Lower-Middle Class	White	Lutheran
Felicity	32	28	2014	3	M	Mediated-Open	Poor	White	Christian
Gwendolyn	34	20	2006	3	M	Mediated, then Fully Open at 10 years old	Poor	White	LDS
Hannah	29	18	2009	0	M	Fully Open	Middle Class	White	Spiritual
Ivy	23	15	2012	0	F	Fully Open	Middle Class	White	Lutheran
Julia	25	18	2013	0	F	Semi-Open	Middle Class	Biracial	Mormon

Participant	Age	Age at Birth of Child	Year Child was born	Number of Other Children	Child's Gender	Type of adoption	Socio-Economic Status at Time of Adoption	Race	Religion
Kennedy	27	18	2011	0	M	Mediated-Open	Lower-Middle Class	White	Christian
Lillian	32	14	2003	4	M	Mediated-Open	Middle Class	White	Christian
Melissa	25	21	2016	0	M/M	Fully Open	Middle Class	White	Spiritual
Natalie	27	19	2012	0	M	Fully Open	Lower-Middle Class	White	Nondenominational
Olivia	42	38	2015	0	M	Fully Open	Lower-Middle Class	White	Atheist
Patrice	26	21	2014	0	M	Fully Open	Lower-Middle Class	White	Lutheran
Rhonda	35	25	2010	0	F	Closed - Not by Choice	Middle Class	White	Mormon
Victoria	37	18	2001	3	F	Mediated-Open	Lower-Middle Class	European/White	Spiritual
Willow	30	22	2004	0	F	Fully Open	Poor	White	Pagan

Results from the information provided indicated an average current age of the birthmother as 31.16 years old and an average birthmother age at the time of adoption as 21.26 years old. Participant's race broke down as 89.48% White, 5.26% African American, and 5.26% as Biracial. Socio-economic status at the time of the adoption event was represented as 42.11% middle class, 31.58% lower-middle class, 21.05% poor, and one participant chose not to answer. Type of adoption status was identified as 52.63% fully open, 26.32% mediated-open, 15.79% semi-open, and 5.26% closed.

Gender of the child were 68.42% male, 26.32% female, and 5.26% non-binary. Religious status was represented as 26.32% Christian, 15.79% Lutheran, 15.79% Spiritual, 10.53% Mormon, 10.53% LDS, 5.26% Atheist, 5.26% Pagan, 5.26% Nondenominational, and 5.26% questioning.

Recruitment

After securing institutional review board approval, I set out to recruit participants. As an insider to the birthmother community, I have personal connections to many birthmothers in three mediated groups, all on Facebook. One group is specific to the adoption agency I placed through, one is a North American, although mostly United States (1,200 members) group, and the third is a group that advocates for birthmother rights (2,000+ members). Prior to the study, some of the women knew I was a scholar, while most did not. I did not have any relationships with these women outside of the birthmother support groups, which is pertinent to note but not necessary given the friendship interviewing style (Tracy, 2013) I employed and will describe later. Scholars (Baltar & Brunet, 2012) claimed that Facebook is advantageous as a recruitment tool

because of the ability for the researcher to locate participants who may not be easily reachable.

My call for volunteers combined with my insider role made participant recruitment a mix between a convenience sample, which Tracy (2013) described as “convenient, easy, and relatively inexpensive to access” (p. 134). Some of the participants will come from the group of women who placed through the same agency that I did. These participants may have had similar experiences with the adoption process based on placing through the same agency. Other groups offered me a less homogeneous sample because they were birthmothers located in multiple locations throughout the United States. As this research sought to understand individual experiences with adoption, and ambiguous loss, a biased sample did not hinder data validity. Now I have detailed my population, I will discuss how I went about recruiting them.

After permission was obtained from the group’s moderators (see Moderator Recruitment Message in Appendix A) an announcement (see Participant Recruitment Message in Appendix B) went out in each group outlining the study. Willing participants had the option of messaging me through the Facebook Messenger or contacting me through my email address to set up a time for meeting. Once birthmothers agreed to participate, I scheduled interviews based on availability.

Mediated Interviews

Since my participants were not able to meet with me face-to-face, I set up a synchronous mediated interview. Tracy (2013) described synchronous mediated interviews as interviews that utilize some form of technology (e.g., Zoom, Skype, Face-time) to engage in a face-to-face interview. Synchronous mediated interviews have

advantages such as: being able to interview a wide variety of participants from a larger demographic area, are easier to conduct a follow-up interview, may make the participant feel more comfortable being in their own space, the ability to limit background noise, and may make the participant more sociable and friendly because they have more control of their self-presentation (Tracy, 2013). Mediated interviews also have a few disadvantages: mediated communication could reduce some non-verbal cues because the researcher only sees the participants upper body, the participant must have access to the proper technology, and in their own environment participants may get distracted. The strengths provided by mediated interviews for this project was the access to a wide range of experience from birthmothers from multiple geographic areas. Adoption laws vary by state and different experiences post-delivery may affect how a birthmother views her ambiguous loss. Thus, it was important to recruit a wide range of birthmother experiences but all with the similarity of open adoption and age of child at the time of the interview.

Interview Procedure

Informed consent

To elicit and record birthmothers' narratives I first obtained informed consent (See Appendix B). Informed consent told the participants of the general purpose of the study, what will happen during the research, what potential benefits and harm might happen because of the research and did include that the participants may withdraw from the study whenever they wish and/or omit any question they are uncomfortable with answering (Patten, 2002). The informed consent offered resources for the participant in case the participant feels the need to seek counseling. Once a potential participant contacted me saying she wished to be a part of the study, I emailed or messaged her the

link to an online survey for her to fill out a demographic survey and informed consent forms. The demographic form had information about the names and ages of the people involved in her adoption story, the type of adoption she had (open, mediated, closed), the type of agency she placed through, and basic demographic information such as age, race, socioeconomic status, and number of children. I reiterated the informed consent dialogue at the beginning of each interview.

Narrative Interview

Baxter, et al. (2012) claimed that birthmothers talking about their feelings and experiences during and after adoption placement helped birthmothers cope, and make meaning. Therefore, employing a narrative method allowed the birthmothers in the study to discursively construct, make sense, and understand their experiences of ambiguous loss. Moreover, getting a birthmother to tell her story is one way for a scholar to gain a “fuller appreciation for the range of an individual’s experience” and to make sure “birthmothers are better understood as a complete human” (Coleman & Garratt, 2016, pp. 157-158). Narrative methods allow for underrepresented populations to have their stories heard (Riessman, 2008). Naming and giving voice to marginalized people is an important privilege of scholars (Chase, 2013). However, it is important that researchers do not speak for marginalized people but rather give them a venue to speak for themselves (Chase, 2013). One of the ways to allow birthmothers to speak for themselves is through narrative interviewing. Tracy (2013) said “Narrative interviews are open-ended, relatively unstructured interviews that encourage the participant to tell stories rather than just answer questions. Stories might relate to the participants, their experiences, or the events they witnessed” (p. 141). Riessman (2008) claimed that “narrative interviewing

has more in common with ethnographic practice than with mainstream social science interviewing practice...The goal in narrative interviewing is to generate detailed accounts rather than brief answers or general statements” (p. 23). The interview is viewed as a conversation, meaning rules of everyday conversations apply such as turn taking and asking for explanations or evaluations (Tracy, 2013).

I conducted the narrative interviews as friendship interviews. Tracy (2013) defined a friendship interview as “...participants are treated as intimate friends rather than as objects. This approach suggests that researchers can and should show their human side, answer questions, and express feelings. They need not try to act in an unbiased way or to avoid sharing their opinion” (p. 142). Thus, in this interview I was able to empathize with the participant, offer encouragement, share bits of my story, and relate to my participant in a more relaxed manner than formal interviews.

The interview was broken up into two sections. After introductions the interviews began with an opportunity for participants to “tell me their story” (Reissman, 2008). As metaphors are pervasive in our language, especially when telling a story (Rosenblatt, 2008), this method was particularly fruitful in addressing RQ1. Specifically, I described to the participant the definition of a story in order to ensure that she told her adoption *story* rather than describing her experiences more generally. Based on Koenig Kellas, Trees, Schrodt, LeClair-Underberg, and Willer (2010) I asked the participant to:

tell me the *story* of your adoption experience. A story is a retelling of a specific life event and for our purposes today that life event is your story of adoption. Stories include a plot (a sequence of events), characters (you, the birthfather, birthchild, parents, and any other relevant people), and usually some type of meaning (a point, a conclusion). So rather than talking about your adoption story generally (e.g., it was hard, we didn't agree, we had a good relationship), I would like you to tell me the story from the beginning to where you are today. For

example, you might start from before pregnancy, like maybe when you met the birthfather, and take me through pregnancy, choosing adoption, birth and placement, and your experience with adoption after placement. In addition to describing the events as they happened, I also would like you to share your feelings about the events. I am going to jot down a couple of notes as you share your story so that I can come back and ask you about these feelings in case you forget.

After participants have detailed their adoption story, I moved to the second section of the interview which addressed RQ1 and allowed insight into the ways in which birthmothers use metaphors to describe their stories and experiences with ambiguous loss. After defining what ambiguous loss was, I asked the participant to tell me specific *stories* where she felt the psychological presence of her child despite her or his physical absence. Then I asked follow up questions designed to allow participants to further flesh out their experiences, including how they coped or grieved with the ambiguous loss, if post adoption contact has affected their feelings of ambiguous loss and how uncertainty affected their feelings. These questions were meant to get at the specifics of their feelings surrounding ambiguous loss, as well as to possibly elicit metaphors in their talk.

Audio Recording and Transcription

I audio recorded and transcribed all interviews. I gave each participant a pseudonym at the time of transcription. The transcription methodology included employing a mixture of listening repeatedly to the interview and writing a printed transcription (Tracy, 2013). Riessman (2008) posited that “In constructing the transcript, we do not stand outside in a neutral objective position, merely presenting “what was said”. Rather, investigators are implicated at every step along the way in constituting the narratives we then analyze” (p. 28). Each line will be transcribed and given a line number in order for me to reference specific lines when coding for metaphors.

Once interviews were transcribed, I was able to begin the interview analysis.

Interview Analysis

In order to better understand the metaphors of ambiguous loss birthmothers use in their narrative interview I engaged in a four-step analysis process of the first two sections of the interview, including the participants' adoption narrative and the questions related to ambiguous loss. First, I read transcriptions once without making any notations. Second, as I read through the interviews again, I began to look for metaphors. This analysis was guided by the method Suter, Reyes, and Ballard (2010) utilized in their work on the metaphors adoptive parents used when discussing their internationally adopted children. This study was based on Owen's (1984, 1985) methodology, which offered a framework for extracting metaphors from narratives by examining the narratives for *recurrence*, *repetition*, and *forcefulness*. According to Owen (1984, 1985) recurrence occurs when the same meaning is expressed even if not the exact same way linguistically. For example, the birthmother could say her child is "missing from her life" and later say the child is "gone from her life" and these two utterances would be counted as repetition because they mean the same thing linguistically. Repetition occurs when the same meaning is repeated in multiple utterances. For example, if she said "I was *so so so* alone" or if multiple times during the interview she said "I had to do what was right." Forcefulness occurs when the vocalics utilized by the participant purposefully puts emphasis on a word or phrase. Suter, Reyes, and Ballard (2010) discussed how they transcribed for forcefulness. They stated that "...we denoted forcefulness in the transcripts as follows: *Italics* represent vocal emphasis, all CAPS indicate strong vocal

emphasis, and “quotation marks” signify reported speech,” (p. 248). As such, I made these notations when transcribing for forcefulness in my interviews.

From this I created a structured representation of the metaphors I extracted utilizing Owen’s (1985) method of metaphorical analysis to organize the interpretation of results. I used Owen’s method of creating a primary main metaphor, which was supported by manifesting discourse presented in the codebook. These primary main metaphors were then further investigated into sub-themes called relational themes. These relational themes aided in identifying shared experiences and use of metaphor across varying narratives.

Validity

Validity is necessary but should be determined differently in quantitative and qualitative studies (Tracy, 2013). Qualitative studies should be “plausible, creditable, trustworthy, and, therefore, defensible” (Patten, 2002, p.123). There are several ways to establish validity in qualitative data. Interpretive validity consists of accurately portraying the meaning (not just the words) of what a participant is saying (Patten, 2002). One of the ways to ensure the scholar is accurately portraying and representing these inner worlds is by utilizing participant feedback or member checking (Lindlof & Taylor, 2011; Patten, 2002). This means the scholar brings their interpretations of the data back to the participants in order for the participants to verify the conclusions/observations of the scholar. This may be biased because the participants may not speak up in the event of missed communications or they do not want to correct the scholar, but member checking still adds validity to qualitative research (Patten, 2002). Another way to maintain validity is to use direct quotes and personal meanings from the participants, which is a validity

check that narrative analysis is well suited for since large chunks of direct quotes are used (Patten, 2002).

External validity is necessary when you generalize from the participants in your data set to the whole population. However, generalizability is not necessarily the purpose of qualitative research. Qualitative researchers tend to ask questions based on the life world of their participants instead of applying it to everyone. Part of the proposed study deals with individual experiences and sensemaking thus not necessarily generalizable. However, metaphor and experiences of ambiguous loss may be more generalizable to all domestic infant birthmothers.

Participant Responses to Call for Validity

I enlisted feedback from a total of six people, five of my interview participants and one social worker who managed and moderated one of the Facebook groups I utilized to recruit participants. From these pieces of feedback, I found that my interpretations of these interviewee's words and metaphors were favorably received and interpreted. One participant stated that I "captured my feelings perfectly" while another participant said that my interpretations "rang very true".

Additionally, I was told that the information I collected and interpreted could be helpful to future birthmothers. She said, "I wish I could share it with all of the first mommas and all the adoption agencies and social workers I know." The feedback I received from the enlisted social worker also stated that I had "done a good job putting the voice of the birthmother first and foremost. You did a good job showing how the birthmother experience often goes."

I did receive a piece of negative feedback regarding the use of verbal fillers in some of my direct quotes. This respondent said, “the use of the verbal filler “like” kind of threw me off.” I chose to include these types of fillers in some direct quotes in order to keep the feeling of the narrative intact. In some instances, the presence of verbal fillers worked along with the narrative to highlight how the birthmother felt confused, anxious, or uncertain about her feelings and how to express them.

Reflexivity

One threat to validity in qualitative studies is researcher bias, or that the researcher sees what he/she wants to see in data (Patten, 2002). In order to minimize bias a scholar needs to be reflexive about her or his potential biases and predispositions (Patten, 2002).

Researcher Positionality

Researchers need to be reflexive about the research process and its effects on the results. The presence of the researcher’s history and culture meets the participant’s history and culture to create meaning (Tracy, 2013). This must be acknowledged. As a birthmother and insider to the experience, my presence likely impacted participants’ experience in the interview. In 1996, I made the decision to place the daughter I was carrying for adoption. I went through an agency and had what I described above as a mediated semi-open adoption. I chose and met the adoptive family and continued to communicate with them via letters throughout our daughter’s life. In 2018 when she turned 21, I made contact with her, and we are just at the beginnings of getting to know each other. The fact that I am a birthmother too made it easier for a birthmother to talk to me. This insider communication meant I had to be specific in probing my participants for

them to tell me their whole story. One of the ways that I did this was by utilizing a narrative interviewing method (Riessman, 2008).

According to Turner and Norwood (2013) I was both an insider and an outsider as I am a birthmother and I am a researcher, respectively. They cautioned that because of my insider status, I may miss some themes because they are everyday life experiences for me. Moreover, Turner (Turner & Norwood, 2013) mentions her insider status when interviewing midwives and breastfeeding mothers about how her body and experiences became almost a comparison point for the participants. Turner breastfed for two years and the participant breastfed for 9 months. I did not want my story to make the participant feel certain ways about her experiences, which is why I waited until the end of the interview to share my story. Where my adoption was not perfect, I had little problems with the relationship with the adoptive parents. For the most part they stayed in contact as we agreed and never treated me poorly. Also, since I have been reunited with my daughter our relationship is awkward but solid. I am parenting a son currently. The scholars (Turner & Norwood, 2013) discussed being aware of how my mind and body reacts to my participant's experiences and to note them in my field notes as the participant and I are experiencing the interview together. The last method I employed in order to maintain reflexivity is journaling.

Journal writing is important in qualitative research, in particular reflective research.

“Keeping a journal as a part of reflexive research can help us focus on our internal responses to being a researcher and to capture our changing and developing understanding of method and content we reflect on our roles and the impact of the research on our personal and professional lives, on our relationship with participants, on our perception of the impact we may be making on their lives and

on our negative and/or positive feelings about what is happening during the research process” (Etherington, 2004 p. 127).

In other words, journaling allows us to keep a historical record of our writing process. Etherington (2004) found that her students utilized their journals for a variety of different purposes, such as the practical job of writing down concepts, for creative purposes such as playing around with ideas, for self-purposes about keeping in touch with yourself during the research process and for “Metaphoric Symbolisations” such as meditation and mind mapping (p. 135).

For me, I wrote to keep in touch with myself during the interviews. Hearing other people’s adoption stories brought up trauma in myself. Also, since I was further along in the adoption process, I held different views about what adoption meant than my participant. My journal was a place for me to privately express my thoughts and feelings as I moved through the interview process.

Throughout this process, I utilized three different Facebook groups to recruit participants. During the recruitment phase, I limited my participant pool to those birthmothers with some form of openness in their adoption, as well as those who were between 4 and 18 years from their adoption event. I then performed a mediated interview with each participant virtually. From those interview transcripts, I identified and extracted the metaphors that each birthmother used to express her narrative. I then utilized Owen’s (1984, 1985) methodological framework to construct my understanding of the extrapolated metaphors. Once I organized and sub-categorized those metaphors, I was able to interpret the results as discussed in the following chapter.

Chapter 4. Results

Semino (2011) posited that when people experience difficult emotions, they employ metaphor to help them make sense of their experience. People used metaphors more often when discussing strong emotional experiences (Fainsilber & Ortony 1987, Littlemore & Turner 2020). Birthmothers in the present study spoke in metaphors when they discussed their experiences with adoption and ambiguous loss.

In this chapter, I present findings that address the research question that sought to answer what metaphors birthmothers use when narrating their experiences of ambiguous loss. I employed Owen's (1984) process of metaphorical analysis to identify primary "main metaphors," which were developed further into subthemes or what Owen termed "relational themes."

The main metaphors that birthmother used to tell the story of their experiences of ambiguous loss included: "Missing Piece", "Physical Suffering", "Disconnection", "Emotional Conflict", "Forces of Nature", and "Personal Growth". In the following sections, I detailed each of these main metaphors, as well as the relational subtheme metaphors that comprised them. Below is a table identifying each main metaphor, relational theme, and sub-relational theme:

Table 2.
Metaphor Themes

Main Metaphor	Relational Theme	Sub-Relational Theme
Missing Piece	Missing Body Piece	Hole Amputation.
	Missing Relationship	
	Missing Identity	
Physical Suffering	Illness	
	Pain	
	Death	
Disconnection	Autopilot	
	Compartmentalizing	
Emotional Conflict		
Forces of Nature	Difficult Weather	
	Water	
Personal Growth		

Missing Piece

The first Main Metaphor I identified was Missing Piece. Missing Piece referred to the feeling of having a hole, missing a piece of their body, or missing a potential relationship. Many of those metaphors were comparable to physically represented feelings of loss. They could be considered equivalent to removing a portion of oneself and not being able to return it. Missing Piece can also be referred to feelings of missing a relationship with a specific person, or the potential of a relationship, as well as missing a piece of one's own identity.

Metaphors provided through manifesting discourses as related to the category of Missing Piece were often associated with ways that the birthmother had experienced a physical loss such as losing a limb, losing her identity, or losing a relationship. This physical loss was commonly connected to the physical body and referenced missing specific portions of the birthmother's body itself. I categorized these collective metaphors into a relational sub metaphor theme called "Missing Body Piece".

Missing Body Piece

Metaphors utilized during discourse on a physical level often referred to the body as a separate portion of the whole person. Birthmother's often used terms like "hole", "amputation", and "heart" to connect their narratives to their lived experiences. The theme of Body further broke down into subsequent themes of "Hole" and "Amputation". A Hole referred to a birthmother's feeling of missing a piece of themselves central to their person. My participants also often referenced a desire to fill this hole in order to feel complete. Alternatively, the theme of "Amputation" referred to the ways that birthmothers referenced permanently losing a portion of their physical selves. This portion was always referred to as a peripheral portion of the body. Whereas amputating this portion of the body would be detrimental to the birthmother, it would not cease life altogether. I detailed each of these two subthemes in the following sections.

Hole

The relational theme of a hole manifested as parts of the birthmother missing, removed, or needing to be filled. When I interviewed Emily (30¹) about her experiences, she spoke about how thoughts and memories associated with her birthchild made her feel

as though she had a hole in her chest. She referenced thoughts around celebrating the birthchild's birthday and she explained that ambiguous loss felt like

“A black hole. Like there's a black hole inside of me that sucks in parts of me. That consumes parts of my life, but no one else can see it. No one else necessarily even knows that it's there, but it's ever present.”

Not only was this referring to a missing piece, but it was also indicative of sucking in other portions of her life. This showed how the effects of ambiguous loss can have impacts over time and multiple facets of life.

Hannah (29) described her experience of ambiguous loss as feeling physically like “[a] gaping hole in my soul”. Additionally, Ivy (23) spoke about how, even years after placement, she still had trouble making decisions and feeling like she could invest all of herself into a choice. She said, “[I] Have a hole. Like there's just like a piece of you that you know is that, like, you know, is there. But you don't have it, and you can't always even necessarily explain why you're feeling like that.”

Meanwhile, Melissa (25) claimed to feel “hollow” when she referred to how she felt post-placement. She spoke about how she sent a portion of herself out into the world and she would never be able to get that piece back. She equated placing her child for adoption as sending a piece of herself out into the world, while leaving herself forever empty. Yet Melissa still voiced a desire to fill the hole she experienced due to ambiguous loss. Furthermore, Willow (30) said she felt “empty”. These examples showed how the birthmother experienced a loss of herself, even though she was aware of the continued existence of the removed part.

Not only did ambiguous loss create a sensation of a “hole” but it also produced a desire to fill that hole. While I spoke with Lillian (32), the topic of coping mechanisms

came up. She spoke about how she could try to fill the sensation of a void in her heart with outside things like alcohol, sex, and music. She stated, “I started using, you know, alcohol, and men and music....and things to fill this void in my heart because there is always a hole in my heart, ... Now, how to mend it and how to move on and how to cope.” There was a need to fill the void and for Lillian, this took the form of outward sources. Hannah (29) similarly stated that she needed to find something that will “fill the void” when discussing coping by forming a desire to parent future children.

I also saw how Julia (25) had a desire to fill the hole when we discussed how she approached her relationship with her birth child. She spoke about how she would send birthday presents but was reminded of the hole in her heart when she was unable to be present to play with the toys she would purchase. She stated, “It feels like an emptiness that will never get [filled] like an empty void. That will never be fulfilled”. Furthermore, Clementine (26) likened her experiences to a sense of longing and nostalgia. She said, “[Ambiguous loss is] like a weird sense of nostalgia. Or a homesick kind of feeling where you just feel like there's something you're missing, there's something that's, that's, not fitting or there's something that's not complete.” Again, this reflected how Clementine was metaphorically expressing how a part of herself was missing, and she held a longing to fill that hole. Whereas these feelings of filling a void or hole were common to this theme, the next subtheme shows how a feeling of total loss can feel irreparable or irreplaceable after experienced. This led to the next subtheme of Amputation.

Amputation

Aside from being like a hole a few of my interviewees equated ambiguous loss to an amputation. Amputation referred to the total and complete loss of a limb, extremity, or

portion of the body as a whole. Amputation also referred to an irreversible process and does not offer a sense of returning to normalcy. Instead, amputation referred to how an experience will leave the birthmother forever changed and with a potential loss. Even if that loss was replaced with a new 'limb', it would not be the original. This related to birthmother's experiences with ambiguous loss in a similar sense. Even if the birthmother had another child to "replace" what was lost, they will forever be changed by the separation.

Melissa (25) three times discussed feeling like she had to sever part of herself when recounting her experience leaving the hospital after delivery. She noted, "So it wasn't like I regret [the adoption. It] was a moment of just pure loss and grief and how I've kind of like compared it it's, it was like cutting off a part of myself and I did it willingly and I did it, knowing It's what was best and it's what's best for them." So, for Melissa (25), she knew she was severing herself from her birthchildren, but she did it willingly because she thought it was best. Melissa's use of metaphor, relating the adoption process to losing a limb, showed how adoption and ambiguous loss can be experienced as a sudden and permanent action. Even with the plan being premeditated, it still resulted in an immediate trauma.

Hannah (29) also equated ambiguous loss to an amputation, but she focused on the aftermath of how she experienced ambiguous loss. She told me about how she felt like the relationship to her birthchild was missing but ever present in her life. She summarized it thusly, "It's like a phantom limb. It feels like it's there. It's supposed to be there, but it's not." Again, she knew the "limb" was going to be gone but was seemingly unprepared for the aftereffects like feeling the limb ever present. In this way, amputation

showed how the damage and loss felt after experiencing ambiguous loss can never truly be healed or replaced. While the metaphors employed in the subtheme of Hole related to a thought of repair, the language related to Amputation highlighted a sense of finality and irreplaceability. In the aspect of something being irreplaceable, some birthmothers also used metaphors to express how ambiguous loss felt like a missing person in a relationship.

Missing Relationship

Included in the category of Missing Piece was missing someone for the potential relationship they could have provided. I referred to this relational theme as Missing Relationship. Even though the process of adoption explicitly resulted in a missing or altered relationship, some birthmothers chose to employ metaphors about other types of relationships to express their feelings about ambiguous loss. This resulted in metaphors pertaining to long distance relationships and estranged friendships. This subtheme highlighted how complicated it can be for birthmothers to express their feelings around ambiguous loss in terms unrelated to the relationship they might have had with their birthchild. When I asked Willow (30) to explain ambiguous loss to someone who wasn't a birthmother she stated "... like a long-distance relationship. Like having your sweetheart live far away. But you never get to set a date to see each other. Then everyone's too busy to actually get together [or] talk on the phone. Feelings don't change. And you always loved them that much. We just can't have that. Until you go through life missing that piece." For Willow (30), the missing piece was a person who you love but can never be close to. Willow then compared this sensation of a long-distance relationship to having someone just out of earshot; where they are close enough to almost

hear but not really hear clearly. Willow called this sensation a “collection of almost”. The metaphors that Willow used showcases the potential for a relationship and how ambiguous loss impacts the possibility of that relationship.

Melissa (25) similarly stated, “It's weird mourning a loss when they're not really lost. And someone dies. I mean, they're gone, they're but with placement, they're still there. I just don't get to be there.” Melissa (25) also expressed the idea that “it's grieving the loss of experiences, the person still exists but my relationship to them, that particular relationship to them has been severed.” This again highlighted how it can be difficult for birthmothers to associate ambiguous loss due to adoption with any other form of loss. Patrice (26) likened her experiences to losing a relationship with a best friend. She stated, “Let's say you have like a best friend. And then you guys stop being best friends, but you still miss the relationship that you had even though like that person still out there you know doing their own life. You like, miss that relationship that you guys want to have.” This showed how not only the loss of the physical person, but the potential of those lived experiences and shared relationships, can be a source for grief in the category of Missing Piece. The idea of a missing person or relation can be translated to a sense of missing one's own self or identity, which manifested in the final subtheme for this metaphorical category.

Missing Identity

The final relational theme I identified in Missing Piece was Missing Identity. This theme referred to those metaphors that birthmothers employed to discuss how they felt they no longer understood or connected to their own sense of identity. During my interviews, Patrice (26) explicitly stated that her experiences with adoption and

ambiguous loss felt like she “had a loss of identity”. She further explained in her interview how she would have conflicting feelings around who she *was* and who she felt she was *supposed* to be while recounting the dichotomy of feelings she experienced when thinking about her birthchild.

In this same thought, Melissa (25) explained how she felt that “...the floor just fell out from under my feet” when recounting how she felt realizing she would be placing her child for adoption. This reiterated how ambiguous loss can have a sudden and potentially violent impact on how a person perceives their understanding of self and identity. Because Melissa had no previous scripts that allowed her to understand her ambiguous loss, she felt lost and without any grounding to keep her stable.

Finally, Victoria (37) recounted how she felt like she was, at one point in her experience through adoption, no longer even a human. She stated, “Sometimes I felt like I was just a vessel, the incubator”. This showed how Victoria’s own perception of her narrative was changed due to ambiguous loss. Victoria showed how the experience led her to feel objectified and dehumanized to a point of not being able to maintain her identity as she had prior to pregnancy.

Metaphors used in the category of Missing Piece were unique in that the experienced physical trauma was persistent and often created a need to remedy that feeling. We can see how this is experienced by the birthmothers as missing a piece of themselves, losing a vital part of their person, missing out on a potential experience and relationship, or even losing what it means to be themselves. Missing Piece metaphors had a tone of finality and definitiveness that did not allow for reversal. The next Main

Metaphor showed how ambiguous loss can rather be experienced as a continuous and ongoing development, rather than a singularly definitive event.

Physical Suffering

While the category of Missing Piece maintained a specific amount of persistence and permanence, the next Main Metaphor focused on a physically experienced ailment. The next main metaphor category I referred to as Physical Suffering. Physical Suffering was represented in manifesting discourse by “*an anxiety attack*”, “*an invisible illness*”, and “*like I was dying*” meaning those metaphors were comparable to something being physically amiss with the birthmother.

Manifesting discourses in this metaphor category were analogous to birthmothers developing a physical illness, physical trauma, or symptoms associated with other types of ailments. The metaphors employed in manifesting discourse did not have a consistency across permanence, persistence, or severity of impact. Rather, like many physical illnesses or afflictions, the experiences of each birthmother involved were unique to their narrative and fully subjective. Even though there was variation between the metaphors used, the idea of an underlying sickness or affliction remained consistent.

Illness

The first relational theme I identified in Physical Suffering was Illness. The relational theme of Illness was defined by a deviation from health or well-being. This relational theme can be thought of as disease, physical symptoms, wounds, and loss of ability. There was also a subset of birthmothers who related their experiences to suffering due to anxiety.

In manifesting discourse, Emily (30) discussed how her experiences with ambiguous loss as related to adoption have caused her to be fearful of losing things, both objects in her life, and even people or other children. Emily stated her experience with ambiguous loss, “[was like] an invisible illness. Like people that suffer from PCOS or endometriosis or Crohn's disease, migraines, any number of chronic conditions that are debilitating and daily life but have no symptoms that can be viewed from outside eyes. So, you look at them and you think they're fine, but on the inside, everything hurts.” Emily explained how these feelings have caused her to become a more “clingy” person and has led to staying awake many nights. This showed how even an invisible affliction still has physical ramifications. In the same way, ambiguous loss can be said to be invisible yet impactful.

The theme of Illness also manifested as a loss faculty or control over one’s own body. Victoria (37) spoke about how ambiguous loss had saturated into other portions of her life. Victoria explained how she felt ashamed, which led her to feelings and thoughts of physical inadequacy. She said that ambiguous loss, and working through her suffering was like, “... I couldn't swim, and I didn't have the lung capacity to withstand anything if the dinghy were to flip”, “I felt incapacitated.” In this narrative Victoria was talking about being unable to continue performing a skill she already knew how to do, swim. She also stated that she had a physical impact in her capacity to function; her lungs would fail if she were to fall in the water. In these metaphorical examples we saw how Victoria was relating her experience of ambiguous loss as equivalent to a loss in physical capability.

Additionally, a couple of my participants discussed ambiguous loss as making them feel like they were having anxiety or panic. When I interviewed Abigail (29) she

recounted how ambiguous loss has caused her to have panic attacks. She explained how she would consider how things could have been done differently as related to her adoption choice. She stated, “It feels like an anxiety attack.” Abigail went on to state “...It's like your chest tightens and it's hard to breathe....and it makes you really sad”. Abigail’s experience with ambiguous loss and physical suffering were connected in the ways that she suffered through these panic and anxiety attacks when thinking about her birthchild.

Melissa (25) also related her emotions and sense of panic as a sense of physical suffering. For Melissa, embracing and experiencing all of the emotions she had post-placement was an important choice. She recounted how the suffering and pain of those choices were not things she wanted to suppress and push down. She said that, “I felt like all my emotions were this big tangled knot” further highlighting the notion that ambiguous loss felt like her emotions were out of control.

Abigail’s use of symptomatic metaphors showcased the ways that these manifesting discourses directly related to a physically experienced illness. As Abigail and Melissa discussed their feelings around ambiguous loss, they expressed them in terms of physical suffering. This notion of an illness tied in directly with the second relational theme, Pain.

Pain

In manifesting discourse, the relational theme of metaphorical physical pain became apparent. Victoria (37) and Melissa (25) both described a feeling of physical pain associated with ambiguous loss. Victoria (37) spoke about how she felt shortly after returning home from the hospital. She spoke about all the feelings that she experienced

and all the ways that her feelings kept coming back to pain and grief and shame. She stated “[I felt like I was] taking the punches as they came.” Victoria expressed how each of the emotions she felt caused, not only an emotional sense of pain, but also a physical sensation. She explained how these “punches” would cause an emotional reaction which had physical ramifications.

Meanwhile, Melissa (25) recounted that “it was just kind of a haze of being in pain...from an open wound”. Melissa again recounted how her emotions related to placement were impacted by the recent reconnection with her own birthmother. The potential for this new relationship heightened her own feelings of pain, grief, and shame. She knew that embracing those emotions would be hard, but she did not want to suppress them. She expressed how that set of emotions, paired with her own adoption placement and that of her birthchild, led to a sensation of physical pain and suffering.

Emily (30) also expressed how her experience with ambiguous loss was like “carrying around the physical trauma”. When she talked about having another child, she stated that she was going to be discharged but her newborn was going to be kept overnight due to complications. She stated that she “fell apart” at the idea of leaving her child again. This statement highlighted the way Emily was continuing to experience physical pain and suffering in the years following placement.

Metaphors around physical trauma and pain differed from metaphors of illness by showcasing how the birthmother was consciously aware of the continuous or situational impacts her experiences with ambiguous loss had on her. Where an illness might have been running in the background or sometimes forgotten, pain and trauma required

immediate and constant attention. Conversely, the final relational theme in Physical Suffering caused an experience of finality and irreversibility.

Death

The final relational theme I identified within Physical Suffering was Death. Lillian (32), Victoria (37) and Melissa (25) all said they felt like they were dying. The fact that some of the birthmothers equated ambiguous loss to a death was not surprising as death is a type of grief situation that many people already have an established script for. As ambiguous loss was not a type of loss that many people have experienced, death and dying metaphors were often employed in place.

Lillian (32) spoke about her feelings and thoughts about her birthchild post-adoption and how she might express her feelings to a person who hadn't experienced ambiguous loss. She specifically stated that, "It's like a death you grieve". She talked about the ways that death and placement were similar, stating that the only difference was the potential for reuniting, but that that was never a guarantee. The metaphors of death and dying employed in manifesting discourse inherently had an element of finality. The idea that someone had died, even though they were not dead, came with a sense of permanence and irreversibility.

Alternatively, Victoria (37) related her own feelings of pain and anguish as an internalized death. She stated that while she was in the hospital, she was regaled with praise and comfort from the staff but that, "Inside...part of me was dying". This statement showcased how, again, birthmothers often did not have scripts or past experiences to help explain how they were feeling or what they were experiencing. The

metaphorical use of death in this case highlighted the way that the birthmother related ambiguous loss to herself.

In the same way, Melissa (25) discussed how the emotions about being separated from her birthchildren caused her to feel “like I was dying”. She spoke about how she could not comprehend how she felt the way she did in the hospital, with the children right down the hallway and able to be brought to her if she asked a nurse, versus how she would feel once she got home without the children. She said that she felt melodramatic for stating that she felt like she was dying out loud, but that she used the same language when discussing her feelings online and through text or chat mediums.

The main metaphor of Physical Suffering focused on how metaphors in manifesting discourse were utilized by the birthmother to represent deviation from a normal physical or emotional state of health. The next Main Metaphor focused on how birthmothers employed metaphors to represent feelings of losing their sense of self. I called this main metaphor Disconnection.

Disconnection

The Main Metaphor of Disconnection referred to metaphors reflecting a loss of self or connection with reality. Disconnection also referred to a loss of direction or purpose. Metaphors related to Disconnection arose in manifesting discourse as “*autopilot*” and “*compartmentalizing*”.

The metaphors birthmothers applied in this metaphor category often represented how the birthmother was left with a loss of identity or purpose in relation to her ambiguous loss. This Main Metaphor also related to how painful experiences, such as adoption, can force a person to detach themselves from that experience to cope with daily

living. One way that birthmothers described this was by using the term “autopilot” to define how they navigated day-to-day life post-adoption.

Autopilot

The first relational theme of Disconnection was autopilot. Autopilot referred to the metaphors that birthmothers used to describe how they coped with how to get through day-to-day tasks. Bella (47) stated her experience post-adoption “[was] like you're on autopilot. You know you're there, but you're not really there, like you're watching a movie of yourself. You kind of disconnected from everything”. Bella (47) was explaining how her experience with ambiguous loss forced her into a dissociative state. She spoke about how she turned to alcohol to help cope with the pain of her ambiguous loss. However, after choosing her health over her coping mechanism of drinking, she coped by “disconnecting from everything”. She explained how she just went through the motions of each day, waiting for the next to begin.

Additionally, Ivy (23) said her coping mechanisms were “definitely on autopilot”. She spoke about how, even years after placement, she still felt like she was coasting through each day. She said, “It [is] when you're dealing with it in the moment. It's kind of an autopilot numbness feeling. I've lived too long in this autopilot zone for a while”. For Ivy, the sensation of being mentally or emotionally absent while still being physically present permeated throughout her entire life. This showed how the idea of being on autopilot was not something that resolved quickly post-adoption nor was it something that only effected a single aspect of the birthmother’s identity.

The metaphor of autopilot also manifested in discourse around the idea of “going through the motions.” Both Ivy and Bella stated that they were just “going through the

motions” of their lives. They were separating themselves and the trauma they experienced from their routine daily lives. This idea of separating from the routine could also be seen in the next relational theme of compartmentalizing.

Compartmentalizing

The metaphor of compartmentalizing the experience of ambiguous loss and the emotions associated with it was present in one narrative but had numerous repetitions. Victoria (37) explained how she separated both herself and her feelings at different times post-adoption. Victoria (37) stated immediately after adoption “... people tried to tell me they tried to talk to me. They tried to get through. But I put myself in that little compartment, file cabinet in my brain, and I wasn't going to come out. I threw out that lock and key.” Victoria separated herself from the world and she used the metaphor of the “lock and key” and “file cabinet” to highlight how she was compartmentalizing her physical and emotional self. She continued the metaphor of compartmentalization in those early years post-adoption when she said, “I detached and I just wanted to sleep and cry and process through all those thoughts and what I didn't realize I was doing as compartmentalizing them and putting them away and convincing myself that it will be okay.”

Victoria transitioned from talking about a physical separation from her world to an emotional one. When she went on to explain how she was putting her feelings away, she also stated that “it's easy to categorize loss or, to compartmentalize it”. Through these metaphors of putting away, locking away, and putting under lock and key it was possible to see Victoria was coping with her experiences around traumatic ambiguous loss. Even though compartmentalizing was still related to Disconnection it maintained a sense of self

but separated the traumatic experience. The next Main Metaphor showed how a feeling of ambiguous loss resulted in an internalized sense of strain and struggle.

Emotional Conflict

The next Main Metaphor birthmothers employed to express their feelings about ambiguous loss was Emotional Conflict. Emotional Conflict related to how a birthmother discussed feeling a sense of duality or dichotomy around her experience with adoption. Birthmothers in this category explained how they struggled with feelings of both shame and guilt, but also hope and love.

We can see this idea of conflict and dichotomy in how Patrice's (26) manifesting discourse discussed her feelings around the topic of mom vs. not-mom. She recounted, "it feels like conflicting. Like, I almost feel like I can't [grieve]. Especially having, like, an open adoption and having the relationship that I do and being able to see him and have visits. Is almost feels like I shouldn't be sad because I do have that". Patrice is explaining how her ambiguous loss has caused a sense conflict in how she perceives her identity as a mother. Patrice also touched on how this duality of feeling continued to be present throughout her adoption experiences.

The dichotomy of happy/sad was a common topic among manifesting discourses. When asked about how she would explain her feelings around ambiguous loss, Felicity (32) stated, "You know, it's sad. But it's, but it's happy, you know. Knowing that he's out there... It's the happiest saddest thing, you will ever have to feel." She spoke about how thinking about how her birthchild is alive and potentially happy and experiencing things in life that she did not think she would be able to provide, she had a dual sense of sadness and longing, but also happiness and contentment.

In the same way, Denise (36) explained how her feelings on birth and adoption existed in two different realms. She explained how her emotions went between life and birth being hard and painful, but also good and beautiful. She said, “It's no matter what side of the coin you're on, [it] is hard; but it is good, and it is beautiful.” She spoke hopefully about how this experience with ambiguous loss gave her the ability to put a new perspective on things while also having a constant sense of pain. These are both examples of how the duality of conflicting emotions can be expressed by the birthmother. Denise went on to recount how, “It's never pure love, pure happiness, or pure hope. It's never purely positive. There's always going to be that duality of the grief and loss.”

Denise also discussed how her feelings around ambiguous loss were like a tattoo. She said that, for her, ambiguous loss was “like having like a tattoo, like it's something that's always there. It's not something that you necessarily see every day. But when you do see it, when you do catch a glimpse of it... there's always an emotional reaction, positive, negative, happy, sad, all of the above”. In this regard, Denise showed how a tattoo was a constant and both intentional and unintentional reminder of the past and the pain experienced. She shared that these “tattoo[s]” always served to remind her of the choices she made and how they were always rooted in love and hope.

Within the main metaphor of Emotional Conflict, I also found that Gwendolyn (34) discussed how her experiences were analogous with a zero-sum game situation. Gwendolyn explained how her memories and feelings around her adoption narrative could be comparable to a metaphor shared with her by her social worker. In this manifesting discourse, Gwendolyn stated:

“It’s that, like, the baby’s in the middle of the road and you have, you have, three choices. So you have three choices. You can let the child get run over, which was like equivalent to abortion and ... let the child get run over, which is abortion. Or you can go out and lay down with the child and try to protect them with your body, which is single parenting. So, you both basically get hit. But, like, maybe you can kind of protect the kid. Or there's this nice family across the street and you can run out and you can shove that baby to them, but you're still going to get hit.”

In this use of metaphor, we can see how Gwendolyn is relating her experiences with ambiguous loss as a form of conflict. No matter what choice Gwendolyn makes, she will ultimately lose some portion of herself; she will always end up hurt. The category of Emotional Conflict focuses on how a birthmother could experience moments of tumult and indecision. We can see how these feelings continue to be presented in the next Main Metaphor of Forces of Nature.

Forces of Nature

The next main metaphor category I identified was that of Forces of Nature. Metaphors around Forces of Nature can invoke natural elements to help express how the birthmother does not feel in control of the situations or her emotions. Several birthmothers in my interviews also used weather and water metaphors to help situate the ideas in their narratives to tangible concepts when ambiguous loss can be so hard to put into physical conceptual terms.

Metaphors that arose during manifesting discourse were often centered around difficult weather. Many of the metaphors in this category attribute feelings of grief and loss to components of a storm, while other metaphors representing unstoppable forces of nature were associated with feelings of pressure and sustained permanence. Birthmothers

also employed metaphorical language around how the difficult weather was a force that could not be stopped and that they were powerless to oppose it.

Several of the participants interviewed stated that they felt like they experienced their ambiguous loss in both a passive, yet actively present, way. In the same sense, the birthmothers expressed this by referring to their experiences like waiting out a storm or being subjected to forces of nature. These themes were evident in the first relational theme within the main metaphor of Forces of Nature, Difficult Weather.

Difficult Weather

The first relational theme I identified in Forces of Nature was Difficult Weather. The theme of difficult weather was evident in how birthmothers chose to highlight their feelings of grief, loss, sadness, and pain. Denise (36) described how, even years after adoption, she still experiences a "...cloud most days. Most days it's, you know it's, sunny and it's happy. But, like the weather, out of the blue it can turn gray and you can just have a hard day for no for no apparent reason. And you're just, your cloud is gray and stormy." For Denise, this experience is a consistent, persistent, presence in her life. She equated the experience to that of a constant storm cloud looming over her life, invading every aspect of her day.

Additionally, both Victoria (37) and Bella (47) recounted how their lives had been impacted by a constant storm. Victoria (37) described how she felt while in the hospital, explaining that she was physically present, but was mentally and emotionally subjected to a constant storm of thoughts, feelings, and pain. Victoria went on to explain how she felt powerless to stop the constant raging of this mental and emotional storm. She said she felt like she was "floating through the storms of life". Victoria also went on to explain

how she would continue to experience anxiety and would mentally equate it to oncoming storms, primed to go off at any moment.

Meanwhile, Bella shared how her experience with ambiguous loss had left her with a constant “cloud” that always impeded her ability to build new relationships. She explained how she would find herself recounting the experience of placing her child for adoption and that it would create an instant storm cloud over her. She said she felt like, any time she thought about the birth, placement, or her birthchild in general, she would experience this darkening and heavy presence over her. Again, in this example, Bella showed how the metaphors of nature are often equated to being unstoppable, unopposable, and not subject to any resistance.

While not referring to a storm, Denise (36) also related her experiences with ambiguous loss to other unstoppable forces of nature. Denise used the metaphor of plate tectonics to equate a constant sense of building pressure in her life. She stated, “You have this pressure that builds over time. These two plates pushing against each other and then, eventually, the pressure builds up to a breaking point and it snaps and you get this earthquake”. In this instance, Denise was unable to stop the building pressure that would subsequently lead to her “breaking point”. Denise was a victim to the effects of her experience with ambiguous loss and she was, in a sense, powerless to stop it from happening.

Victoria (37) also equated her sense of hopelessness and lack of direction in terms related to forces of nature. She spoke about how she felt in the months following her delivery. She recounted how she felt like she was unable to make decisions, emotionally invest in any day-to-day choices, or be present in everyday relationships. She defined her

feelings as “wandering in a fog”. Victoria explained how she was unable to find her way through life and that the sense of being lost engendered a feeling of hopelessness. She related this to hoping for someone to find her in the fog and lead her out with a flashlight, but that finding that help was not possible. She stated, “I felt like I was having to shoot up a flare. Like somebody, anybody, know I'm here.” Again, we can see how Victoria felt victimized by the forces of nature; she was trapped in a fog without any way of finding her own way out and she was unable to reach out to anyone for assistance.

Finally, Willow (30) explained how her relationship to others was deeply impacted by her experiences with ambiguous loss. She recalled how another woman in her organization found out she was pregnant shortly after Willow placed her child for adoption. She described how her pain and grief felt like a bitter cold. She stated, “[It’s] like when you come inside and you start to warm up. But that only makes you realize you're cold. And it's just a really lonely feeling”. Willow was unable to engage with another person without being immediately reminded of the pain and grief she was experiencing due to ambiguous loss. Willow’s use of metaphor highlighted how forces of nature, in this instance the cold, can dictate how and why we make choices in our lives to remedy the associated feelings. Willow’s metaphor of being cold correlates to her feelings of pain, loneliness, and grief and how she sought warmth to remedy those feelings. Again though, she fell victim to a force she was unable to stop from affecting her. Even her solution to the effects only worked to strengthen the impact and presence that it was having on her.

Water

The final relational theme of Forces of Nature I identified was Water. The theme of water was prevalent in at least three of the interviews performed. Metaphors of water served to showcase how feelings and emotions on ambiguous loss never ended but changed over time. The feelings would get stronger and weaker as the birthmothers moved through their lives. Victoria (37) and Ivy (23) both explained how the feelings of pain and grief would strengthen and weaken over time. Victoria (37) compared these feelings to an “ebb and flow...ups and downs” while Ivy (23) said that, for her, grief came in “waves”. For these participants, the emotions experienced around ambiguous loss were never fully resolved but would grow and recede over time. The constant presence of ambiguous loss was something that these birthmothers could not escape nor live without.

Water metaphors also related to an essential lack of control. Both Victoria (37) and Melissa (25) hinted at the uncontrollable nature of water. Victoria (37) described how she felt adrift in a dinghy atop “raging waters”. Meanwhile, Melissa (25) spoke about how her desire to suppress her emotional pain culminated in an inescapable wave of sudden realization. She mentioned how she felt like feelings of grief would inevitably “hit her” and “wash all over” her. These feelings of being adrift and powerless to stop a surge highlight how water, as a force of nature, cannot be controlled and that it must be surrendered to.

These metaphors associated with weather showed us how birthmothers utilize natural phenomena to act as a substitute for their experiences of grief. However, metaphors associated with nature were not always consistent with negative emotions and

experiences. In the final main metaphor category, we will see how birthmothers use metaphors, including those associated with nature, to discuss how ambiguous loss has helped them grow from who they were prior to adoption.

Personal Growth

The final main metaphor grouping I identified as Personal Growth. The metaphors common in Personal Growth emphasize how birthmothers were able to grow and better herself in some essential way after her experience with adoption. Several of the birthmothers interviewed expressed how their experiences with ambiguous loss and adoption, while painful and scarring, were integral to how they grew in a personal sense. The theme of personal growth was expressed in ways that were often experiential and tied to personal stories or anecdotes from the birthmother's past.

Many of the metaphors in this category were directly tied to a sensation of perceived personal growth. Both Gwendolyn (34) and Kennedy (27) expressed that their experiences with ambiguous loss helped them to grow as people. Gwendolyn (34) explained how her relationship with her mother, which she described as very judgmental, allowed her to view her own experiences with ambiguous loss differently. She described how the whole experience of adoption, being a birthmother, and experiencing ambiguous loss, have enabled her to be more understanding and accepting of other people's lives and choices without questioning their motivations. She stated that she had become "better understanding of people and more willing to give them a chance,"

Meanwhile, Kennedy (27) described how she was able to embrace and understand her experiences as a birthmother in ways that gave her an internal drive and ambition to do more with her life. She said that "it's helped me grow as a person...[it's] given me

some motivation to accomplish [more].” For Kennedy even though the decision to place her child for adoption was difficult and caused her pain, it allowed her a sense of introspection and mindfulness that allowed her to consider life in a new way. She was able to appreciate how her choices would affect her life in the future.

The metaphors present in manifesting discourse around Growth were varied and generally expressed as being representative of personal growth. Though every birthmother’s use of growth metaphors was intimately related to their narratives, the shared theme of growth was evident. This facet of manifesting discourse shows how metaphors surrounding feelings of grief and loss are often shared among a similar experience, but metaphors employed on the topic of growth were tied to personal feelings and experiences.

Denise (36) spoke to me about how her adoption process led her to personal growth that she likened to a story she was told by a friend. She recounted how her friend was able to broaden her palate and experience a whole new range of flavors after travelling abroad and embracing exceptionally spicy food. Denise stated, “Without going through that pain and that sacrifice and that whole experience... I wouldn't have unlocked this other, this whole other level of empathy and emotional connection that I can have.” Denise explained how she had been able to look at situations in life from an entirely new perspective, similar to how her friend’s experience with new foods opened her up to new choices and options. This usage of anecdotal, personal history, stories as metaphor showcases how ambiguous loss often lacks an internalized script for coping. This theme of utilizing previous experiences or unrelated metaphors is prevalent in how birthmothers relate to their experiences with ambiguous loss.

Melissa (25) recalled how a song from a musical she enjoyed helped her connect to her feelings with ambiguous loss. She explained how the lyrics aided her to accept how “you find out you don’t have to be happy at all, to be happy you’re alive”. She described how, for her, the adoption experience led to her feeling like she was a “phoenix rising from the ashes”. She stated that the experience ended up being “...renewing, it was cleansing. That's the right word. It was cleansing to let myself just kind of feel everything and take everything [in]”. For Melissa, ambiguous loss allowed her to grieve and know pain, but to also learn new coping mechanisms and strategies to deal with that pain. She was able to grow from the experience and find an inner strength to allow her to take the struggles of the experience head on and not allow them to stop her from living.

Victoria (37) showed a similar sense of strength and determination. She spoke about how she thought of her new self as a dandelion. She equated her newfound hope and strength to the myriad seeds of a dandelion, blowing in the wind and taking root everywhere, allowing herself to find roots no matter where she was planted. She explained that, even though these seeds allowed her to spread her roots anywhere she wanted to go, her experiences with ambiguous loss equipped her with the tools and knowledge of how to water and care for the seed once it was planted.

Victoria continued to liken her experiences to those of a dinghy finding an anchor, which allowed her to stay strong and resolute in her standing, regardless of the motions and going-on of bigger and more substantial boats around her. She explained how ambiguous loss had given her the realization that regardless of how she was manipulated

or affected by the other outside aspects of her life, she had an anchor, a stabilizing point, in her life that would henceforth give her a holding point.

In summary, we can see how the metaphors employed by birthmothers in regard to their experiences with ambiguous loss are both varied yet consistent across individual narratives. The way that these metaphors were used and how they represent a birthmother's feelings on ambiguous loss will be further explored in the next chapter.

Chapter 5. Discussion

The present study was designed to determine the ways in which birthmothers used metaphors to story their adoption experience and a specific type of grief called ambiguous loss. Ambiguous loss is a type of grief for which many people do not have established scripts and coping mechanisms (Boss, 2008). Unlike many other forms of socially constructed grief and loss, ambiguous loss is a type of loss where there may be a residual component that keeps the person from experiencing a sense of closure. With ambiguous loss there may be an emotional and mental presence but a physical absence, as is the case for adoption. Conversely, there may be a physical presence with a mental absence, as in the case of Alzheimer's patients and their caregivers (Boss, 1999). The sense of ambiguity that comes along with this physical and mental dichotomy creates a type of grief and loss many people are not taught to cope with. Due to the way that ambiguous loss is so central to the adoption experience, many birthmothers employed the use of metaphor to help describe how they have experienced and dealt with ambiguous loss.

In order to best understand the findings of the present study, it is important to review the previous work associated with ambiguous loss and birthmothers. Though scholars have completed little research on the topic, the current state of research suggests that adoption results in a sense of ambiguous loss to the birthmother (Baxter & Norwood, et al. 2012; Baxter & Scharp, et al. 2012; Coleman and Garratt, 2016; Fravel, McRoy, &

Grotevent, 2000). Scholars Fravel, McRoy, and Grotevent (2000) also established ten distinct indicators of psychological presence of the birthchild in the life of the birthmother, despite the physical absence. Those indicators were identified as: felt present, preoccupation, emotion, bio-connection, role, boundaries, supernatural, minimizes, generalizes, and information.

The present study was utilized to both identify, and situate, the metaphors used in birthmothers' narratives to better understand the birthmothers' feelings on ambiguous loss. The research question asked: What metaphors do birthmothers use when narrating their experiences of ambiguous loss? By analyzing the narrative that birthmothers told, I found that while specific metaphors used between birthmothers varied, there were distinct categories that each of those metaphors fit into. By utilizing Owen's (1985) methodological framework of metaphor analysis, I was able to identify six distinct main metaphor categories: missing piece, physical suffering, disconnection, emotional conflict, forces of nature, and personal growth. From those categories, I was able to further organize and extrapolate secondary and, in some cases, tertiary metaphorical subthemes within each of those main metaphor categories.

Within missing piece, I identified secondary subthemes of missing body piece, missing relationship, and missing identity. Within the secondary subtheme of missing body piece, I identified tertiary subthemes of hole and amputation. In the main metaphor category of physical suffering, I identified the secondary subthemes of illness, pain, and death. Within the main metaphor of disconnection, I identified the secondary subtheme of compartmentalizing. Finally, within the main metaphor of forces of nature, I identified secondary subthemes of difficult weather and water.

Many of those metaphors centered around physical experiences such as embodied pain or loss, as with an amputation or a hole; emotional grief and turmoil, including metaphors of loss of identity and anxiety; and a sense of lacking control, which was often associated with metaphors related to weather. In this chapter, I will discuss how the metaphors birthmothers use illustrate how they experience ambiguous loss. I will begin by discussing metaphors that birthmothers used to express feelings of grief, pain, and ambiguous loss and how those metaphors might help scholars better understand the ways in which birthmothers connect to their adoption experiences. I will then examine how metaphors employed in the present study highlight ways in which the birthmother experienced a lack of control and feelings of conflict throughout the adoption experience, potentially extending years out from the initial adoption choice. Finally, I will discuss how some birthmothers experienced a sense of personal growth from the adoption and how future birthmothers may be able to emulate this experience in order to cope with feelings of ambiguous loss.

After I discuss the metaphors I identified, and how they relate to the scope of the present study and within the framework of previously established works, I will discuss implications that the present study has had on the current body of work regarding birthmothers and ambiguous loss. I will look at how the present study addresses gaps in previous works as well as how it conceptualizes and frames the topic of birthmothers coping with ambiguous loss. In the following section, I will also address potential practical applications of the findings of the present study and how changes might be made to the current state of adoption practices and birthmother follow-up post-placement. Finally, I will move on to discuss the strengths and limitations of the present study, what

future research on this topic should include and consider. I will close with reflections from my own experiences performing the present study.

Interpretation of Results

In this chapter, I will discuss how each of the metaphor categories I identified connects to previously established works, fits into the context of the birthmother's narrative, and what the use of said metaphor means to the ways in which birthmothers experience ambiguous loss. I will begin by discussing metaphors related to topics of grief, pain, and loss. I will then move on to metaphors related to experiences of a lack of control or conflict expressed by the birthmother. Finally, I will discuss the metaphors related to personal growth and how those metaphors might be used to help future birthmothers cope with feelings of ambiguous loss.

Metaphors Related to Grief, Pain, and Loss

In the present study, several participants used metaphors centered or related to pain, grief, loss, and uncertainty. Metaphors such as “having a hole”, “missing a piece”, or “being in pain”, were closely related to how the birthmother expressed her feelings about adoption and ambiguous loss. This correlates with previous findings made by Lakoff and Johnson (1980) about how metaphor use in narrative helps to shape the way we feel, perceive, and relate to, past events, the present, and create expectations for the future. For the birthmothers interviewed in the present study, metaphor usage was integral to how they related to, and relayed to others, their feelings around grief and pain when related to ambiguous loss.

Adoption entails some degree of loss, anger, and confusion for every member of the adoption triad. Adoption touches on the most basic parts of self, identity, and family

(Treacher & Katz, 2001). Each participant in the present study was asked to retell their adoption narrative, and then were asked follow-up questions specific to their experiences with ambiguous loss. Narratives are especially important to members of the adoption triad because of the constructed, complex, and often confusing nature of adoption. Truths about adoption experiences are often difficult to uncover because they are bound by context and the individual's perceptions and experiences. What is true for one may not be for another, even with similar narratives (Treacher & Katz, 2001).

Ambiguous Loss is Embodied

Ambiguous loss is not a type of loss that is felt only in a psychological context. Many of my participants utilized metaphors to express their feelings of physically experienced ambiguous loss. This connection was apparent in the metaphors birthmothers chose to employ to discuss their adoption narratives. Many of the metaphors used highlighted feelings of grief and loss, such as Emily's anecdote of having a black hole inside her body, Lillian and Hannah comparing their feelings to that of a void, and Willow's comparison of coming in from the cold. All these metaphors focused on the consistent pain, sadness, and grieving that went along with experiencing ambiguous loss as a birthmother.

Emily's example of a black hole showcased how grief and ambiguous loss are embodied experiences. Emily was not only feeling the impacts of ambiguous loss as a psychological phenomenon, but also as a physical experience. Her use of the black hole metaphor seemed to allow her to express just how constant, draining, and all-encompassing her feelings about ambiguous loss were. Lillian and Hannah both talked about a void in their lives left by the loss of their birthchild. Again, these feelings may

indicate how the birthmothers understood and related to ambiguous loss. By identifying these metaphors and their underlying meanings, I was able to better understand how the physical impacts of ambiguous loss are being felt.

Victoria and Melissa both used metaphors for pain and suffering, such as “punches” and “open wounds” to seemingly express their guttural response to experiencing ambiguous loss. Davidson (2010) stated that the birthmother’s grief was unique and uniquely difficult. This was evident in the way that the participants of the present study narrated their adoption stories. The birthmothers involved often seemed to have difficulty expressing exactly how they felt or how to explain what they were feeling. This culminated in many metaphors related to confusion and feeling lost or being out of control. There are very few socially available scripts to guide a birthmother on how to deal with ambiguous loss. This results in the birthmother having challenges with both identifying, and labelling, the emotions she was attempting to convey.

Ambiguous Loss is Persistent

Birthmothers expressed feeling lonely after adoption and felt a void (Krahn & Sullivan, 2015). Willow directly stated that she felt lonely after placement. She detailed an anecdote of coming into the warm from being outside in the cold and ended that anecdote by saying, “it’s a really lonely feeling.” Krahn and Sullivan, (2015) posited that birthmothers continued to think about their child in the years post adoption. All of the birthmothers in the present study claimed to think about their child consistently post-placement, even those birthmothers who were able to have physical visits with their birthchild.

There were also connections between previous works on the ways birthmothers experienced adoption and ambiguous loss as a type of death of their child. Davidson (2010) stated that the birthmother's loss may feel like a death, despite the child being alive. This was highlighted by the way Lillian stated, "it's like a death you grieve". Melissa also used metaphors and comparisons of death and dying to relay how she experienced ambiguous loss from adoption. Melissa said, "I felt like I was dying...I literally felt like I was dying" when recalling how she felt after returning home from the hospital post-placement. Her comparison of relinquishment being similar to a death correlated directly with Davidson's (2010) findings.

While Christian and Bryant (1998), Ge et al. (2008), and Gritter (2000) stated that birthmothers continue to employ themes of loss and trauma in their narrative retellings of their adoption stories, the scholars also stated that openness in the adoption would lead to better emotional outcomes for the birthmother. The experiences participants shared in the present study seemed to counter this notion. For example, Patrice claimed that having an open adoption would often lead to feelings of guilt when she would feel sad or grieving. She said, "I feel guilty about feeling sad about the relationship I have with my son, because I know that most people don't get that", referring to the openness of her adoption and her ability to interact with her birthchild face-to-face. Felicity also expressed this feeling of emotional dichotomy due to her openness in adoption. She recalled how her feelings were the "happiest saddest thing you will ever experience".

Scholars Christian and Bryant (1998), Cushman, Kalmuss, and Brickner Namerow (1997), Ge et al. (2008), and Gritter (2000) found that openness in adoption resulted in better emotional health for the birthmother. In the present study, 18 of the 19

participants reported some type of openness to their adoption, with only one participant having a fully closed adoption, though that was not the case when the adoption was first made, it was forcefully closed at a later date. Regardless of that, most birthmothers I interviewed relayed that their openness of the adoption was both a potential benefit and harm to their emotional well-being.

Additionally, Cushman, Kalmuss and Brickner Namerow, (1997) found that birthmothers reported slightly less grief four years after placement compared to birthmothers in their first three years post placement. Due to these findings, I chose to limit the participant pool to birthmothers who had placed their children a minimum of four years prior, but no more than 18 years. The ways that Abigail, Lillian, and Victoria, all 18 years away from their placement, expressed their feelings around ambiguous loss, were comparable to the ways in which Felicity and Melissa expressed their feelings, having only placed four years prior to the study.

Metaphors Related to Lack of Control and Conflict

Throughout the interviews I performed, the theme of birthmothers lacking control over their adoption outcomes, along with contingent aspects of their life post-placement, was recurring. Several birthmothers utilized metaphors related to feeling lost and out of control of their situations. There was also a common notion of lacking agency over their ownership of being a birthmother as related to their emotions and feelings. In addition, several participants expressed how ambiguous loss created a feeling of internal conflict.

Ambiguous Loss Leads to a Sense of Lacking Control

Boss (2008) posited that ambiguous loss caused feelings of a loss of agency and a loss of ownership of grief. This was evident in metaphor use such as “being lost in a fog”,

“being stuck on a dinghy”, and in metaphors related to ambiguous loss impacting the birthmother’s relationship with her own identity. The participants in the present study often narrated their adoption stories in terms of confusion, being lost, and being uncertain about how to move on. This directly tied to how the birthmothers attempted to relate to their loved ones, family members, or medical professionals. They were unable to often connect in a substantial way.

Lacking Control Can Lead to Feeling Helpless

Denise employed metaphors that compared her feelings around ambiguous loss and lacking control to being caught in a sudden storm. She expressed how she would be shifted from a “sunny, happy day” to a “gray and stormy” one without a single moment’s notice. She explained that these feelings would simply overcome her, leaving her with no ability to fight them back or change their course. For Denise, this lack of control would often lead to feelings of having a constant cloud following her around, waiting for any moment to move in and take away her sunshine.

Victoria also utilized metaphors about storms to express her lack of control over feelings of being powerless. She stated that she would be “floating through the storms of life” and that she, again, would not be able to control how that storm would impact her. Victoria said that she “felt incapacitated” and unable to change the way she would feel. Meanwhile, Melissa described her lack of control in terms of water hitting her like waves and rushing over her. She explained how a sense of utter hopelessness and pain would culminate in an inescapable wave of realization about her ambiguous loss. When recounting these feelings, Melissa said, “I didn’t really have a choice” about when and how she would be hit by her feelings on ambiguous loss.

These comparisons, of being at the whim of nature and lacking any agency to control the outcome of the moment, highlighted how ambiguous loss can trap a birthmother into persistent feelings of hopelessness and despair. They felt like they were unable to have any control over how these feelings might continue to impact them even years post-placement. By addressing the ways in which birthmothers understand their ambiguous loss and equipping them with the tools to cope with it, they may be able to develop a stronger sense of control over when and how they experience feelings of ambiguous loss.

Lacking Control Can Lead to Trouble Building New Relationships

Continuing within the metaphors on weather, Bella felt out of control over when she would experience ambiguous loss. Bella stated that these sudden, “instant storm clouds”, would often impede her ability to build new relationships after placing her child for adoption. She experienced a darkening and heavy cloud over herself any time she would think about her birthchild, her adoption choice, or how those two things impacted her potential new relationships. Her feelings of lacking control over when she experienced ambiguous loss, and how she chose to manage that loss, dictated the way that she formed relationships moving forward.

Willow also recalled how ambiguous loss, and lacking control to stop the effects that it brings, impacted her ability to form new, meaningful, relationships. In her anecdote about coming in from a bitter cold, Willow explained how the coping mechanisms that she developed only worked to heighten her own awareness of feeling disconnected from others. She seemed as though felt powerless to manage the ways

ambiguous loss impacted her ability to develop new relationships and only heightened the presence of ambiguous loss in her life.

As with the previous category of birthmothers, by better equipping and educating birthmothers, they may be better suited to build new, healthy relationships post-placement. By providing them therapy that allows them to make sense of their decision, and situate that decision within their lives, they may be able to better invest time, energy, and emotional capacity into connecting with others.

Ambiguous Loss Leads to Feelings of Conflict

Throughout the present study, the theme of conflict was evident in many of the metaphors that birthmothers chose to use. For Melissa and Victoria these feelings of internalized conflict led to experiencing anxiety and panic. This kind of response was a continual experience for the birthmothers, even years after their adoption choice. In this way, ambiguous loss proves to be both persistent, and potentially inescapable, for the birthmother.

Aside from experiencing anxiety due to feelings of internal conflict, several birthmothers also mentioned a sensation of disenfranchisement, where they felt that they had no agency or ownership of their feelings due to societal implications, as well as shame over feeling bad about their adoption choice. This internal sense of conflict, often centered around a dichotomy of their experiences fighting against socialized expectations, also led to a sense of confusion for the birthmothers, often presenting in forms of identity confusion.

Conflict Can Lead to Anxiety

I found connections between birthmother's metaphor use within their narratives and feelings of anxiety and conflict consistent with previous findings from Krahn and Sullivan (2015), Abrams (2001) and Boss (2010). Krahn and Sullivan (2015) found that birthmothers experience profound grief, loss, anxiety, and trauma from adoption. Additionally, Abrams (2001) and Boss (2010) posited that ambiguous loss causes depression, anxiety, and feelings of conflict.

These findings were evident in the ways in which Abigail discussed feeling like she was having an anxiety attack. When Abigail discussed her feelings on ambiguous loss in terms of internal conflict, she stated that she would often think about her adoption decision. She would consider it from both sides, how things might have turned out for the better, and how things could have been different had she chose to parent. She said that this feeling of conflict, over whether her decision was the best choice, lead her to experiencing a tightening in her chest, being unable to breathe, and becoming unbearably sad.

Abigail's experience of developing anxiety due to the impacts of ambiguous loss were not unique. Melissa described her feelings as "panic", and Victoria described a narrative around storms equating to anxiety. For each of these birthmothers, the experience of internal conflict over their adoption choice led to an experience of panic and anxiety. This internalized battle over justifying the birthmother's adoption choice clearly had long-term implications for the wellbeing of the birthmother. In order to best address this fact, scholars and practitioners must first look at helping the birthmother understand and position her choice to place her child for adoption in terms that are rooted

in her own understanding. If the decision to place for adoption can be contextualized and formulated by the birthmother, in terms that best suit her own needs as well as the needs for her birthchild, she may be able to better resolve future feelings of conflict over her decision.

Conflict can lead to Confusion

The findings of the present study also related to Aloi's (2008) suggestion that birthmothers were often forced to set their feelings and emotions aside, and that their emotions were no longer valid since the decision to place for adoption was their own. Aloi also stated that this alienation from her own feelings and emotions created long-term psychological impacts on the birthmother, which was also evident in the results of the present study. Participants in the present dissertation often stated how their feelings of grief, loss, anger, and pain, still plagued them even years after their placement. This showed direct support to claims made by Pertman (2011) on the topic of birthmother grief being a unique type of grief, which often led to life-long and life-changing results.

These sentiments were made clear by Patrice when she spoke about her feelings on ambiguous loss and her adoption choice. She stated that she would often feel anger or shame about feeling sad that she was not parenting her child. She said that by having an open adoption and being able to interact with her birthchild, she should be happy. She said that because she had these opportunities she did not feel as though she was entitled to feeling sad or upset about her decision to place for adoption.

Felicity also had this duality of emotion around the fact that her adoption was an open one, while still experiencing ambiguous loss. She said that she always considered her adoption the "happiest saddest thing". She explained how she would sometimes feel

sad, lonely, and have a sense of longing, while also understanding that she should feel happiness and contentment with her decision because she was able to see how her choice was impacting her birthchild on a personal basis.

This sense of confusion around how the birthmother felt, and how she thought she was supposed to feel, was not something that related to previous studies on birthmother emotions and adoption. In previous works, scholars (Christian, McRoy, Grotevant, & Bryant, 2000; Fravel, McRoy, & Grotevant, and 2000; Ge, et al., 2008) have suggested that having any degree of openness in the adoption led the birthmother to feeling more reassured and “less empty” (Christian, McRoy, Grotevant, & Bryant, 2000, p. 55). While many of the birthmothers in the present study may have appreciated the level of openness in their adoptions, it did not seem to have a long-term positive impact on how they contextualized their feelings about their adoption choice. Many of the birthmothers interviewed still felt longing, loneliness, pain, and internal conflict about their decision to place her child for adoption, even if they knew that their birthchild had a good life.

This conflict and confusion around the choice to place seemed to eat at the core of many of the birthmothers I interviewed. The ways in which ambiguous loss continued to be persistent and present in their lives was obvious in context to their own internal conflict. Aside from feelings of confusion based on their decision to place for adoption, birthmothers also described feelings of conflict and confusion in terms of understanding and embracing their own identity post-placement. Again, Patrice spoke about feelings of internal conflict and confusion due to ambiguous loss regarding who she considered herself to be post-placement. She claimed that she felt a strong dichotomy over who she *was* and who she felt she was supposed to be. Patrice stated, “it’s isolating. I have this

whole part of me that exists but I can't talk about it or relate to other people. Because, like, yeah, I'm a mom, but also not a mom." This kind of identity crisis, which stemmed from the birthmother's decision to place for adoption, was recurring in several narratives.

Victoria likened herself to being an incubator, not even comparing herself to being a human. She said that, as she was going through the placement process, and even after placement had occurred, she felt as though she could no longer consider herself, herself. She seemed to think of herself only as a vessel to carry her birthchild. This feeling of confusion over who you are, and how you came to be, highlighted how ambiguous loss created a sense of conflict and confusion for the birthmother.

If we can help the birthmother understand her decision to place, how she is situated in that choice, and how her identity will both change, and stay intact post-placement, birthmothers may be better equipped to deal with feelings of conflict. By discussing with birthmothers how their adoption choice will impact them, and by helping them better understand what they may experience and how they can rationalize those feelings, birthmothers may be able to have healthier outcomes where ambiguous loss is more manageable in day-to-day interactions.

Metaphors Related to Personal Growth

Birthmothers who were open about her adoption experience experienced more growth and healing (Krahn & Sullivan, 2015). Some of the participants in the present study spoke in metaphors of growth. Gwendolyn, Denise, Kennedy, and Melissa all spoke about ambiguous loss as personal growth.

Ambiguous Loss Allows Us to Better Understand Others

Gwendolyn recounted how her experiences with ambiguous loss, partnered with her previously challenging relationship with her own mother, allowed her to be more accepting and understanding of other people's life choices and to not question their motivations. This type of growth out of pain seemed to be a common theme among the metaphors related to personal growth. By understanding and appreciating how ambiguous loss, and the pain that came with it, changed her own perspectives, Gwendolyn appeared to be able to better understand others and their individual needs.

Furthermore, Denise likened her experiences with ambiguous loss to a type of growth through suffering. She explained how a person can broaden their pallet of flavors by embracing change and experiencing new, and potentially very painful, foods. She explained that her adoption experience, and more specifically the experience of ambiguous loss, has allowed her a new perspective of emotional and empathetic connection. Again, this idea that growth through adversity seemed to be a common connecting factor in how birthmothers experienced their ambiguous loss.

Both Gwendolyn and Denise showed how their own traumatic experiences could potentially lead to a sense of personal growth, particularly around how they chose to consider the lived experiences of other people. They also showed how their own experiences might allow them to embrace and form relationships in more immediate and intimate ways by having a more empathic approach to forming social understanding. Coming to the conclusion that the birthmother has been able to be changed positively due to their choice of adoption, potentially leads to healing and a sense of peace for the birthmother. Finding ways to teach the birthmother how to embrace growth through

adversity may be a way in which future birthmothers can learn to balance the pain of ambiguous loss with the emotional satisfaction of connecting with and understanding other's needs.

Ambiguous Loss Can be a Motivating Factor

Aside from personal growth as related to understanding and accepting other's, Kennedy and Melissa both stated that their experiences with ambiguous loss seemingly allowed them to find a new drive and ambition in life. Kennedy explained how ambiguous loss has given her motivation to accomplish more with her life. She spoke about how having the experience of being a birthmother, and more specifically struggling with ambiguous loss, has shown her that she still has potential for growth.

Meanwhile, Melissa likened her experience with ambiguous loss as leading to a subtle realization. She stated that she developed new coping mechanisms and strategies that allowed her to better understand and appreciate her own future. She compared herself to a "phoenix rising from the ashes". She spoke in terms that expressed how ambiguous loss broke her down completely and she had no choice but to rebuild herself and accept the history that she survived.

This mentality, that one can experience such persistent, severe, and life-altering trauma but still find motivation to get back up and grow again, was another way in which future birthmothers may be able to be educated on living with ambiguous loss. By teaching birthmothers that they may reach what feels like rock-bottom, they still have the ability and internal worth to grow again and embrace life, the impacts of ambiguous loss may be lessened. Whether they are looking to build a future for a new family, for their

own growth, or for the life of their birthchild, the birthmother can learn to embrace the pain of ambiguous loss in a way that drives them to achieve a content life.

Outlier

Finally, within the present study, one participant claimed to have not experienced any forms of ambiguous loss from her adoption placement. Olivia claimed that she understood the feelings of ambiguous loss in relation to another aspect of her life, but that she did not experience ambiguous loss due to adoption placement. Olivia stated that the circumstances surrounding her decision to place, the family she chose, the history with said family, and her previous history with therapy and counseling, may have all impacted her lack of experience with ambiguous loss. Boss's (2010) guidelines to accepting ambiguous loss proposed steps a person can take to accept and come to terms with their ambiguous loss. It is possible that Olivia, through her prior years of therapy, could have impacted her experiencing ambiguous loss due to adoption placement.

During her retelling, Olivia said that, in terms of her adoption, she had not experienced ambiguous loss, but in regard to her ex-husband and their divorce, she understood what ambiguous loss felt like. She said that the time between the divorce and the time that she and her ex-husband reconciled their friendship, she experienced a sense of ambiguous loss. Olivia said that she was a "very pragmatic person" and that that aspect of her personality, paired with her prior 25 years of being in therapy, caused her to be "very in touch with my emotions. My feelings. I'm very good at communicating them and identifying them." She continued to say, "I have a lot of experience being very concrete about what I am going through and what I am experiencing and feeling."

Additionally, Boss (2006) discussed resilience when coping with ambiguous loss. She defined resiliency in terms of being able to bounce back from the stressors of everyday life. This included topics such as birth, death, and unexpected tragedies. For Boss, resiliency was rooted in the person's ability to not only bounce back after a major event, but to thrive out of the adversity. It is possible that, for Olivia, she had a high level of resiliency and this allowed her to overcome feelings of ambiguous loss from her adoption choice.

Implications

Addressing Gaps

A review of the literature regarding both birthmothers and ambiguous loss resulted in one scholarly article that reviewed both pieces simultaneously (Fravel, McRoy, & Grotevent, 2000). Though there was a substantial body of research addressing each topic individually there was very little connecting birthmothers and ambiguous loss, even though by definition birthmothers are prime candidates for experiencing ambiguous loss. The need to bridge this gap was evident as I progressed through the narrative retellings in my interviews.

To bridge the gap in understanding how birthmothers experienced ambiguous loss, I engaged the birthmothers in a narrative interview to allow them to tell their narrative in their own terms. This format of interviewing provided the birthmother with a prime environment to situate their narrative in terms specific to their understanding. By providing an open space for dialogue, the birthmother could express her narrative freely and in ways that connected *how* she experienced ambiguous loss post-placement.

In order to better understand the fact that birthmothers experience ambiguous loss, we must first examine and identify the ways in which they express their feelings of ambiguous loss. The use of metaphor allows use to express the to “express the unexpressable” (Young, 2008, p. 365). By utilizing an open narrative format, coupled with metaphorical analysis of the birthmother’s retellings, I was able to contextualize the ways in which birthmothers expressed their ambiguous loss.

I was able to identify and categorize the metaphors used and paint a picture of how the birthmothers were experiencing ambiguous loss. By leveraging Owen’s (1985) format of metaphorical analysis, defining a main metaphor category, finding relational themes within those categories, and building out understanding by associating those themes within the narrative, I identified how the birthmother experienced ambiguous loss from her adoption experience.

In the present dissertation study, I addressed a few gaps in the field of family communication. First, I added on to the work done by Baxter, Norwood, Asbury, Jannusch, and Scharp (2012) and Baxter, Scharp, Asbury, Jannusch, and Norwood, (2012) on the topic of birthmothers. According to O’Leary and Baden (2005) “Birth parents are the least studied, understood, and served members of the adoption triad” (p.14). This was still the case in the discipline of family communication, while I pursued this dissertation. There was a plethora of research on adoptees in family communication (Kranstuber & Koenig Kellas, 2011; Powell, & Afifi, 2005) and adoptive parents in family communication (Colaner, Bish, Butauski, Hays, Hortsman, & Nelson, 2021; Morr-Loftus, Suter, Strasser, & Hanna, 2021; Suter, Baxter, Seurer, & Thomas, 2014) and

adoptive families (Colaner, Halliwell, & Guignon, 2014; Colaner, & Kranstuber Horstman, 2010) but the above works are the bulk of work on birthmothers.

In the present dissertation study, I also added to the conversation on ambiguous loss in family communication studies (Afifi, & Keith, 2004; Golish, & Powell, 2003; Powell, & Afifi, 2005) by covering how birthmothers express their experiences with ambiguous loss.

This present study also added on to the family communication and metaphors research (Pawlowski, Thilborger, & Cieloha-Meekins, 2001) by examining the ways birthmothers utilize metaphors when they tell their adoption narratives and experiences with ambiguous loss.

Practical Applications

From the results of the present study, I would suggest several practical applications within the fields of adoption studies, adoption agency process, and clinical therapy suggestions. The narratives presented by birthmothers within the present study were consistent with showing that ambiguous loss is often a type of loss that many people are not equipped to cope with. As such, changes to how ambiguous loss is discussed, educated on, and treated post-placement in adoptions, could lead to better long-term outcomes for the birthmothers.

Boss (2010) suggested that traditional therapy methods are often insufficient because their goal is often closure, people with ambiguous loss rarely achieve closure. I found that this held true for nearly all the participants involved. I suggest that long-term therapy, involving discussions of the adoption narrative, be provided to the birthmother after relinquishment. Coleman and Garratt (2016) said that understanding the stories of

birthmothers can help create more compassionate counseling for them during all stages of a birthmother's adoption process. Providing a space and place for the birthmother to not only tell and recount her adoption narrative, but to receive specialized counseling to help make sense of the grief and loss, would be beneficial to the birthmother's short and long-term wellbeing. Grotevant (2020) also calls for more counseling to be available to the birthmother both pre and post adoption. Since narrative is important to a birthmother's healing one of the current methods of therapy that practitioners can utilize to help birthmothers make sense of her ambiguous loss is narrative therapy. Narrative therapy allows a person to tell their story and, through that storytelling, make meanings about their loss (Drewery & Winslade, 1997, Rafaely & Goldberg, 2020).

Central to this process would be education about ambiguous loss and how it may manifest, not only on the birthmother's end but also with the therapist involved in care. By providing additional education on what ambiguous loss is, how it manifests in birthmothers, and how other birthmothers have coped with it, future birthmothers and therapists alike could address the impacts of ambiguous loss more directly.

Boss (2006) provided a look into how loss, trauma, and resilience can be situated in therapy specific to someone experiencing ambiguous loss. The theme of resiliency, and how the birthmother chose to embrace and understand how her placement decision impacted not only her own life, but the lives of others, could be a specific teaching point for future birthmothers. By teaching birthmothers how to gain resiliency through understanding, they may be better equipped to cope with, and manage, the effects of ambiguous loss.

Furthermore, birthmothers in the present study utilized metaphors when discussing their experience with ambiguous loss in adoption in ways that disembodied them such as being a “vessel” or an “incubator”. This type of mentality could potentially be assuaged by including compulsory counseling and potential long-term follow-up post adoption for the birthmother. Changes could also be made to the ways adoption agencies and adoption counselors connect with the birthmother prior to placement. If the birthmother is made to feel as more than just a surrogate, she may be better equipped to deal with the trauma of relinquishment.

I also suggest that additional resources be made widely available to birthmothers post-placement, such as access to specialized support groups where open discussion on ambiguous loss can take place. By providing an open space to discuss their adoption narrative, birthmothers may be able to come to understand their own trauma better. Additionally, by hearing the lived experiences of others, the birthmother may also be able to recontextualize her own understanding of her experiences and how she situates them within her own narrative. The notion that birthmothers need more postplacement access to support groups and other birthparents is echoed by Madden, Aguiniga, and Ryan (2020) in their research on relinquishment experiences of birthmothers.

Literature discussing what ambiguous loss is, how to cope with it, and how to normalize its existence, could help in allowing the birthmother to move through the steps Boss (2010) outlined in coping with ambiguous loss. Madden et al., (2018) stated that “Of particular importance is the need for adoption professionals to be transparent and honest about the impact of relinquishment on a birth mother’s immediate and long-term wellbeing” (p. 180). Currently, a handful of adoption-centered websites discuss

ambiguous loss. However, a majority of these websites focus on how the birthmother can heal and grow out of the experience of adoption rather than addressing how ambiguous loss differs from traditional loss and grief. By providing literature that discusses and educates around ambiguous loss and how the birthmother is impacted by it, future birthmothers may be more suited to understand and manage their own ambiguous loss.

Another aspect that I feel needs to be addressed is the social stigma related to adoption. While many agencies and adoption centers focus on the selfless act and the savior mother, social stances on adoption toward the birthmother are generally negative. This could be changed by having more representation of birthmotherhood in social and mainstream media. Henney et al. (2011) stated that, while adoption has become less stigmatized for the adoptive family, stigma toward the birthmother still remains. If there were more positive portrayals of the birthmother and her experiences and choices leading to relinquishment, stigma toward birthmothers may be positively impacted. There are few representations of the birthmother perspective in mainstream media, with episodes of the series *This is Us* (Fogelman, 2016-2021), *16 and Pregnant* (Freeman, 2009-2021), and *Chicago Med* (Wolf, 2015-2021) and documentaries such as *A Girl Like Her* (Fessler, 2014) and *Unlocking the Heart of Adoption* (Ganz, 2010) making some of the available content.

Strengths, Limitations, and Future Research

Strengths

Coleman and Garratt, (2016) stated that there was a need for narrative qualitative methods for examining the lived experiences of birthmothers. The present study heeded that call. By allowing birthmothers to openly express her narrative I received stories that

were unrehearsed and full of metaphors. The present study allowed participants the freedom of expressing their narrative without interruptions which allowed her to share her feelings openly. Conducting a metaphorical analysis permitted the narratives birthmothers told to be rooted in her understanding of her experience. Meanwhile, conducting virtual interviews allowed me to interview birthmothers from all over the United States.

Additionally, the current study provided a unique look at the relationship between birthmothers and ambiguous loss. Previous work in the field of communication has focused primarily on the experiences of the adopted child or the adopting family. While some studies have looked at birthmothers, only one examined the connection between birthmothers and ambiguous loss. That study (Fravel, McRoy, and Grotevant, 2000) performed secondary analysis of birthmother interviews, which they then related to the subject of boundary ambiguity in relation to the birthmother. The present study provided a look into the ways in which birthmothers not only experience ambiguous loss, but also how birthmothers understand and contextualize their own experiences with ambiguous loss by retelling their own narratives.

The contextualizing process was further unearthed by pairing the use of narrative interviewing with the employment of metaphorical analysis. By utilizing metaphorical analysis, I was able to better understand and situate the ways in which birthmothers contextualized ambiguous loss as part of their narrative.

For the purpose of the present study, I chose to limit participants to birthmothers who were four years after placement. Christian, McRoy, Grotevent, and Bryant, (2000) stated that this time frame allowed the birthmothers to incorporate her grief into her lived

experiences. This granted me the ability to better isolate how ambiguous loss was impacting the birthmother versus traditional grief.

In the present study I also expanded on the research in family communication covering birthmothers (Baxter, Norwood, Asbury, Jannusch, & Scharp 2012; Baxter, Scharp, Asbury, Jannusch, & Norwood, 2012), ambiguous loss (Afifi, & Keith, 2004; Golish, & Powell, 2003; Norwood, 2013; Powell & Afifi, 2005) and metaphors (Pawlowski, Thilborger, & Cieloha-Meekins, 2001). Putting these three topics together in one study presented researchers a fuller picture of how a birthmother experiences ambiguous loss.

Lastly, being a birthmother myself offered me more immediate access to birthmothers and fostered a more intimate interpretation of the results. By having lived their experiences in a similar way, I was better equipped to understand their grief and loss and how that related to the ambiguity of adoption. Also, by disclosing my own status as a birthmother, the participants of the present study may have been more readily open to discussing their own narratives with me in terms they may have otherwise been uncomfortable using.

Limitations

The participant pool for the present study was 19 birthmothers. This could have resulted in a limiting factor of the information collected. By having a small participant pool, particularly one comprised of people self-identifying from the same race and socio-economic status, a potential lack of diverse representation could be present. A total of 17 out of 19 participants self-identified as white while 14 of those 19 participants self-reported as being in some form of middle-class socio-economic status. If I had had a

more diversified population of participants, particularly if they had come from differing cultural or ethnic backgrounds, I may have seen a different set of metaphors employed throughout the narratives. If I had more of a cultural variation in my participant pool, I may have seen more metaphors that related to ethnic, cultural, and linguistic variance. As one of my only non-white participants, Bella was one of few birthmothers who referenced her experiences in terms of spirituality, religion, and relationships to her soul.

Research limitations also played a vital role in how the results were interpreted. Utilizing Owen's (1985) method of metaphorical analysis limited the ways in which the research data could be categorized and interpreted. Owen's methods of structuring a main metaphor via explanatory logic, breaking those metaphor categories into relational themes, and then analyzing each metaphor subsequently, could be interpreted rather through the lens of recurrence, repetition, and forcefulness. This variant method of utilizing Owen's approach could have resulted in different understandings of the research data collected across the interviews.

Owen's thematic approach to metaphorical analysis focuses on forcefulness, repetition, and recurrence of the metaphors used. Had I utilized a different approach, I may have found different results from the narrative interviews. Lakoff and Johnson (1980) laid the groundwork for future metaphorical analysis. Those scholars stated that metaphor built not only our narratives but the basis of understanding and experiencing our world. If I had chosen to code for specific types of metaphors I may have seen both a higher quantity of metaphor use, as well as a wider range of metaphors.

Tracy (2010) discussed a system of forced metaphor approach in which the interviewer requests the participant to employ metaphors specific to the topic of the

study. In this approach, the interviewer sets up the participant understanding of the topic of the study and asks for direct metaphors related to the participants narrative. However, I utilized an idiographic approach, where I analyzed the metaphors as they emerged organically from the narrative.

Technological limitations also existed throughout the interview process. For some participants, being unfamiliar with the technology involved, being interrupted throughout the interview by family member, pets, or outside calls, and trouble with network connections, could have all impacted the ways that the birthmothers recounted their narratives.

Another potential limitation to consider would be the temporal proximity to important dates as related to the birthmother and her adoption experience. If the interviews had been performed in close proximity to the adoption anniversary, a holiday such as Mother's Day, or another related event, this could have impacted the results and findings of the present study. Future work in this field should consider how those external factors may impact the telling of the birthmother narrative.

Additional Future Research

For additional future research regarding the topic of birthmothers and ambiguous loss, I suggest a series of changes to both approach and method.

First, I noticed that discussing their narrative verbally was difficult for some of my participants, particularly when it came to expressing strong feelings or emotions. Birthmothers may have trouble completely explaining their emotions surrounding their adoption narratives (Gritter, 2000), so to fully begin to understand their experiences we must provide them with alternate methods of expressing their emotions. The partnering of

narrative story-telling and art-based research could allow for a more detailed understanding of the experience of adoption and ambiguous loss, including metaphors that capture the experience.

Due to this, I suggest further research on this topic be performed in multiple methods, including art-based responses which would allow the birthmother the ability to physically portray her feelings rather than limiting to verbal responses. Drawing can be helpful for people experiencing trauma or pain (Leavy, 2017; Tracy, Lutgen-Sandvik, & Alberts, 2006), as it provokes emotion and provides an outlet for experiences that are difficult to verbalize (Gosselin, 2011; Willer, 2011; Willer et al. 2018). Drawings are both a product and a process of the ways people come to understand their experiences; they are visual products while simultaneously produce meanings (Guillemin, 2004).

I also feel that many of the methods used to investigate other portions of the adoption triad could be focused on the experience of the birthmother. Coleman and Garratt (2016) posited that current theoretical and methodological frameworks are inadequate for describing the lived experiences of birthmothers. Due to that, I suggest that future research be expanded to theories and methods which have been utilized in researching adoptees and adoptive parents, in order to better understand and situate the experience of the birthmother. Future researchers could examine the privacy management of birthmothers like Colaner et al. (2021) examined the privacy management of adoptees in open adoptions and Morr-Loftus, Suter, Strasser & Hanna (2021) examined privacy management in international adoptions. Rizzo Weller and Hosek (2020) examined the privacy turbulence of birthmothers but in closed adoptions.

Another topic that might be pertinent to future research is the notion of polymaternalism. Park (2013) discussed the concept of polymaternalism as the idea that there are “simultaneously existing multiple mothers for a child” (p.121). Park, coming from the perspective of an adoptive mother, discussed that her child has more than one mother. This instills, in the adoptee, a sense of duality and ambiguity on what they consider “mother”. This other mother is the birthmother and both the birthmother and the adoptee experience ambiguous loss (Powell & Afifi, 2005).

Adoptive families are discourse dependent, meaning they often must label and define themselves as family (Gavin, 2014; Suter, Baxter, Seurer, & Thomas, 2014). Open adoptions add family members who must be labeled and defined by adoptees, birthparents, and adoptive parents. Much of the research on discourse dependence and adoption comes from the perspective of adoptees and adoptive parents (Thomas & Scharp, 2020). Since birthmothers in this study had trouble labeling themselves as mother and other scholars have found that birthmothers do not disclose their birthmother status (Gritter, 2000) it would add to the research on discourse dependence to understand how a birthmother defines herself and her birthchild in her life.

Another interesting direction that scholars should examine is the experiences of women in the baby scoop era where adoptions were closed and often forced (Fessler, 2006, 2011). These women cited similar reactions to their adoptions as the women in this study such as feelings of loss of identity, missing pieces, anxiety, and shame (Fessler, 2006). The correlation between outcomes for birthmothers who had such drastically different adoption experiences highlights how ambiguous loss becomes a part of the adoption experience.

I also suggest that additional future research look at how ambiguous loss is experienced by other family members of the birth family. For the present study, I chose to look at birthmothers due to my personal connection to their experiences. However, by looking at the experiences of the birthfather, birthgrandparents, and even birthsiblings, future researchers may come to better understand and situate how ambiguous loss impacts all member of the birthfamily.

Furthermore, the present study limited participants to some level of openness in their adoption. For that reason, I was unable to gauge how openness versus closedness of an adoption may have impacted the birthmother's experience. Future research should be performed with both a mixed openness/closedness participant pool, as well as a purely closed perspective. By learning how birthmothers from these various different backgrounds express their narratives, scholars may be able to determine if the level of interaction with their birthchild post-adoption has an impact on their experience with ambiguous loss.

One aspect that was not widely discussed in the present study was that of personal religious beliefs or participation. I feel that future researchers should consider how religious stance impacts both the perception and impact of ambiguous loss, as well as the metaphors that birthmothers employ to discuss their adoption narratives. Religion is such a central point to so many people's lives and sense of identity that the language that they use to express their feelings may be influenced by their beliefs.

Since my participants utilized metaphors that expressed the feelings of being out of control, future scholars could examine the uncertainty management like Powell and Afifi (2005) examined uncertainty management and ambiguous loss in adoptees. My

participants also expressed a feeling of loss of identity. Therefore, more work could be done on birthmother identity like scholars have done on nonbiological lesbian mothers (Bergen, Suter, & Daas, 2006). Past research claimed that there were not enough positive portrayals of birthmothers in the media (Henney, French, Ayers-Lopez, McRoy, & Grotevant, 2011) but a review of current media shows newer portrayals of birthmothers in the media on shows like *16 and Pregnant* (Freeman, 2009-2021), *Chicago Med* (Wolf, 2015-2021), *A Girl Like Her* (Fessler, 2014) and *Unlocking the Heart of Adoption* (Ganz, 2010) so scholars could conduct more research on the portrayals of birthmothers in shaping a birthmother's sense of identity like researchers have examined how portrayals in stories has affected an adoptee's self-concept (Kranstuber & Koenig-Kellas, 2011).

Furthermore, as a birthmother myself, I may have had interpretations that were impacted by my own previously lived experiences. This factor may have affected the way in which I coded or contextualized the metaphors used in the narrative interviews. While being a birthmother gave me both access to, and agency with, my participants, as well as allowed me to better understand our shared lived experience, future scholars from all sides of the adoption triad should be involved in this portion of research. The varied experiences of birthchildren and adoptive parents may allow for a different interpretation and better understanding of how the birthmother copes with ambiguous loss and how the adoptee or the adoptive family might be able to consider that.

I also suggest that additional future research look at how birthmother experiences of ambiguous loss changes over time. Performing this study in a longitudinal case could allow for future researchers to see how the birthmother's experiences with ambiguous loss change over time and over successive interviews. This could allow for more detailed

feedback on metaphor usage over time, how the birthmother perspective changes over time, and how the birthmother's retelling of the narrative changes in coherence and fidelity over time.

Finally, future research could include those birthmothers who have just recently placed and those birthmothers who are more "seasoned". The present study focused on birthmothers who were at least four years out from placement, but no more than 18 years out. The purpose of this was to limit the ways in which the birthmother viewed the adoption experience if she had reconnected with, or had been rejected by, her birthchild after they had turned 18 years of age. According to March (1997) being past the age of reunion, regardless of if reunion happened, could bring about feelings of rejection. By opening the participant pool to new birthmothers and those who have moved past the age of reunion, future researchers can get a better glimpse at how a birthmother's experiences with ambiguous loss changes over time. Future research should include a call for all birthmothers to participate to get a broader look at metaphors they utilized when telling adoption stories.

Closing Reflections

My birth daughter either calls me "Melodee" or "Biomom." I learned this the other day while we went out for Korean BBQ together. In terms of metaphors, our relationship is more like a Jenga tower than a puzzle. We are working together to create a new tower of a relationship, where we each add pieces every time we talk. Right now, our base is strong, but I am terrified of doing or saying the wrong thing and the tower collapsing. I am so used to loving her through loss and separation and therefore, it is difficult to trust my lived experience of being together. It is difficult to believe she is here,

a part of my life, my family. I keep expecting her to leave, to be gone again. During our last visit we discussed adoption trauma. She has thought about what her life would have been like had I parented her. We concluded that her life would not be better or worse from her current life, just different. I know adoption is trauma for everyone involved. We have both suffered a great loss, one that will live with us forever. I wish I had known more about adoption trauma when I made my decision. Adoption center social workers do not talk about stuff like that. It is all positive adoption language (PAL) where birthmothers are selfless and strong, and we are creating a family that would have never existed if not for our loss. They tell you about grief, that you will miss your child and be sad, but they don't mention the deep painful void. My research participants echoed this sentiment, that adoption is a void, a hole in your life that can never be filled. The emptiness I felt in that hospital room in 1996 stuck around. We are reunited now, but that void is still there. Ambiguous loss doesn't go away post reunion, at least not for me. It is much like my participants that have open adoption still experience ambiguous loss. She is in my life, but not day to day. She has this whole other life, this family, that I am not a part of. She has a whole history that I was not there for. I have this whole history that she was not physically there for, both of us have ambiguous loss of the other. We share that trauma. I wonder if she worries that I will disappear too?

I have another child; I waited 17 years after giving birth to her to have him. Seven years after his birth I am constantly petrified that something will happen to him. I know that is common for new mothers but for me it is different. The void that is my daughter inches its way towards the presence that is my son. He was the baby I got to take home. I did not transition well into motherhood. My depression and anxiety

permeated every moment. There is a voice in my head that internalized and stigmatized the birthmother as bad mother. Gritter (2000) explained that birthmothers have trouble feeling positively about themselves after the adoption even those who are secure in their decision for adoption. When society views you as immoral or bad then it is almost impossible not to ingest that message and make it part of your own self-esteem. She does not feel accepted in the world and thus does not accept herself. The gap between the given mantra of Birth Mom Strong and the internalized self-hatred is increasingly getting smaller. The fact that my decision caused her trauma swirls around in my mind constantly. I am still acutely aware of my grief and loss even with her presence. I know I need to have self-compassion, but it is difficult. I did not realize how much the process of researching my own identity would affect me.

I started gathering data in January of 2020 and quickly filled my schedule with interviews, sometimes two a day. Bearing witness to other birthmothers' grief was trying. As my participants shared their own voids, I cried with them. The process of doing friendship interviews made me vulnerable to their sorrow (Tracy, 2013). It was difficult to listen to hours of traumatic stories over and over again. Transcribing took months because I could not bring myself to go back and listen to their trauma again. Kumar and Cavallaro (2018) discussed another researcher who was researching as an insider, she claimed that she felt "exhausted and fragile and shared that she worried greatly that her reaction to the pain was negatively affecting both her research partner and her participants. She was ill for a month and unable to return to her transcripts for 3 months. (p. 650)." I too had to take some time and distance myself from my research for my own mental health. Ruminating on the disclosures of participants can cause emotional and

physical health problems for the researcher. This shared trauma can require time to heal for the researcher and requires self-care (Johnson, 2009 as cited in Kumar & Cavallaro, 2018). For me, the self-care looked like I dropped the ball on my research again, nothing got done.

Johnson (2009) discussed experiencing emotional burnout. She claimed she was warned about it but was caught off guard by the impact. She claimed that doing successive interviews and the emotional toll of those interviews caused her to need to step back from her role as a researcher, sometimes for an afternoon, sometimes for longer. She found journaling to be helpful in processing her emotions. I tried to journal, but I am not that great at it. It takes too much effort to write down the things in my head. I did not have the outlet to process my emotions and they overtook me for a while. Because of looming deadlines, I picked their stories back up and began to view them as pieces of catharsis for them and me.

Johnson (2009) suggested that research was cathartic and that by engaging as an insider she was able to gain a deeper understanding of her own experience. "It has been likened to reflections in mirrors, as by confronting the reality of other's experiences, we are also confronted with the truth of our own experiences (p. 38)." By listening to others stories I began to process my own story of ambiguous grief and loss.

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Appendix A. Facebook Moderator Request Script

My name is Melodee Sova and I am a PhD candidate in the Department of Human Communication at the University of Denver. I am writing you because I am writing my dissertation on birthmothers and loss. I am requesting to post a recruitment letter on our forum to see if any of our birthmothers would like to participate in my research. My study is approved by our institutional review board and will consist of a narrative interview, a few follow up questions that are specific to ambiguous loss and a metaphor drawing about the experiences of ambiguous loss. So that you know ambiguous loss is where we grieve someone (or something) that is either psychologically present and physically absent, like our children, or someone who is physically present but psychologically absent like a grandparent with dementia. The interviews are going to be between one and two hours long and will be conducted either face-to-face if they are in North Texas or through Skype or Facebook messenger if they are not in my area. Participants will be entered into a drawing to win an Amazon gift card valued at \$100. All participation is completely confidential, and the participant could decline to participate in any part of the research process.

Appendix B. Recruitment Letter

Fellow Birthmothers,

My name is Melodee Sova and I am a PhD candidate in the Department of Human Communication at the University of Denver. I am posting this because I am beginning to collect data for my dissertation on Loss and Birthmothers. As a birthmother myself I understand that our loss and grief is different from someone who has lost a baby to death or are grieving the death of someone they loved. Our grief does not necessarily look like those types of grief.

I am interested in your story. I want to listen to you tell me how you came to adoption and your feelings surrounding your decision then and now. I want to hear about your life, grief, loss, love, and healing. I am interested in talking to birthmothers who voluntarily relinquished their newborn for adoption and that child is currently between four and 18 years old.

Your participation would mean a commitment of one interview and a guided piece of art. It is okay if you feel like you cannot draw. The narrative interview could last over an hour depending on how much you want to talk. I will work around your schedule. If you are not in North Texas where I am, we can talk via Skype, Facetime, or Facebook video chat. These interviews would be recorded and transcribed but would maintain complete privacy as for you any anyone else you mention in your story.

If you are interested in participating in my project, in order to maintain anonymity please do not reply to this post. You can reach me via email at Melodeesova@gmail.com

or via Facebook private message. Please email me or message if you have any questions, comments, or concerns about participating in this project.

Best,

Melodee Sova

Appendix C. Informed Consent

Title: An Analysis of Birthmothers' Metaphors of Ambiguous Loss
in Adoption Narratives and Drawings

Principle Investigator: Melodee Sova

Melodeesova@gmail.com

(940)206-7550

Purpose of the study: The purpose of this study is to better understand the experiences of ambiguous loss and birthmothers from their own stories. The second aim of this study is to better understand which metaphors birthmothers use when she is describing her ambiguous loss. The purpose of this study is to better understand how birthmothers construct her story surrounding her adoption, how she integrates ambiguous loss in her life, and how she talks about her loss.

Intended Outcomes of the Study: Birthmothers are the least examined member of the adoption triad. The intended outcomes of this study is to better understand, not just demographic information about who birthmothers are, but how she integrates her birthmother identity into her life and how she handles ambiguous loss and grief. The knowledge of this study will contribute to the wider field of adoption research by expanding on how a birthmother constructs her own meanings surrounding adoption. The results of this study will be utilized in the principle investigator's dissertation, be submitted for publication in a scholarly journal, presented at scholarly conferences, be published as a book or book chapter, and utilized in a visual performance of grief and loss.

Procedure and What participation Entails: This study relies on the method of narrative interviews, which means I want to hear your story however you want to tell it. I may interject with probing questions about specific details, but the interview will include all of the information you feel comfortable telling me. To help with understanding ambiguous loss, the end of the interview will contain a few more open-ended interview-like questions specifically focused on that concept. After you sign this informed consent form you will fill out a short demographic survey. Then together we will build a roadmap of your story. Since these stories span between several time periods, people, places, and feelings we will give ourselves an outline to help us stay on track. Then you will tell your story and I will listen.

Once the narrative is told I will instruct you on drawing a metaphor about what it feels like to have an ambiguous loss and being a birthmother. Do not worry if you cannot draw, stick figures are fine. Once you have finished your drawing, we will discuss what you drew and why.

Confidentiality: Your participation is strictly confidential, your identity will remain anonymous and your identity, and others in your story, will be kept anonymous. You will get to pick a pseudonym and all other characters will be in reference to your name; for example, Kate's Birthfather (your baby's father), or Kate's child (the child you placed for adoption). Throughout the paper you will be referred to as birthmother unless you ask for a different term, as well as the pronoun she, unless you ask otherwise. All specific details that could alert others to your identity will not be used. I ask that you refrain from talking about your interview in the birthmother's group we belong to.

Participant's rights and Compensation: After all interviews are conducted, the participants name's will be put into an online randomizer and one will be chosen for a \$100 Amazon gift card.

Appendix D. Interview Protocol

Now that we have reviewed the informed consent form, we are going to turn toward the interview. Again, I want to sincerely thank you for telling me your story. I am a birthmother myself, my daughter is 22 years old now. At the end of the interview you can ask me any question you wish about my adoption experience.

To begin, I would like you to tell me the *story* of your adoption experience. A story is a retelling of a specific life event and for our purposes today that life event is your story of adoption. Stories include a plot (a sequence of events), characters (you, the birthfather, birthchild, parents, and any other relevant people), and usually some type of meaning (a point, a conclusion). So rather than talking about your adoption story generally (e.g., it was hard, we didn't agree, we had a good relationship), I would like you to tell me the story from the beginning to where you are today. For example, you might start from before pregnancy, like maybe when you met the birthfather, and take me through pregnancy, choosing adoption, birth and placement, and your experience with adoption after placement. In addition to describing the events as they happened, I also would like you to share your feelings about the events. I am going to jot down a couple of notes as you share your story so that I can come back and ask you about these feelings in case you forget. What questions can I answer for you before you tell your story?

- Please tell me the story of your adoption experience.

Thank you for sharing your story with me. Now, I'd like to follow up and ask you to describe how you felt during some of the main events that make up your adoption story. You talked about x, can you share a bit about how you felt during this time? (Give same prompt for each section/chapter/main event of the story).

We are now going to move on to talking about grief and loss related to adoption.

- How have you experienced loss as a birthmother?
- How would you say that you have grieved or coped with the loss?

Next we are going to now explore a specific kind of loss called *ambiguous loss* and how it might relate to your adoption experience. This type of loss is referred to as “ambiguous” because it can be difficult to put your finger on or to identify. Ambiguous loss is the type of loss we experience where someone is psychologically present but physically absent in your day to day life. For example, couples may experience ambiguous loss when a spouse in the armed forces is deployed overseas and the couple is not able to communicate. Ambiguous loss can also occur if a family member is missing and the other members are unsure if the missing person is alive. Ambiguous loss can also occur for birthmothers. For instance, some birthmothers with closed adoptions may experience ambiguous loss as they struggle knowing their birthchild is alive but also that they will not have physical contact with him or her. Those with open adoptions may experience ambiguous loss too, as while they may get pictures and letters, they may feel grief surrounding not being able to have a relationship with their child. Since ambiguous loss is a tricky concept, in order to ensure that we are on the same page, could you please put into your own words what ambiguous loss is? (Provide clarification if need be).

For the next part of our interview I am going to ask you specific questions about ambiguous loss and how it relates to your experiences with being a birthmother. First, does the notion of an ambiguous loss with the psychological presence but physical absence relate to you? Does it ring true to your experiences?

- Can you tell me a specific *story* where you felt the psychological presence of your child but had physical absence?
- How did you feel during this time?
- Do you have any other stories that capture ambiguous loss or you experience of the psychological presence of your child as well as physical absence?
- How did you feel during this time?
- (Prompt with same until participant has no other stories)
- How have you coped with or grieved these experiences with ambiguous loss?
- How has the amount of post-adoption contact or openness affected your feelings of ambiguous loss?
- In what way has uncertainty contributed to your experiences with ambiguous loss?
- What impact has ambiguous loss had on you as a birthmother?
- How has the ambiguous loss you have experienced related to adoption changed the way you view life?
- How would you describe ambiguous loss to someone who wasn't a birthmother?
- Can you tell me how the ambiguity of being a birthmother has changed the way you view motherhood?
- What does ambiguous loss feel like to you?

We are now going to move into the last portion of our interview where I am going to ask you to do some drawing.

Now we are going to move onto the second part of the interview. Sometimes our feelings are difficult to put into words, especially about a topic as complicated as ambiguous loss. One way to help with this challenge is to use metaphors and art. But don't worry you don't have to be a good artist!

Before we begin making art let me remind you of a couple of definitions.

A metaphor is a way to describe one thing in terms of another. For example, Elvis said "love is all shook up," Shakespeare said Juliette is the "sun." We know Shakespeare didn't mean he was in love with a giant ball of gas, but that Juliette embodied things that the sun did too, like she was shining and warm and beautiful, and most importantly he could not live without her.

In addition to keeping in mind the definition of a metaphor, during this section of the interview, I need you to again keep the definition of ambiguous loss in mind. As a reminder ambiguous loss is a loss you experience where a person, and in this case your birth child, is psychologically present but physically absent.

So today you are going to draw a metaphor for how ambiguous loss feels. Remember that the metaphor is something outside of you so you don't necessarily want to just draw a picture of a scene from your life unless it is metaphorical in some way. For example, you wouldn't just draw a picture of you and your child in the hospital unless that scene stood for something else or was a metaphor for something else. So using my earlier example of Elvis saying love is "all shook up" I would not simply want to draw Elvis and Pricilla together in a particular place. If I wanted to represent the metaphor for

how their love was “all shook up” I might draw them both dancing or use lines to represent them shaking. I could also draw a milkshake to represent the metaphor.

So again, you are going to draw an image that captures a metaphor of what ambiguous loss connected to your birth child has felt like to you. This feeling of ambiguous loss could have occurred at a specific point from the time you found out you were pregnant until today. Or it could even be a metaphor that captures how you have experienced ambiguous loss generally over the years.

You will use the white paper and coloring supplies. As you draw, you may want to use color to capture the metaphor and your feelings. I am going to give you 15 minutes to draw your metaphor. You don't have to use all of this time, but you are welcome to do so if needed. Once you are done, then we will come back together to talk about what you drew. What questions do you have?

After drawings are completed

- Please tell me the metaphor that you drew and why?
- Possible prompts to get them to explain further:
- Why did you choose the colors that you did?
- What does x part of your drawing represent?
- Does the drawing represent a specific experience with or time you felt ambiguous loss? Does it represent your experience of ambiguous loss generally? Please explain.

Appendix E. Demographic information

Demographic Data

Name: _____

Your current age: _____

Your age at the time of your birthchild's birth: _____

Your birthchild's name: _____

Year of your child's birth: _____

Child's sex:

- Male
- Female

Number of children you had BEFORE you placed your child: _____

Number of children you have now, after you placed your child (Not including your birthchild): _____

Number of other children the adoptive family has: _____

What type of agency did you place through?

- Lawyer
- Private Agency
- Other _____

Type of adoption you have (please check next to the description that is closest to your arrangement)

- Closed (Meaning no contact after the birth of the child)
- Not by choice closed (Meaning the Adoptive parents severed contact. This was not the agreed upon post adoption contact)
- Mediated semi open (Meaning you send letters to the agency/ lawyer and they are forwarded to the adopted family and vice versa).
- Mediated open (Meaning you have contact through direct letters or some type of social media but no visits or phone calls)
- Open (Meaning you get phone calls, computer mediated calls like skype/ facetime and other access to your child via social media but no visits)
- Fully open (Meaning you get all of the communication in open as well as physical visits)

At the time of my placement I considered our family to be

- Poor
- Lower middle class/ working class
- Middle class
- Upper class
- I consider myself to be
- White/ non Hispanic
- Latina/ Latinx
- African American/ Black

- Asian
- Native American
- Bi/ multiple racial
- Other _____

I consider the adoptive family to be

- White/ non Hispanic
- Latino/ Latinx
- African American/ Black
- Asian
- Native American
- Bi/ multiple racial
- Other _____

At the time of my adoption I considered myself to be

- Religious What denomination _____
- Not religious
- Spiritual
- Atheist or agnostic
- Other _____

Appendix F: Acknowledgments

To Dad, even though you are no longer of this earth, thank you for instilling in me a love of learning and an endless curiosity for how the world works.

To Beth, thank you for challenging me to dig deeper and for using your voice to give voice to members of the adoption triad.

To Mary Claire, thank you for your compassion, patience, and really good non-verbal communication.

To Michele, thank you for taking a risk on me when I awkwardly approached you about an independent study on adoption. Your expertise and that project are the foundation to this project.

To Brian, thank you for your support and for showing me that being a parent and a PhD student is possible.

To the rest of my cohort at DU. Thank you for being amazing scholars and for pushing me to become a better scholar. I am in awe of you and hope to continue learning from you forever.

To everyone who has believed in me and supported me through this long journey. Thank you for everything, I love you all.