

**THE MISSING PIECE:  
ADOPTION COUNSELING IN  
PREGNANCY RESOURCE CENTERS**

**CURTIS J. YOUNG**

FAMILY RESEARCH COUNCIL  
WASHINGTON, D.C.

**The Missing Piece:**  
**Adoption Counseling in Pregnancy Resource Centers**  
By Curtis J. Young  
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## INTRODUCTION

In 1997, the Family Research Council conducted research to assess the effectiveness of pregnancy resource centers in helping women with unwanted pregnancies.<sup>1</sup> The study asked a representative sample of American women how likely they would be to encourage a single, pregnant young woman to consider each of the following four options:

- getting an abortion;
- marrying the baby's father;
- placing the child for adoption;
- rearing the child by herself.

The results were a bit surprising. First, women were quite reluctant to counsel anyone to get an abortion.<sup>2</sup> Women were much more likely to counsel, in order of preference, single parenthood, then adoption, with marriage following closely behind in third place.<sup>3</sup> Yet the report also found a considerable amount of reluctance over what advice to offer. No choice received a higher mark than 6.1 on a ten-point scale. What struck the researchers, however, was the base-level resistance to abortion, which suggested an untapped potential for success in motivating women to consider adoption, even though abortion is currently chosen more often than adoption.<sup>4</sup>

Current rates of adoption at most pregnancy resource centers are extremely low. Although no formal statistics exist, spot-checking adoption rates at larger centers indicate that adoption rates commonly are below one percent. The adoption rate is similarly low among the general population.

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1. See Curtis J. Young, *Turning Hearts Toward Life: Market Research for Crisis Pregnancy Centers* (Washington, D.C.: Family Research Council, 1997).
  2. Women were asked to rate their preference for each option on a scale of one to ten, with one being the least likely, ten the most likely. The choice of abortion rated a 2.3 on the scale.
  3. The rates are as follows: marriage, 4.4; adoption, 5.1; and single parenthood, 6.1.
  4. Compare the level of support for abortion at 2.3 with that of adoption at 5.1.

In 1999, the Family Research Council undertook further research to understand the complex array of factors involved in considering adoption and how best to present adoption as a viable option for women. The Council asked Kenny & Associates, Inc., pioneers in emotional research over the last twenty-five years, to conduct a study.<sup>5</sup> The findings from this second study are reported here.

The research was designed to identify the underlying factors that either inhibit or motivate the consideration of adoption in both single, pregnant women and in pregnancy counselors. The research focused on discovering the most basic impressions that women and counselors have about adoption and on the psychological dynamics of decision-making concerning adoption.

While large numbers of respondents are needed to poll and predict behavior such as voting in elections, in-depth analysis of smaller groups can serve a different purpose, to teach more about a process that is common to everyone. The research methodology involved in-depth, one-on-one interviews of an hour or more with single women who have experienced crisis pregnancies as well as with pregnancy counselors. During the interviews, visualization, relaxation, and repetition techniques were used to circumvent rationalization and uncover the real reasons for behavior.

Fifty-one single women, each of whom had experienced one or more pregnancies, were interviewed. The women represented the client population both in age and ethnic background. Their ages ranged from sixteen to forty years. They were a mix of Caucasian, African-American, and Latino women. At least half of those interviewed had been to some sort of counseling center for help with their unexpected pregnancy, though not necessarily a pregnancy resource center. These women had also made different choices: some were rearing the child; some had chosen adoption or were considering doing so; some had had an abortion or were still considering one. Some of these women had experienced more than one unexpected pregnancy and had opted for different outcomes each time.

Twelve pregnancy counselors were also interviewed. They were all women from centers in the Chicago area with similar backgrounds to the clients. Some were volunteers; others were paid staff. All identified themselves as Christians.

As expected, the interviews in this project had a seamless quality to them. Despite differences among respondents, the interviews were remarkably similar in terms of the emotional language women used to express how they think and feel about adoption.

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5. Charles Kenny, Ph.D., was the lead researcher for the project. Contact Kenny & Associates, Inc., 5824 Garden River Cove, Memphis, TN 38120; telephone: (901) 682-8569; webpage: [www.rightbrainpeople.com](http://www.rightbrainpeople.com).

## **HOW WOMEN WITH UNEXPECTED PREGNANCIES VIEW ADOPTION**

At the beginning of the interviews, women were asked to visualize the time when they first learned about adoption. Most women could visualize this moment with great clarity and were able to relive these experiences as if they had occurred only yesterday. These experiences laid the groundwork for how women think and feel about adoption. Most of these feelings remain with them to this day. Unfortunately, most of those earliest experiences with adoption were negative.

By them, adoption is seen as a deception played out upon children—it involves secrets that can hurt the child. It is also seen as abandonment. Thus, at a basic, emotional level, adoption evokes pity for the one who was adopted and condemnation for the birthmother who “gave the child away.” These women think an adopted child is more vulnerable to being hurt, and the birthmother is a bad person who broke trust with her child. In interview after interview, clients related negative impressions of adoption.

Here are a few typical examples. One client’s mother induced good behavior in her daughter with threats such as “if you don’t behave, I’ll put you up for adoption.” One adult adoptee was told that she should not buy a cemetery plot next to her Greek parents because she was not really Greek and thus did not belong in a Greek Orthodox cemetery. Another woman told of her childhood friend whose parents had divorced; the father had only wanted his biological children, not his adopted daughter. She said, “It was sad, like being unwanted two times.”

When negative feelings are associated with adoption, the prospect of a woman choosing adoption for her unborn child is fraught with shame. A typical response was: “Think about who would give up a child. What a mean person! It’s like your mommy doesn’t want you anymore.” Several women used such language to characterize the type of person who makes an adoption plan.

When adoption was first introduced as a loving act, however, the dynamics changed entirely. Then, the impression was positive. For example, respondents who have adopted relatives are more open to the idea themselves. One woman whose brother and sister were adopted decided to select adoptive parents for her child because she felt it would be best for her child.

When respondents were asked to move beyond their earliest recollections of adoption to recall later impressions, they frequently referred to stories in the media that were highly negative and sensational. The details were long-forgotten, but stories of babies being adopted by satanic cults or the mentally disturbed were often invoked, as were stories of adopted children desperate to be reunited with their birthmothers, or birthmothers longing to know whatever became of their children. Negative impressions from stories involving abuse in foster care also bled over into some women's perceptions of the safety of adoption.

The responses of women in these interviews provided clues to powerful associations that women carry in their minds about adoption. These associations are difficult to change because they are so firmly rooted. They are important to understand because communication designed to change how women think and feel about adoption must be able to chip away at those associations and establish new ones, which make women feel comfortable.

## **THE NEGATIVE ADOPTION EQUATIONS**

The following emotional equations underlie how most women feel about adoption and explain why adoption is such a difficult choice:

1. Adoption = Abandonment
2. Adoption = The Big Lie
3. Adoption = An Unbearable Sacrifice

Adoption as the abandonment of a child is the most powerful of these three equations. This is what drives women to doubt the character of those who choose adoption. While they may give an opinion that adoption is a good thing because a child gets a family, they cannot bring themselves to consider adoption as a choice they could make.

This negative association explains why public-opinion polls that try to measure support for adoption are of little relevance. These only measure surface opinions. When personally involved in the decision-making process, the deep-seated mental equations take over and cause women to move away from adoption.

Adoption as the "big lie" plays powerfully against the conviction that the essence of the mother-child relationship is trust. This equation is often made as a result of early experiences, such as learning that friends or relatives were adopted. It is as if women tell themselves, "If my friend was adopted, I could be adopted too and not even know it. I could be deceived." As long as adoption is perceived as calling for deceit, it will be seen as a breaking of maternal trust, and therefore unacceptable.

Adoption as an unbearable sacrifice is developed further below in the context of maternal concerns, but when it is seen as a form of abandonment and broken trust, the choice is fraught with a degree of inner conflict that makes even the consideration of adoption distressing.

## **HOW ABORTION INFLUENCES DECISION-MAKING**

Historically, single, pregnant women have gone through a two-stage decision-making process. On the surface, the same is true today. However, the options at each stage have radically changed to the disadvantage of adoption. With the advent of legalized abortion and its promise of anonymity, the first stage of decision-making has shifted from a choice between marrying the father and bearing the child alone, to a choice between abortion and bearing the child alone.

Legal abortion is not the only contributor to this shift. Changes in relationships between men and women have effectively shut off the old option for many women. Most of the women we interviewed left the men in their lives out of their visualizations, indicating that they played no role in their decisions about their pregnancies. Few women expect that the fathers will play any role in the lives of their children, no matter what they decide.

Many of the women interviewed choose between the two options almost instantaneously upon realizing that they are pregnant. Some see only one solution, rather than a set of choices. These women told us things like: “It was almost immediate that I got it in my head I was going to have an abortion and not tell my parents and move on with my life,” or “I never had any options in mind but to have the baby.”

Particularly when the choice is abortion, the decision is made prior to any consideration for the unborn child. The choice of abortion is more akin to a reflexive response to a threat. When we asked women to visualize the moment that they discovered they were pregnant, most said that they were surprised, shocked, amazed, and confused. The language of crisis and threat was used. At the emotional level, they responded as if they have no idea where babies come from. This emotional response may allow them to play the victims of circumstance, rather than deal with the fact that they have made a bad decision. Their decisions about pregnancy are driven by emotion, not reason. Adoption is not a factor at this point.

This could be true even for a woman who sees the nobility in adoption and feels it is a good thing for *other women*. When women were asked to visualize a time when they had strong feelings about adoption, one woman remembered talking to a pregnant friend in high school. She said: “I wouldn’t want her to kill her baby. . . . I think adoption is a good thing. . . . If she can find someone to take her child, she would not go through life knowing she had killed her child. She would know she

gave her child a better life.” This same woman said of her own pregnancy, “At that time, I was actually looking towards abortion. My family wouldn’t know. It would be over with. No responsibility after that time. I was not even thinking about adoption.” Clearly, her feelings are inconsistent with the advice she had given to her friend. As she said, “When it is actually you in that position, you look at it differently. I didn’t even consider adoption as a choice. Either I would have it or abort it. I’m not just sitting there giving advice to someone—something that seems logical. With my friend, I was just on the outside looking in. It wasn’t me.”

Abortion is seen as solving many problems that adoption exacerbates. Decisions for abortion can be quickly implemented and are perceived as an immediate resolution to an emotionally difficult situation. By preserving anonymity, abortions protect women from being judged by others and from public shame. By occurring quickly and early in pregnancy, abortions protect women from any confrontation with their conscience over the truth that they are destroying their offspring. Moreover, unlike adoption, abortion does not require any further interaction with the baby’s father.

Upon suspecting they are pregnant, respondents feel an immediate predisposition either to abort or to carry to term before they ever enter a pregnancy resource center. When they come to the center, they are looking for support and reinforcement for the choice they have in mind but have yet to declare openly. This helps explain the intensity of women’s response in prior research that a supportive, nonjudgmental atmosphere is as important as any service a pregnancy center offers.

The predisposition women feel is not their final decision. Anxiety and uncertainty accompany this predisposition. That is why they come to a center to be affirmed in their thinking, to be convinced they are doing the right thing. Because of their uncertainty, however, they may also be persuaded to change their minds if given helpful information and support. The window of time for this persuasion is limited and it must take place in a relationship that honors counseling values and maintains the client’s sense of security.

Some women say they struggle a great deal in making their choices, but it is clear that their struggles largely have to do with convincing themselves to accept the choices they made quickly. For instance, women who plan to raise the baby work hard to reassure themselves that they will have support from family members and the father. Even in the face of parental resistance or threats of abandonment, many still decide to parent their babies. In these situations, women search for whatever rationalizations they need to believe that things will work out. These rationalizations often begin to unravel after the baby is born. Only after the birth do they begin to see how difficult their lives really are.

For many women, the first question of giving birth or having an abortion is all they can handle emotionally. They cannot think about anything else beyond the first decision. Once they decide to give birth, it is, in effect, a choice to keep their babies. Single parenthood becomes the decision by default.

A woman may say she cannot get an abortion because she cannot bear to take the child's life. At this point, she has already taken responsibility for the child because she has decided to give birth. In doing so, she places value on the child's well-being. She begins to see herself as a loving mother. If she pictures choosing adoption, she knows she will still be a mother. But she imagines that after giving birth, she will have the residual desires of motherhood and will have lost control of her child.

### **A COMPLICATED DECISION, A COMPLICATED CHOICE**

In the second stage of decision-making, the choice is between parenthood and adoption. This decision is much more difficult than the first decision because of the time involved. First, she has several months to live with any decision and to change her mind. Second, she is trying to bring herself to do something that runs counter to her natural desire to be a mother. It is easier to reach a decision to abort or carry the baby as a single parent than to plan an adoption for her child. In fact, some women struggle with adoption throughout the pregnancy. One respondent decided to keep her baby several weeks after the baby was born. She tells us that she had grown to love her child too much to "give him up."

Each choice in the second stage of decision-making—planning an adoption or trying to parent the baby—has its own advantages and disadvantages, and therefore, each is something a woman may want to do. Nonetheless, they are mutually exclusive. She cannot do both. The result is inner conflict.

To add to the confusion, the emotional needs fulfilled by one option can also be fulfilled by the other option. For example, a woman can keep a baby because she wants someone to fulfill her emotional need to nurture, or she can make an adoption plan and fulfill the need to nurture by making sure that the child is loved and provided for in a family with two parents. One woman expressed the conflict in this way:

[Adoption's] a good feeling and a bad feeling at the same time. I feel like it would be the right thing to do. On the other hand is that the more loving thing to do? To give the baby up since I can't do the things a more loving, educated couple would be able to do. So it's kind of a little bit of both.

Another respondent said: "It gives me a confused feeling. Somewhat good where I felt I'm not being selfish, and I feel on the other hand, kind of sad. . . . Shameful, like

how the baby could be thinking, 'How could she give me up?'" This conflict results in a great deal of confusion, making it difficult for the mother to come to a decision.

## **CUTTING THE TIES THAT BIND**

The bond that mothers form with their babies begins well before birth. This contributes to the most common reason women give for not considering adoption: "I cannot carry a baby for nine months and then give it away." On the surface, respondents are saying that nine months of pregnancy will leave them bonded so strongly to the child that they will not be able to part with him or her. This is the desire to nurture. As one woman explained, "The choice was made for me when my daughter was born. When I saw her face and her little hands grabbed my finger, I knew that, for better or for worse, I was going to keep her. I don't regret it." The powerful need to nurture turns the question of what is best for the child into "For better or for worse, I was going to keep her."

On a deeper level, respondents feel they cannot endure the nine months of embarrassment and judgment involved in having a baby outside of marriage only to "give the child away." Variations of the following statement were common in every interview where the woman did not choose adoption: "I think if I am going to carry my baby for nine months, I couldn't give it away. I know it's better than killing a baby. But for me, if I am going to carry it for nine months, I might as well go ahead and accept the responsibilities and just keep the child." With adoption, women fear they will have regrets: "I would always wonder if I made the right choice."

Women never second-guess themselves when they keep their children. They are convinced they made the right decision. Many women believe that if they plan an adoption, the child will assume that they did not want or love the child. As one respondent said, "If I do not keep the child, the child will grow up and wonder why I did not." She does not feel she could deal with the guilt that comes with thinking this way. Another woman stated her decision to parent her child this way: "She won't have grown up wondering why she was given away—why I didn't want her—why I didn't keep her. Sooner or later she would find out that she is adopted, and it's just something you will always wonder. Why didn't they love me?"

Many respondents believe that their children will feel betrayed even if it is clear to them that the adoptive parents have the means to provide a good life for them. The strong association in their minds between adoption and abandonment underlies what many respondents feel and explains why they recoil from choosing adoption.

“Nobody will love the baby as much as her real mother” is another assumption often expressed. However, when the statement is made, it is not offered as a positive endorsement of women who raise their children so much as a criticism of any mother who would “give her baby away.” Women do not want to be seen as that kind of person. One woman said: “No matter how difficult it might be to keep the baby myself, since I have a totally unique ability to give the child love that is unmatched by an adoptive parent, it is better for the child that I keep it.”

Single mothers who become pregnant again do not feel they would be able to explain the choice of adoption to their other children. They ask, “What will my other children think?” They fear their other children will begin to question the stability of their relationships with their mother. Respondents imagine their children asking themselves, “Will I be the next to go?” Seldom have these women been presented with alternative scenarios to explain why they are not bringing a baby back from the hospital.

## **THE SHAME OF REJECTING MOTHERHOOD**

Motherhood is associated with dignity and self-worth as well as responsibility and authority. Adoption, for many women, is associated with the loss of these valuable things. Just as shame drives many women to make a nearly instantaneous decision for abortion, shame deters many others from the first consideration of adoption. In the first stage of decision-making, the shame is associated with accepting motherhood and drives women toward abortion. In the second stage of decision-making, shame is associated with rejecting motherhood and keeps them from choosing adoption.

In response to the question of how abortion is better than adoption, one woman focused on being embarrassed. For her, the judgment of others was most important:

I didn't want to go through just being pregnant, just going through the nine months and not letting other people know. I felt like it's a big letdown for my family. . . . If I could go nine months being pregnant, I'd just keep the kid. . . . No, it's not about hiding the sex. It's just about being pregnant. Being in the situation. Embarrassment because I know I'm not financially ready for it and I'm not married.

This woman felt abortion was better because it ensured that she would avoid the embarrassment of being pregnant and unwed. The fear of judgment can be a motivator for abortion in addition to being a barrier against adoption.

Most women in the study stigmatize other women who choose adoption as bad mothers: they have broken faith, refused to love. When they become pregnant,

their own judgmental attitudes turn back on them. As a typical client said, “What kind of person would not want a baby? That you gave your baby away to someone you didn’t even know. That you didn’t try to raise it.” Keeping their children is one way that respondents hope to be able to redeem their characters. This redemption can become more important than what would be best for the children’s welfare.

For some women, the maternal grounds they invoke for refusing to consider adoption are really rationalizations. They mask motivations that are focused on the needs and desires of the woman rather than on the welfare of the child. These include the desire to be loved; to think of oneself as a good person; to redeem oneself after a bad mistake; to achieve the respected status of a mother within the family.

### **LOSE YOUR CHILD, LOSE YOURSELF**

The need to preserve identity can be a barrier to considering adoption, although it is also a motivator for aborting a baby. For some, giving birth means postponing the fulfillment of certain goals—an education, a career, a future. Even if they choose adoption, they will have to undergo the full pregnancy and all of the problems that entails. In effect, some women feel they will be putting their lives on hold to give birth or giving up their identities permanently if they take on the role of a parent. Women with this mindset are more likely to abort, because they feel like they will be killing a part of themselves if they do not do so.

The need to preserve self-identity is also a barrier to adoption once women decide to give birth. On an emotional level, placing their children for adoption is equivalent to giving up a part of *themselves*. They use this language repeatedly in the interviews to describe the sense of loss they would experience if they were to choose adoption. One woman said: “I couldn’t imagine not being able to see what I created. Couldn’t see parting with another part of me.”

Once a woman has accepted her pregnancy emotionally, her baby becomes fused with her self. Thinking about “giving up” a child disturbs the integrity of the self. One woman expressed this feeling as follows:

I did not want to be pregnant at this time. . . . I feel like the child is growing inside of me. I’m becoming one with it. I want to be there and share and teach her and be a part of her life. It is a part of you, the missing piece of the puzzle. You know that if you have a missing piece, then she has one too. The stress would have been much greater if I had chosen adoption. . . . I never tipped toward adoption. I would have felt selfish.

## **LACK OF KNOWLEDGE TURNS TO FEAR**

Most respondents have little knowledge of how adoption works today and do not realize that many paths lead to adoption with many choices available. Most women do not realize that they can control much more of the adoption process today, even though control is key to their sense of being responsible mothers. The possibility of being reassured about the child's welfare with periodic information is largely unknown. Instead, they are overwhelmed with thoughts of the adopted child being exposed to many perils. The process itself is suspect:

I don't know much about it. Babies are placed with families. . . . Too often they don't appreciate a baby, sometimes hurt the baby. Maybe they don't love the baby as much as a birthmother does. . . . I think there's an adoption where it's best for both the parents and the child . . . but when I think about adoption, I think of the worst possible scenario. . . . I know it sounds bad, but I'd rather not have the baby than give it up. . . . I'm afraid of whose hands it might fall into, or how someone else might raise my child.

The study discovered a great deal of anxiety about babies being hurt by adoptive parents with less than honorable intentions.

This fear of the unknown works in favor of both abortion and single parenthood. Because women do not know what is involved in the adoption process or where to turn for reliable information, they never seriously consider it for their children. Fear and prejudice govern. The fact that each year thousands of young mothers in similar positions have successful and positive adoption experiences does not occur to them. Neither does the notion that effective help is available to work through the hurdles associated with adoption so that they can face their own future with renewed dignity and courage.

## **OPENING THE DOOR TO ADOPTION**

In spite of the strong barriers to adoption that we identified, women do choose adoption occasionally. They can overcome the emotional barriers. The distinguishing characteristic that enables women to choose adoption is selflessness, the selflessness associated with emotional maturity.

The women interviewed fall on a continuum anchored at one end by a high degree of emotional maturity and a corresponding high degree of selflessness and anchored at the other end by a low degree of emotional maturity and concern for their own welfare. Our research found that the more emotionally mature a woman is the less selfish she is and the more likely she is to be open to adoption. Emotionally mature women are able to see that adoption can strike a balance between their personal needs and the needs of their children.

In order to consider adoption seriously, a woman must be able to separate herself from her child in order to consider what is best for that child. She must take responsibility for her pregnancy. An emotionally mature woman is best able to separate the two lives in her mind. She is still a mother. She sees that her responsibility to nurture is fulfilled in seeing her child provided for and loved within a family. More mature respondents are able to feel they are nurturing not only their children, but also, the adoptive parents.

Among less mature women, many talk about what is best for the baby, but their bottom line is, "I want to keep it." Where they will live or how they will feed their children, much less the cost of education, does not matter. Bonding with their children, and the desire to keep them, matters most.

A constant refrain throughout the interviews was, "I couldn't carry a baby for nine months and then give it up." Respondents can discuss concepts like adoptive parents being better able to provide for the child; they recognize that these parents desperately want a child to love. In the next breath, however, these women will discuss fears that the adoptive parents will be abusive or neglectful. Then they throw in the clincher—"No one can love a child more than the [biological] mother." At that point, thinking in practical terms of what would be best for their babies is well-nigh impossible.

In contrast, women who choose adoption say the following:

I'm not a selfish person. . . . A selfish person would have wanted to keep the child, quit her job, and stay with the child and end up in a shelter somewhere. . . . The only thing I could give my child is love. I couldn't give him any material things. I would have to live in low-income housing. . . . I don't even know if I would be able to buy the child toys. . . . A woman who cares very much about her baby puts her up for adoption. I'm not going to live on welfare just to raise my child.

For the woman mature enough to respond to the inner appeal to selflessness, a number of motivating factors lead to a positive consideration of adoption, including factors that would also move less mature women toward abortion.

## **SATISFYING THE MOTHER'S NEEDS**

Women who find themselves unexpectedly pregnant want to regain a feeling of control over their lives. Pregnancy, particularly an unexpected one, makes them feel out of control. This is especially true in the case of women who are already straining financially to feed the children they have. Adoption can provide some hope for women to regain a sense of equilibrium.

Mothers involved in selecting the adoptive parents find this involvement emotionally satisfying. Mothers realize their decisions have life-long consequences for their children and this realization makes them feel they are affecting the lives of their children positively long after the adoption is complete by giving them a healthy, financially stable, two-parent family. This element of control in the adoption can overcome the guilt that comes from the association between adoption and abandonment.

For some women, adoption becomes a way to fulfill their need to nurture their children in a very selfless way. When women are able to believe that adoption is something a loving mother does to give her baby a better life, there is an appreciation of adoption as a worthwhile sacrifice: "I loved him so much I gave him up, so he could have a life I couldn't give."

Women who consider adoption see themselves in a positive light. They are keenly aware of the prevailing attitude that says good mothers do not give up their children, especially after carrying them for nine months. They respond to this notion in an eloquent, emotionally mature way. One client said:

I'm putting the child's future first before mine. It's unselfishness. I couldn't keep the child. I didn't know if I could give it up. . . . I've matured more from when I was a teenager and only thinking about myself. . . . I would definitely go the route of adoption . . . because, by abortion, you are denying someone their life. . . . I'm giving a family that can't, for whatever reason, have children, the opportunity to have a child. You have to be strong. . . . In the beginning it was, "Are you going to be able to do it?" Then, once it was done, everyone said it was the best decision to make. . . . [I felt] proud that I was able to do something like that. That I had the strength to do it instead of taking the easy way out. . . . Pay your \$300 and get rid of it. . . . [Adoption] is not an easy way out. . . . When I see the pictures, there are tears . . . but more tears of happiness. It's not even all the material things. It's having two parents and a more stable environment than I was in then.

Her statement and others illustrate the degree to which the selflessness of adoption enables some women to feel they are rebuilding their character. In planning adoption, these women are able to redeem their characters and begin to see themselves as more stable, mature people who are able to make decisions that are best for their children.

Choosing adoption is a way for many women to regain their identities as responsible, caring adults. It allows them to feel they are making up for their past failures by doing the best they can for their babies, whom they feel are the innocent parties in the situation.

By acting responsibly and giving their babies to loving families, these women are able to see themselves as responsible and unselfish. They feel good about themselves because they are able to see beyond their own desires and strong emotional urges to keep the child regardless of what is actually the best thing to do:

I've always considered myself to be mature. When you have another person's life in your hands, that's everything. You have to think that through and act accordingly because you have a whole life that's going to be affected and what you do affects all the lives that person comes in contact with. Knowing that, to me I did the right thing. Putting the child up for adoption makes me feel responsible. I'm not just out there creating a problem, mistreating the child or having it and throwing it away or things like that. Everyone should be responsible in everything . . . especially when you have a life at stake . . . 'cause you'll be a failure if you don't and that doesn't feel good. . . . It's okay to screw up your life—you're an adult—but you have no right to do that to a child.

This woman regained her identity as a responsible person when she did the mature thing and placed the welfare of the child above her own needs. In acting this way, she affirms her own adulthood.

## **WHAT EXPECTANT MOTHERS WANT**

Many respondents cannot visualize what would make the adoption process better. This is because they often have not seriously considered adoption as an alternative and have no idea what adoption involves. Even compared to abortion, adoption translates to greater mystery and more fears.

Education about adoption and how the adoption process works is the necessary first step for many women. One client complained:

There's not enough publicity on adoptions. Adoption is not the end of your life. No, you won't be the same after giving up for adoption, but you need to dwell on the good you did. . . . They need to aim information at teenagers. Abortion information is readily available. Teenagers don't think that [adoption] is available. There are not many clinics where they won't talk to you about abortion . . . not enough publicity about alternative choices.

Women also want to feel that the pregnancy center cares about them and will offer reassurance that they are making the right decision in choosing adoption. As one client suggested:

Don't make the person feel like you're just there to come and take the baby. Don't make them feel like it's a "baby business." Listen to what they want done with the baby—what kind of parents. What they have, their

circumstances. The counselor keeps in touch, but doesn't bother me. Makes me feel good about what I'm doing. Assure the mother. Offer pictures. No need for direct contact. Adoptive parents could send pictures to the agency that sends them to the mother.

Most women do not want adoption to seem like a business. However, they are not averse to receiving assistance in covering their expenses.

Respondents talk about how to improve the adoption process by working on the fear of the unknown, as follows: "It would be easier to give the child up knowing they are loving and decent people." Another respondent who had what might be the most positive experience of the entire project worked with a fertility specialist to select potential families. She established the selection criteria and then interviewed the families herself. Still another respondent thought it would be meaningful to see how the prospective parents live, to visit their home, learn about their jobs and their lifestyles, and understand their religious beliefs. Not all women want this much intimacy in the adoption process. However, most women would welcome anything that could be done to reassure them over time that their children are well cared for:

I would like to see the child progress. I would like to get letters from the family. Pictures. Whatever they name the child. "So and so" is doing great. . . . Knowing that I did the right thing. That I gave my child up for adoption to a good couple that can provide piano lessons, ice skating lessons, and a good school.

Some women indicate they would not want contact initially, or while the children are minors, because they feel this is unfair to the parents, to the children, and to themselves. They believe contact would confuse the children. Many respondents believe it is important for the birthmothers to keep their distance so that adoptive parents will have the opportunity to bond with their newly adopted child.

While they do not want to be pushed into adoption or face counselors who somehow profit by adoption, women do not want to be second-guessed as they move toward adoption either. In fact, this is the way some adoption counseling is perceived: Counselors, even in adoption agencies, assume that women will not want to choose adoption or will change their minds once they have made their decision. Some of these counselors even encourage women to question their decisions. The unspoken assumption is that all women will want to parent their babies. Statements such as, "You can always change your mind," are negative suggestions for these women. The interviews suggest that these kinds of statements unwittingly create doubt and undermine already difficult decisions.

After respondents visualized their experiences with their counselors, they were asked to imagine what the ideal counseling experience would be for them. One respondent replied:

She's sympathetic, understanding. Not pushy. Just a good listener. . . . Not forcing you to make a decision. Just listening to you, letting you talk it out and make your own decision without interference. . . . She's separate from the adoption people. She's not working for them. Just there to help. To make your decision easier to make. They can recommend . . . just listen and be there. . . . Sometimes when someone lets you just talk and get out what you feel . . . everybody wants that. Somebody to listen and not judge.

This summarizes what these women want from counseling. Respondents want counselors with whom they can identify on an emotional level. These women need counselors who will be able to understand and offer meaningful advice and recommendations. Counselors do not necessarily need to have experienced adoption personally. However, respondents do feel counselors would be more effective if they have had children. Identification and trust are closely related. Respondents are more likely to trust their counselors if they feel they understand where they are coming from. In many instances, they do not feel this way about their experiences in counseling.

## **THE EXPERIENCE OF PREGNANCY COUNSELORS**

Interviews with pregnancy resource counselors revealed that they are remarkably committed people. They regard themselves as both competent professionals and Christians who are acting to serve God and help people. Most view their work as having national significance in contributing to a reduction in abortions and the mindset that supports them. They see themselves offering real choices that are denied women in many settings. They all appear caring and empathic. All have a Christian commitment, although they vary in the degree to which they express their faith in counseling sessions.

Counselors say that a primary goal is to aid women in crisis to accept themselves as competent women. Counselors believe that positive self-regard grows out of a personal relationship with God through faith in Jesus Christ as Savior. They believe that by showing women that they care about them, that they do not judge them, and that they are confident they can help them, they will inspire confidence, so that women can make wise, self-affirming decisions for themselves and their babies.

Counselors see frightened women whose integrity is threatened, who expect to be condemned. If they remain calm and professional, counselors believe they can inspire confidence. They believe their demeanor helps to restore clients' confidence in their abilities to regain their composure and self-confidence.

In counseling, trustworthiness and competence are key values. Counselors feel that they are seen as authoritative, trustworthy, and godly when clients respond favorably to them, telling them they feel supported and helped. Counselors want to see themselves as professionals who can connect with clients and be there to help them make good decisions. If they cannot connect with clients, then counselors doubt themselves and their abilities.

When a client appears unable to cope with single motherhood economically, emotionally, or otherwise, the logical course would be to pursue consideration of adoption, but it is typically not taken unless the client positively initiates the discussion.

The pregnancy counselor faces a series of obstacles to presenting adoption. The first, and perhaps most significant, reason that counselors do not present

adoption is simple: Counselors, no less than the women they counsel, have been deeply affected by negative impressions of adoption. This should not be a surprise, since they come from similar backgrounds as the women they serve.

In the psyche of the counselor, then, as well as the women coming for help, three negative adoption equations are prevalent: Adoption equals abandonment; adoption equals the “big lie”; adoption equals an unbearable sacrifice. These are formed through early negative exposures to adoption.

One counselor recalled an adoption in terms of a conspiracy of silence that, were it ever known to the child, would destroy trust in the entire family. She said:

I found a group could be very secretive. One lady had adopted a child from a niece. Did not plan to tell her. The niece agreed to just turn the baby over to her aunt who lived out of state. The family members did know but pledged not to tell. One day the secret could get out. And the child would distrust the whole family. No one can really be trusted. You do not know who is involved (in the secret) and imagine it being a lot more than it really is.

Other counselors have doubts and fears that stem from experiences involving friends who found out that they were adopted. This revelation, which constituted a crisis of identity in their friends’ lives, led them to wonder how they would feel if they were to find out they were adopted. Counselors transfer these personal experiences with their friends and project the fear evoked in those experiences onto the unborn children of their clients. They conclude that these children will long to know who they “really” are. One counselor said:

As a teenager, Barb felt upset that she was adopted. I knew she was loved as much as her brothers. I thought she was depressed because she needed to know who her real mom was and needed answers. She needed to be sure there were no big secrets. She needed to know who her father was and the circumstances under which she was adopted. She wanted to know the differences between herself and her adopted family.

This counselor associates adoption with her friend’s emotional crisis. This mental association makes it difficult for her to advise women to choose adoption for their children because her friend’s experience blocks her own emotional acceptance of adoption as a good alternative to parenting.

While counselors’ early negative impressions of adoption are lasting, so are early positive impressions. A counselor who thought highly of adoption went back to her own childhood when she learned about children she knew having been adopted. She has plenty of praise for the adoptive parents and their efforts:

A lot of respect and admiration. . . . Knowing they are giving their lives for these children. . . . It tells me a lot about their faith. They really live what they believe. Committed to serving God regardless of their own plans for life. Seeing the joy or how it makes them complete. They don't see themselves as self-sacrificing. . . . It shows you integrity.

Besides early impressions, other, more immediate psychological issues were a barrier to discussing adoption. All these factors together compound to produce an inner conflict for counselors that prevents them from raising the prospect of adoption in a positive way.

## **FIRST IMPRESSIONS**

Counselors are very sensitive to the immediate response that clients display when adoption is suggested to them. They report clients saying that they could never carry their children for nine months and then place them for adoption. As one counselor said:

Even though adoption is one of the tools available, it is not like I am forcing her. If I were in control I could make a decision that is not the best one for her. I will not have to live with the decision. It is bad to make decisions for somebody else. . . . At least it is their decision. They cannot say, "They forced me to do something." They should make their own decision.

Counselors say that when they discuss adoption with their clients, they risk losing them. By suggesting adoption, counselors are afraid their clients will no longer see them as unbiased and trustworthy. They fear that clients will suspect them of having hidden motives—perhaps financial—for encouraging mothers to "give away" their babies.

Counselors tell us that they hesitate when discussing adoption even with women who could benefit by it. The following counselor wanted to discuss adoption further with her client, yet she feared that the girl would be insulted and distrust would result:

Most of this I don't express to the client 'cause it's her choice. Not to feel pressure or feel like an unfit parent. . . . She may be insulted that I don't think she's qualified to parent. . . . I do ask questions but I don't press it. . . . I don't want her to feel like I have some sort of hidden motive with an adoption agency. . . . I always tell clients we are not connected with an adoption agency, but they could feel there are people out there who want that baby and we're pressing them so we can give that baby to someone else.

Aside from early negative impressions of adoption, counselors know that in recommending adoption, they are presenting an option that will be painful for their clients. Presenting adoption as a good option causes the counselor to feel guilt for inflicting what she believes is extra pain. Remember that the client who chooses to raise her child has already done an admirable thing: She has already chosen life over death.

This statement from a counselor was typical:

It's very difficult. . . . It's easy to say adoption is a wonderful option but to walk through that is very hard . . . harder than the choice to parent because there's an immediate pain involved. When you give that child over to the social worker or parents there's that pain. . . . In parenting, you don't have that immediate pain. Over time that can build up. It's hard for the mother to see that pain. Too high of a roadblock for them. Even abortion occurs before movement or they start to show so they can convince themselves it's not real. They haven't bonded. When they place for adoption, they can feel the pain. . . . No one wants to feel that pain.

This counselor felt the pain, too. Counselors are naturally empathic. Helping clients work through difficult or painful solutions is distressing. Counselors see clients who have already suffered hardships. They want to see clients happy and content with new babies. But when counselors suggest adoption over parenting, they fear that their clients will regret the decision—if not in the near term, then in the future, should their child seek them out.

## **FORCING A BAD DECISION**

While counselors feel guilty for suggesting adoption, they also harbor a greater fear—that their suggestions will backfire, causing their clients to choose abortion. Counselors told us that if there is too much pain to be endured, some clients will choose the faster, easier way of abortion: “I've heard from a lot of my clients that it would be too painful. The other option is abortion and that ends it.” Other counselors echo this concern. As one reported, “I think the mindset [is] that it's going to be hers or not be, period. . . . She's going to give life or she's going to terminate.” In effect, if the counselor pushes adoption, the client could choose abortion. Then, the counselor would feel guilty.

Because the choices in the second stage of decision-making are between placing a child for adoption and raising the child herself, counselors need not fear that they will push their client toward abortion.

But considering the overall psychological landscape, the emotional risk becomes too high for many counselors. They freeze up when they could be

discussing adoption with clients. These counselors do not want to risk incurring the potential guilt when it is safer to stay with the near-certainty of clients carrying to term and parenting their babies. They think that adoption could be a losing proposition for mother, baby, and counselor.

## **FEAR OF LOSING TRUST**

As an expression of their commitment to the mission of pregnancy resource centers and as part of their personal sense of calling to Christian service, counselors place the highest priority on building trust with clients. The priority is non-negotiable. Counselors believe that establishing a trust relationship is the key to success in saving the child and the mother. It is integral to their mission of preventing abortions. If trust is established, the client can listen, receive support and encouragement, and be genuinely helped to carry her child to term. With trust, there is influence; without it, there is none.

Anything perceived as a threat to trust will be resisted by the counselor. Adoption is often perceived this way. In fact, this research establishes that the biggest reason for counselors' hesitation to bringing up adoption is their fear that discussing adoption risks damaging the relationship with their clients.

Counselors say that they feel happy when they have connected with clients and are able to encourage them to speak openly. Counselors believe that their effectiveness is directly related to their ability to communicate caring, understanding, and trustworthiness to women in crisis while at the same time trying to convince them that alternatives to abortion exist:

My goal is to let her know I care about her. I don't want them to think, "I just don't want to hear this—what I have to say is more important than where they are at". . . . It is basic counseling skills. If you come across with . . . your agenda you will come across as cold and uncaring. It is characteristic of our organization that you can come in and someone will care. If I show I care with feedback they sometimes open up—sometimes they don't.

Another counselor said:

I try emotionally to see their point of view, to empathize with them. Then I try to get on their thought level. . . . I start with her mindset—most want affirmation of their desire for an abortion. I do not affirm it at all. I try to relate to how she feels—her fears, her concerns. I want her to know that I care about her as a person no matter what she decides. I try to be honest with her about the effects of her decisions and tell her no matter what she decides it will be hard.

Trust is built with clients by seeing the clients' point of view and empathizing with the difficult decisions they face. All counselors assume that women experiencing unwanted pregnancies have suppressed fears that need to be faced. Counselors believe that when the fears and feelings are brought out into the light of day, solutions can be explored that might not have been considered in the panic of an unintended pregnancy. Also, when fears and feelings are expressed under the gentle questioning of a supportive listener, the fears can be placed into a less threatening perspective.

Counselors are nurturers. Their need to nurture is fulfilled in the way in which they counsel. They told us repeatedly that clients must make their own decisions without pressure. Counselors see this as essential to the counseling process.

Because counselors feel they cannot fight the good fight for adoption without sacrificing trust with their clients, they take the path of least resistance. They go where clients seem to want to go, and accept the clients' decisions to parent instead of abort as a final emotional victory. The counselor quoted below exemplifies the frustration of someone who wants to suggest adoption but sees that the client would be hesitant to do so. Instead, the counselor settles for simply getting through the initial crisis of the pregnancy and the potential abortion:

I would like to talk to her about families who want to have children but she's not there. She has no concern about other families. . . . What stops me from saying that it's not important. . . . I guess I could really want her to see down the line to the future... That then switches the focus to another family who can't have kids. She didn't come in for that. She came in to be heard, listened to. She was in a crisis. . . . Not that it's bad. I think it wouldn't be very conducive to the issues that we're dealing with here. She wouldn't really have ears to listen.

To maintain trust and rapport, the counseling approach is based on the client's perceived needs. With this approach, adoption never appears on the screen, even when the counselor feels that it should. Her consolation is in knowing that a baby's life was saved. If adoption is a stumbling block to victory, counselors will let it go. Maintaining immediate rapport to avoid abortion is more important than facing the challenges and problems associated with parenting. As one counselor said: "I want to maintain a good rapport with her as a counselor, and if she still doesn't feel like I have her best interest at heart, she's not going to open up to me and we're not going to have that kind of relationship."

Counselors do not want to take the easy way, but most counselors have never *consciously* addressed this conflict. Nor do they have tools to address it.

## **OPENING THE DOOR**

When asked why adoption was never considered, there was a simple response: “There was no ‘open door.’” In other words, the client was closed to adoption. Either the client never raised the issue or indicated in advance that she would not consider it. These behaviors were sufficient to pre-empt any presentation of adoption. Contrast this counseling approach with that taken when a decision is pending on abortion, and the extreme difference between them is obvious.

The challenge for centers committed to the fair consideration of adoption will be to educate counselors that maintaining rapport with the mother and providing for her immediate welfare must not pre-empt consideration of the long-term good of the child. The scope of the pregnancy resource mission must expand so that consideration is given to the long-term consequences of decisions for both mother and child.

Counselors have the desire and ability to help clients work through very difficult decisions. They demonstrate this repeatedly in interviews. Their concern for the spiritual welfare of their clients is not exclusive of a broader concern for their lives. The education in view here is well within the values, beliefs, and motives of center personnel.

The counselor works to bring her client closer to the presence of God so that the client will make wiser decisions in the future than she has in the past. This approach is fully compatible with adoption. But a new understanding of adoption and integration of adoption in both services and training are required.

## **LACK OF EXPERTISE**

Just as the women counseled are ignorant about the many options that adoption represents, counselors lack the expertise and confidence to discuss or recommend it. This is so thoroughly the case that a woman’s uninformed dismissal of adoption is taken to preclude any consideration of adoption. One counselor wanted to suggest adoption but thought that the client “wouldn’t want to go there.” This experience is common, and it frustrates counselors. Another counselor summed up her experience with a client: “I did not talk about adoption with her because she came in with her mind made up. I did not feel she would read the brochure. . . . I felt disappointed.”

Counselors say that clients come in every day with the same objections. Often, they feel inadequate, unable to meet the challenge of overcoming clients’ objections and fears. They take the path of least resistance. Counselors do not know what else to do. They do not have a well-defined understanding of adoption as good for a child. Counselors often have no organized plan for presenting adoption

as a viable alternative for women who are wavering and wrestling with the potential problems of trying to raise their children.

Because they lack expertise and confidence, counselors are uncomfortable discussing adoption with women who say they are not interested in it. They believe that clients come in with already established views of adoption that cannot be changed. Counselors take what clients say about adoption at face value without question. Because of conviction, training, expertise, and support, they know better than to do that when abortion, rather than adoption, is in view. In fact, the findings show that most women who come into centers also have strong opinions on abortion, but it doesn't mean that they cannot change their minds once alternatives are presented.

## **CHOOSING LIFE IN ABUNDANCE**

In spite of the barriers to considering adoption, including a lack of expertise, counselors do show strong motivation to present adoption to their clients. Strong programs in adoption education, training, and support would appeal to counselors and increase the incidence of adoption at pregnancy resource centers.

Counselors will not be resistant to training in adoption so long as they see adoption as a vital part of their center's redemptive mission, as an act of grace that serves to redeem the lives of women and children from hardship and suffering. If they see God's hand in adoption, they will regard women who choose adoption as loving mothers and themselves as faithful and competent for having presented the option.

Depending on the situation, counselors already recognize that adoption can be preferable to parenting. Adoption can be a higher and less selfish form of love, focusing on the needs of the child over the desires of the mother. Counselors sometimes recognize that mothers who cannot provide for their babies are actually more caring mothers, if they choose adoptive parents for the child.

Counselors who are comfortable with adoption say that they appreciate and admire those women who can look beyond their own immediate, emotional needs to their babies' welfare. In choosing their children's needs over their own, those women are not only making a wise decision, but defeating selfishness, an "evil" within themselves. One counselor talks about a woman who is deciding to plan an adoption:

It says a lot about her that she could even place for adoption 'cause it is such a selfless thing to do. Going through the pregnancy and labor is such an incredible bond. She can see past to what would be best for her to what would be best for the child. . . . I admire her for being able to set her own desires and

wishes aside and look at it from a selfless, mature perspective and . . . count the toll it would take on her baby. It would be extremely difficult. Looking at it as what's best for the baby—it takes a lot of caring and maturity to do that. Because I think we live in a society today that is “I-centered”. . . . She's willing to take her “I” out of the picture and look at it from the baby's view.

As the counselor notes, the client is proving her character by relinquishing her child.

Another counselor talked about a client who chose adoption. The counselor was pleased, not only because she thought it was a good decision but also because she perceived that the client grew into the decision. It was a breakthrough in the client's spiritual development:

Seeing her come to that decision herself was a breakthrough. . . . For her to come to that decision without anyone telling her. . . . To consider what's best for her and the child involved. . . . It tells me she's a selfless individual. She's willing to put someone else she doesn't know before her desires. I consider that pretty selfless. I hear individuals who choose to abort because they can't see giving the child to someone else. They can't see it's more selfless to give the child away.

Adoption can be a type of redemption for a mother, by transforming personal failure into triumph as she chooses life for the child and then ensures that the baby has a stable, loving home. Counselors' feelings about women who choose adoption reveal their feelings about the redeeming nature of the birthmother's sacrifice. As one counselor said:

I feel respect for the birthmother—for the fact that she had the courage to place her child for adoption. I think it is hard to do, to trust kids' lives . . . to somebody else. It takes inner character and strength to make that decision. For a woman to carry her baby and decide it would be best if the baby were in a home where the baby is cared for, loved, and raised in a better situation. . . . Sometimes parenting and abortion are done for selfish reasons. . . . Parenting is not always the best decision. It can be selfish because you literally cannot take care of the baby but feel like you could never place for adoption.

The mother who lovingly chooses adoption is not only choosing to give her child life, but life in abundance by providing her child with the best life she can. In the eyes of the counselor quoted above, the woman is a loving mother.

## **A GROWTH OPPORTUNITY**

For some counselors, discussing adoption with clients is a higher form of nurturing; it helps clients look past the immediate pregnancy to the child's future. These counselors realize that for unprepared mothers with limited personal and financial resources, parenthood can be a disaster for both mother and the baby. They know that even when clients are older and financially settled, motherhood can upset lives. One counselor worked with an older, unmarried woman who had decided to parent the child:

First, that she's 33 and never been pregnant. She's older and I just think that she could provide financially for her child. She owned her own condo and had a pretty good job. Worked full-time. . . . Because in our society we think so much about quality of life. If I'm going to have a baby I'm going to give it a quality of life. We mean food and a place to live and clothes. Whereas, teenage girls come in and they live at home. This client technically, she could provide clothes and those things. But emotionally she's not prepared. But adoption was not an option. We talked on it briefly and she was 33 and not married and this was her one chance. . . . I'm asking her if adoption is an option for her. She's saying no. If she's going to carry this baby nine months, she's going to keep it. . . . I feel sad for her. Sad that she is limiting her options, herself and her options.

This counselor wanted to urge her client to consider adoption as a better choice for herself and the baby, but she did not have the necessary tools to do it. Counselors are nurturers. They want to see clients grow and develop as individuals. Often, adoption is the more nurturing decision because it gives both mothers and children a chance for a better life.

## RECOMMENDATIONS

The recommendations that follow are examples of how understanding psychological dynamics can be translated into action. For both women and pregnancy counselors, factors are identified which prevent them from considering—or encourage them to consider—adoption. These recommendations are intended to diminish the elements that inhibit women from contemplating adoption and to enhance those that motivate them.

These are not exhaustive, but offer direction so that a larger number of women will seriously consider adoption. A review of these findings will typically generate more specific steps to achieve the overall goals of increasing the incidence of adoption.

One assumption lies behind these recommendations: Everyone's perception of adoption must be changed. That negative impressions of adoption are so readily conveyed and accepted confirms that adoption has yet to take firm hold as a positive value within American culture, let alone among pregnancy resource centers. Adoption must be repositioned accurately so that it is no longer perceived as an unbearable loss and shameful action for a mother or an irreparable injury to the child. The language of adoption itself must change. Adoption is a choice made by a courageous and loving mother to provide her child with the best life she can. It is an heroic act of selflessness that may serve to redeem her character and lay the groundwork for a better future for her as well. The result for the baby is a home with a family that is strong and secure. Adoption creates a family, and the individual to whom chief gratitude is due is the woman who gave that baby life in abundance. Images promoting adoption typically focus on the children and adoptive couples. Birthmothers are rarely portrayed positively. That must change. Pregnancy resource centers need to present these heroic women in terms that evoke admiration, honor, and respect.

Adoption presents a variety of choices to the mother. In a profound sense, the mother herself is adopting a family for her child. This is a nurturing, responsible, and mature step for a woman who is not able at present to provide for her child's welfare. Thus, adoption is the opposite of broken trust, abandonment, and deceit.

Communication strategies must define for young women the meaning of maturity, adulthood, and womanhood. Advertising should present the voices of women who have walked through a crisis pregnancy and have chosen adoption. These voices will be particularly important since women typically are unable to get counseling from other women who have experienced an unexpected pregnancy. An advertising campaign can present an opportunity for emotionally compelling storytelling. The campaign should include stories of women who chose adoption as well as stories about the fulfilling experiences of adoptive parents. Focusing on adopted children—on their gratitude, success, and happiness in life—is very important.

As important as influencing adults is on this matter, influencing children must be the highest priority. First impressions of adoption tend to last a lifetime. To be effective, any public-relations effort must encompass programming and media that are child-friendly. A consistent, national message directed toward the next generation could help permanently change the value this culture places on adoption.

Adoption advocacy should not be positioned against abortion. In the psychology that drives decisions about adoption, adoption really does not compete with abortion; it is competing with the emotionally compelling alternative of parenting the child.

Information about adoption and where a woman should turn to learn about adoption should be readily available. While women make the initial decision of life or death quickly, decisions of whether to parent the baby may take months. Therefore, a long window of opportunity is available to reach these women with messages that will motivate them to consider adoption.

How can adoption become a core value among advocates of pregnancy resource centers, both nationally and locally? While answers to this question may be straightforward, the key lies in *who* answers the question. If boards of local centers and spokespeople for pregnancy resource centers, both locally and nationally, are moved to answer the question because they see the need to act, adoption can and will become the core value it needs to be.

Adoption will then receive the positive, accurate exposure it needs in newsletters and at national and regional meetings of pregnancy resource center associations. Development dollars will be put into publications, training materials, and staffing to ensure that adoption gets a fair shake. Center operations will be refined to ensure ease of access to adoption information and services. Diverse leaders will come together on a periodic basis to chart the progress of adoption's acceptance, to encourage, and assist one another. As the incidence of adoption increases, the entire movement will have reason to celebrate and thank God.

## **EMBRACE ADOPTION**

If adoption is to be a core value in pregnancy centers, the recruitment of volunteers and paid staff must reflect the need for expertise in adoption. There must also be solid counsel and encouragement of adoption readily available to counselors and clients alike. While all counselors working with clients should be prepared to introduce adoption, in-depth discussion of adoption may need to be reserved for a staff specialist, whether formally degreed or highly skilled and trained. Doing so would relieve and encourage counselors to do what is within the range of their ability and training. If adoption is to be a core value reflected in the work of centers, then realistically this will involve an expansion of the staff base rather than the further concentration of responsibility on a small group of highly burdened volunteers.

Pregnancy center leadership must establish sets of priorities for counseling, depending on the status of the pregnant client, and then convey them clearly to all trainees, volunteers, and employees. Single clients can face very different circumstances. For example, one may be in an exclusive relationship with the father while another may be uncertain who the father is. Adoption counseling in either situation is a legitimate priority, but it should not exclude exploring marriage for the client for whom this may be possible. Consideration of adoption in the various counseling scenarios should be integrated in a way that complements rather than excludes the consideration of other concerns.

Counselors need training that sensitizes them to their own views on adoption and how such views affect the way they present adoption to clients. Training should include ways to overcome feelings of distrust surrounding adoption, as well as the emotional connection between adoption and the feeling of abandonment.

Training should also focus on the conflict between the goal of establishing a trusting relationship in counseling and the imagery of distrust that defines adoption for many counselors. Only by facing that conflict can counselors see their own fears about adoption openly and overcome them. Counselors must begin to work through their own conflicts so that they can introduce adoption constructively in their counseling sessions.

## **EMPHASIZE THE RESPONSIBILITIES OF PARENTING**

In the training sessions for counselors, the long-term problems of parenting for those who are unprepared for parenthood must be presented in realistic terms, but not exaggerated. For example, address the fact that women who keep babies they do not really want are much more likely to neglect or injure them. While

children may have been saved from abortion, by staying with unprepared mothers, they may very well live lives of pain and suffering.

In addition, training materials should explain that women, too, suffer when they keep children they are not prepared to raise. Besides having their own opportunities for education, career, and marriage diminished, these women face a much higher possibility of living in poverty. Because of their poverty, mothers may feel forced to enter into or stay in abusive situations. When they do so, their children are further endangered.

If counselors are to present adoption accurately, they must be trained to look beyond immediate victories of abortions prevented to what some of these victories might mean for both mothers and children. Otherwise, they may only be saving babies to have them suffer and return to the clinic themselves as adults. Counselors must be trained in the adoption process, showing them how it works from the initial consideration of adoption to placement and even afterwards. The program must include talking with people who are adopted. In other words, alleviate the potential fears counselors have about turning their clients over to the “adoption system” and the possibility that the children could be mishandled.

They also need to change the terms used when discussing adoption and train counselors in the new language. Phrases like *give up for adoption* are negative. They should be replaced with phrases such as *choosing adoption* or *making an adoption plan*. The issue of terminology is profound. Organizations like the National Council for Adoption have done solid work improving the language.

## **OVERCOME OBJECTIONS AND STEREOTYPES**

Counselors must be trained to give women sound reasons that will counter the desire to keep their babies. One example is to reinforce the notion that it takes a strong, mature woman to place a child for adoption. Honestly addressing the issue of financial survival can be compelling as well. Counselors must communicate that adoption can be an heroic, responsible choice and that the child benefits tremendously. Counselors must be immersed in the mindset of women who choose adoption and understand the rational and emotional motivators and barriers that affect what these women do. At the very least, we believe that counselors best suited to address issues of parenting and adoption are women who have children.

Counselors must be given the tools they need to discuss adoption as an option for women. These include training to communicate the emotional benefits of adoption for their clients’ children. They should be given the tools to carry the discussion beyond the initial “I couldn’t give up my baby” objections. For instance, counselors should be equipped to paint the mental picture of the strong, loving woman who really can decide that “what is best for the baby” is giving him or her a

stable, loving family, while what is best for her is putting off motherhood for awhile. Counselors should know how to speak realistically about what will happen to women if they continue living the same lifestyle and making the same choices that resulted in pregnancy.

Given that women reach a decision about abortion separate from a decision about parenting, counselors should not fear that they would encourage abortion by encouraging the consideration of adoption or laying out the implications of trying to raise a child alone.

## **TRAIN COUNSELORS IN DECISION-MAKING**

Decision-making curricula regarding abstinence are now available for counselors. The research reported in this publication was pursued, in part, to assist the development of a similar curriculum for adoption. That will help counselors assist clients in evaluating how they make decisions and what the hallmarks of mature decision-making are. In the context of guiding clients toward a future shaped by mature decision-making, the choice of adoption can be raised and worked through to a sound conclusion.

Concise, accurate information about adoption is needed that supports the counselor in her role with the client. The origin of these materials is critical. Widespread suspicion among clients and counselors alike that adoption agencies are self-serving requires a neutral and respected publishing entity that profits in no way at all from adoption.

Counselors as well as clients need to be reminded that adoption can work for mothers as well as children. Counselors identify with and nurture the mothers. While their stated purpose includes saving babies from abortion, it is the mothers' needs that tend to come first with counselors because mothers are the ones sitting in front of them, hurting.

Making a tape of success stories from mothers who successfully planned adoption for their babies available will reduce resistance toward adoption. These tapes should portray realistically how women agonize over the decision, but also the way their lives change for the better. Show the children and the improvement in their lives. Show grateful adoptive parents. In short, reassure counselors and clients that future well-being is worth the present pain.

Training and promotional materials should speak the language of women who successfully choose adoption. They carry a conviction that rings true to the ear and the heart.

## **CHANGE THE ATMOSPHERE**

For adoption to be a core value in pregnancy resource centers, a woman's experience at a center, from the time she enters until she leaves, needs to be different than it is now. She should not be immersed in an atmosphere that assumes that being responsible means that she should raise her child. She will instead see information about adoption on display. The center's mission statement should reassure her that the people she may speak with about adoption do not profit from it in any way. She should be able to read a list of center services that prominently includes adoption.

In centers that advocate adoption, the expectant mother will be subject to screening questions on the intake form that serve to guide the counselor on how best to introduce adoption to her. Having the right information will help the counselor know how to raise the matter. She will be guaranteed at least one very positive exposure to adoption on her first visit, even if low-key (e.g., a brochure to read as she leaves).

Historically, centers have been reluctant to enter into close associations with adoption services in order to avoid even the appearance of a conflict of interest or profiting from "baby-selling." This reluctance has been reinforced by awkwardness in working with adoption professionals. But effective care calls for centers to ensure that clients are given ready access to adoption services. The adoption process needs to be as seamless and streamlined as possible to support the adoption decision, while avoiding any arrangement that compromises the center's client-centered focus or calls into question its commitment to benevolent care.

A variety of organizational models undoubtedly are possible. Many will involve adoption agencies, and others, attorneys. In some communities, there will be the possibility of a strong working relationship with an existing agency or attorney. In others, centers may wish to support the formation of a local, but independent, adoption agency. Expertise exists to help centers think through these options and select the configuration that makes the best legal and practical sense.

The aim must be to provide prospective birthmothers with a variety of constructive, adoption choices, including how much information about their children they want and how much contact they wish to have with the adoptive family. Birthmothers will then feel in control of the process, because as it relates to their maternal responsibility, they are in control.

## **SOLEMNIZE THE ADOPTION PROCESS**

Some women need a way to formalize their commitment to the adoption and to provide themselves with reassurance and a sense of closure once the

adoption is complete. This ritual would be analogous to some aspects of a baptism and some aspects of a marriage. It involves a dedication, a vow, and a release. It could have both pre-birth and post-birth components. In this way, it can symbolize for birthmothers the beginning of the stage where they are carrying babies for someone else as well as provide a sense of finality to the moment when they give their babies over to the adoptive parents.

Instead of feeling lost and alone without any closure as they say goodbye to their infants, birthmothers can be assured that their grief is not the grief of death and shame, but of love and reconciliation. It is the grief that leads to peace and the blessing of others, the grief to which Jesus responds, "Blessed are those who mourn, for they shall be comforted."

Attending adoption with an act of worship, associating adoption with the grace of God, who gave his own Son for the life of the world, can be powerfully healing and affirming for some birthmothers. It will have a stronger impact on them in the long term than in the short term.

## **AFTER THE ADOPTION IS FINAL**

This research confirms the importance women place on receiving support after adoption. Women who have made an adoption plan need follow-up care to help them deal with the grief and pain of separating from their infants. Pregnancy resource centers need to make it clear to their clients that counselors will be there for them after the adoption is final. Counselor availability after the child is placed demonstrates clearly to these women that, while the baby's life and well-being are important, the woman's is of equal concern. Centers can experiment with various ideas as the number of women who choose adoption grows. For example, centers might consider hosting regular birthmother meetings to discuss issues they are facing. This continued concern for the birthmother long after the child is adopted demonstrates and reinforces the redemptive nature of the care given at pregnancy resource centers and the pre-eminent concern for women facing unintended pregnancies.



## AFTERWORD

The ultimate goal of the research outlined in this booklet is to empower leaders of pregnancy resource centers with vital information. While the work primarily addresses the low numbers of women who receive counseling at pregnancy resource centers that chose adoptions, *The Missing Piece: Adoption Counseling in Pregnancy Resource Centers* will be useful to anyone interested in improving the acceptance of adoption as a commendable choice for women.

The findings are clear. The full implications of the research should be realized over time, from dialogue among people with diverse expertise and insight, yet shared commitment. These recommendations will be followed, tested, and either accepted or rejected, based on their effectiveness. The pregnancy-resource movement has proven its vitality again and again, with the determination to reinvent itself, to adapt and expand in order to fulfill its unchanging mission. This research effort is dedicated to that movement and to the glory of God.



## **ABOUT THE AUTHOR**

The Reverend Curtis J. Young, pastor of the Presbyterian Church of the Atonement in Silver Spring, Maryland, is the author of *The Least of These: What Everyone Should Know About Abortion* (Moody Press, 1983). He previously served for ten years as executive director of the Christian Action Council (now CareNet, based in Sterling, Virginia), where he originated the Sanctity of Human Life Day, observed by Protestant congregations on the fourth Sunday of January.