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I can still hear my baby crying: The ambiguous loss of American Indian/Alaska Native birthmothers

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Abstract

This study captures the experiences of American Indian/Alaska Native birthmothers who lost a child to adoption and the impact of said loss on their health and wellbeing. Few studies examine the loss experiences of American Indian/Alaska Native birthmothers despite their increased probability to lose a child to foster care and adoption. American Indian/Alaska Native birthmothers are distinct from birthmothers of other races in their experiences of intergenerational and historical child loss, having disproportionately lost their children to systematic practices of child removal via boarding schools, the adoption era, and child welfare. Interview data from 8 American Indian/Alaska Native birthmothers were analyzed using inductive thematic analysis. Five themes emerged including: (1) the social context of losing a child to adoption for American Indian/Alaska Native birthmothers, (2) the ambiguous loss of a child to adoption, (3) grief reactions to the loss, (4) the impact of the loss on birthmother health and wellbeing, and (5) creating resiliency. Findings suggest that American Indian/Alaska Native birthmothers experience ambiguous loss, as well as elevated mental health problems and substance abuse following the loss of a child to adoption.

KEYWORDS

ambiguous loss, American Indian/Alaska Native, birthmothers, grief, mental health

INTRODUCTION

Adoption is presumed to meet the basic needs of physical safety and nurturance to children when such needs cannot be met in the family of origin. However, the disproportionate removal and placement of American Indian/Alaska Native (AI/AN) children outside of culture reflects systematic removal efforts from relocation to boarding schools to the adoption era to the passing of the Indian Child Welfare Act of 1978 to the disproportionality of today's child welfare system (Cross, 2021; Jacobs, 2013; Landers & Danes, 2016; Landers et al., 2015; Landers, Danes, Harstad, & White Hawk, 2017; Landers, Danes, Ingalls-Maloney, & White Hawk, 2017; Red Horse et al., 2000; U.S. Department of Health & Human Services, 2022). Higher rates of out-of-home placement for AI/AN children (Blackstock et al., 2004; Yi et al., 2020) reflect systemic bias and structural racism (Austin et al., 2020).

Aside from child welfare professionals, three structural groups comprise the "adoption triad" (Coleman & Garratt, 2016) including: (a) caregivers in the family of origin (e.g., birthparents), (b) the fostered/adopted child, and (c) foster/adoptive caregivers. Adoption has relational components that consist of the interpersonal dynamics within and among these structural groups. To gain an understanding of relational dynamics among the adoption triad, voices from each group need to be heard. To understand nuances in relational dynamics within a select group, unique group voices need to be tapped. This study focuses on the unique voices of AI/AN birthmothers who lost a child to adoption. The purpose is to document their journey by describing their loss of a child to adoption.

Research has historically neglected the voices of birthmothers (Coleman & Garratt, 2016; Logan, 1996) by focusing on adopted individual(s) and adoptive parent(s). Yet, losing a child to adoption is a major life stressor that has an enduring physical and emotional effect (Brodzinsky & Smith, 2014; Henney et al., 2007; Smith, 2006; Wiley & Baden, 2005). Birthmothers experience shock, anguish, disbelief, shame, and guilt (Memarnia, 2014), all indicative of grief (De Simone, 1996; Henney et al., 2007; Pannor et al., 1978).

Most studies focus on the grief of predominantly White birthmothers (Christian et al., 1997; De Simone, 1996; Henney et al., 2007; Logan, 1996; Memarnia et al., 2015). Few studies include AI/AN birthmothers despite their increased probability to lose a child to adoption. Studies that include AI/AN birthmothers do not provide findings explicitly for that group because of their small numbers (Brodzinsky & Smith, 2014; Fravel et al., 2000). AI/AN birthmothers are unique in their experiences of intergenerational and historical trauma, having disproportionately lost children to systematic child removal (Jacobs, 2013; Landers et al., 2015; Landers, Danes, Harstad, & White Hawk, 2017; Landers, Danes, Ingalls-Maloney, & White Hawk, 2017; Red Horse et al., 2000; Summers, 2015). One cannot understand the experiences of AI/AN birthmothers without attending to the context that grounds their loss. To our knowledge, no studies to date specifically explore the experiences of AI/AN birthmothers.

AI/AN communities ascribe to the Seventh Generation Principle, which suggests that ancestors impact their descendants seven generations in both directions (Manson, 2018). AI/AN Elders who experienced family separation by boarding schools gave birth to those in the adoption era and AI/AN families today cannot be divided from historical intergenerational separation. The notion of "our youth are our future" (Manson, 2018, p. 1) highlights how family preservation serves to counteract the historical trauma of separation that was governmentally imposed. This study captures the voices of AI/AN birthmothers in the U.S. who lost a child to adoption, contributes to research on AI/AN families impacted by child removal (Landers et al., 2015; Landers & Danes, 2016; Landers, Danes, Harstad, & White Hawk, 2017; Landers, Danes, Ingalls-Maloney, & White Hawk, 2017), and enhances our understanding of the grief of AI/AN birthmothers.

LITERATURE REVIEW

Birthmother grief and mental health problems

Birthmother responses to the loss of a child are multi-faceted: psychological, physical, and interpersonal (De Simone, 1996; Henney et al., 2007). Birthmothers experience sadness/depression, guilt, shame, remorse, and anger (Coleman & Garratt, 2016). They exhibit self-destructive behaviors including substance abuse (Jones, 2016) to disconnect from intense emotions. Litz et al. (1997) described this loss of interest, detachment from others, and lack of responsiveness as psychic numbing. However, it is not clear whether these mental health problems are attributable to the event, pre-existing psychological vulnerabilities, or if the loss exacerbated underlying mental health problems (Coleman & Garratt, 2016; Henney et al., 2007).

Nevertheless, losing a child requires the renegotiation of personal identity; confusion leads birthmothers to question whether they are still a mother (Memarnia et al., 2015). These feelings affect other relationships. A birthmother in Logan's (1996) study said, "I'm angry that nobody told me that adoption wasn't the end of the problem – adoption was the start of a bigger problem. I lost my boyfriend, home, parents, myself. You don't just lose the baby." (p. 622). Society stigmatizes the loss of a child to adoption (Coleman & Garratt, 2016; Doka, 2008). Birthmothers grieve not only the loss of their child (i.e., a direct effect), but their involvement (if any) in the child's placement (i.e., an indirect effect). This indirect effect does not emanate directly from the loss but from society's reverence for the motherhood role. Grief results when birthmothers passively accepted the wishes of others (De Simone, 1996), like when family members or professionals pressured them to relinquish the child. Whether society or others encourage them that they are "doing the right thing", the feelings experienced are a relational phenomenon.

AI/AN birthmothers experience several different types of grief including anticipatory, delayed, chronic, and disenfranchised grief (Singg, 2009). In planned adoptions, the grief that occurs during pregnancy and prior to birth typically centers around anticipating the loss and surrender. Post-birth, many AI/AN birthmothers experience delayed grief. The initial delay of grief only lasts so long before they become flooded with grief at a later, even unexpected time (Singg, 2009). This grief is prolonged or chronic grief and does not go away.

AI/AN birthmother grief experience

Existing literature describes findings from predominantly White samples. Although AI/AN birthmothers experience similar reactions, their unique context complicates their grief. Grief entails a range of feelings, behaviors, and thoughts that may occur in response to the loss (Christian et al., 1997). The grief of AI/AN birthmothers is more complex than unresolved grief because it is rooted in the massive losses of lives, land, and culture undergirded by racism and oppression experienced over many years. Brave Heart and DeBruyn (1998) describe these losses as unresolved grief resulting in historical trauma. AI/AN people experience grief over the losses of loved ones, connection to land, and cultural grieving practices that were stifled (Brave Heart & DeBruyn, 1998). Collective grief among the tribes also cultivated. Incomplete mourning of those losses occurred. Thus, a pervasive sense of pain about what happened to their ancestors persisted across generations resulting in historical trauma.

Scholars describe the grief experience of AI/AN people as disenfranchised grief (Brave Heart & DeBruyn, 1998; Doka, 2008) that occurs in losses that are not considered significant, socially recognized, or publicly mourned. Disenfranchised grief also occurs when the griever's capacity for grief is stunted or not socially permitted. The systematic child removal policies

in the boarding school and adoption eras of AI/AN communities epitomize disenfranchised grief. The losses from these policies were never grieved because they were not socially recognized. Throughout history AI/ANs have been viewed as stoic and savage projecting them as incapable of having feelings; suggesting they did not have the capacity to mourn and there was no need or right to grieve, they were denied their cultural grieving practices (Brave Heart & DeBruyn, 1998). What resulted was an intensification of normative emotional reactions such as anger, guilt, shame, sadness, and helplessness.

Beginning in the late 1800's, AI/AN parents were forced to relinquish their children to boarding schools (Gallegos & Fort, 2018; Red Horse et al., 2000). This movement was the first of multiple waves of out-of-home placement policies targeting AI/AN children (Red Horse et al., 2000). Boarding schools were established by "private charitable organizations and the federal government" on the foundation that AI/AN families were "inferior" (Red Horse et al., 2000, p. 15). Boarding schools separated children from their families and reservations and obliged them to conform to Western ways (Gallegos & Fort, 2018). Boarding schools cut ties between AI/AN children and their families, tribes, traditions, and land (Shear, 2015).

Beginning in the mid 1900's, the Indian Adoption Project systematically removed AI/AN children from their homes and placed them into foster/adoptive homes/institutions (Jacobs, 2013; Red Horse et al., 2000). The "adoption movement" separated approximately 25%–35% of all AI/AN children from their families (Red Horse et al., 2000, p. 17) and sparked the development of the Indian Child Welfare Act of 1978 (Red Horse et al., 2000), which established federal standards to uphold when an AI/AN child is removed (Gallegos & Fort, 2018). The disproportionate removal of AI/AN children in the U.S. Child Welfare System reflects historical patterns of mistreatment.

METHOD

Study design

Our community-based participatory research partnership began in 2010 between community partners at the First Nations Repatriation Institute (FNRI) and researchers at the University of Minnesota. This study received Institutional Review Board approval from Virginia Tech (IRB # 17-1155). The first author has since transitioned to The Ohio State University. This research was not conducted with a particular tribal community or on tribal lands. While we respect that tribes have sovereignty over research that takes place on tribal lands and with tribal citizens, it was not feasible to obtain Tribal Council permissions since each participant was from a different tribe. Rather, the research was conducted in partnership with FNRI under the guidance of Sandy White Hawk, Sicangu Lakota Elder from the Rosebud Reservation.

Recruitment

Participants were recruited by targeted purposive sampling via advertising through printed flyers, digital flyers, and online listservs. Eligibility included: (1) identification as American Indian/Alaska Native/Native American/First Nations (2) mother of a fostered/adopted child, (3) at least 18 years old, (4) English-speaking, and (5) consent to audio recording.

Sample size

Sample size varies and there is little consensus about sample size in thematic analysis. We anticipated challenges in recruiting a vulnerable population. We recruited via agencies known to be serving birthmothers. We understood that inviting birthmothers to recount their loss experiences could be painful and some would be unwilling to be interviewed. Participants were recruited until saturation was achieved (Braun & Clarke, 2016). The sample size of eight participants was determined based on our aim, specificity of our sample, quality of interview data, and saturation (Malterud et al., 2015). Braun and Clarke (2016, p. 742) state, "The bigger the sample, the greater the risk of failing to do justice to the complexity and nuance contained within the data." Rich data were obtained and fewer subsequent interviews were needed (Morse, 2000). Our sample size was appropriate, as typically seven interviews will capture most themes (Guest et al., 2020).

Participants

The sample was comprised of eight AI/AN birthmothers. There is no universally accepted term to refer to the Indigenous peoples of the United States. Preferences in terms have varied over time and context including American Indian/Alaska Native, Native American, Indigenous, and First Nations. We use the term AI/AN to refer to our participants. Half of our participants self-identified as AI/AN and the others identified as Native American. All participants were enrolled in tribes that spanned the pacific northwest, midwest, and southwest. Participants ranged from 33 to 77 years old ($M = 56.0$, $SD = 14.80$). The participants were age 13–29 when their first child was fostered or adopted ($M = 21.25$, $SD = 5.44$). Most were single (62.50%) and completed at least a bachelor's degree (75%). All practiced AI/AN spirituality and three were also Christian. They carried one to nine children to term ($M = 4.13$, $SD = 2.59$) and had one to three children placed in foster care or for adoption ($M = 1.25$, $SD = 0.71$). All the children were placed under the age of one. Most were adopted at birth (75%) and the remainder (25%) were first fostered. Participant characteristics are presented in Table 1.

Data collection

Semi-structured interviews were conducted collaboratively by the first and last author. The first author is a European American mother with extensive professional experience in adoption as a trained family therapist and researcher. The last author is an Elder Sicangu Lakota adoptee, mother, and grandmother from Rosebud, South Dakota. She has extensive personal and professional adoption experience and is the Founder and Director of First Nations Repatriation Institute. Her relationship with the community was vital to accessing and building rapport with participants. The first author facilitated the data collection to minimize potential conflicts or pressure to participate. The collaboration of an insider and an outsider team was intentional to ensure credibility of the data.

Interviews that lasted between 1 and 2 h ($M = 62.88$ min, $SD = 28.61$ min) were conducted in-person or by phone. The consent form was reviewed before the interview. Each participant received a $25 gift card for their participation. All interviews were audio-recorded and transcribed verbatim. The transcripts were de-identified prior to sharing with the larger research team. Participants were asked to share the story of how they became a birthmother, how the child was adopted, their reactions, and the impact on their health and wellbeing.

TABLE 1 Participant characteristics ($N = 8$)

Participant	Age	Age of mother at placement	Years since placement	Education	Income	Age of the child at placement	Child experienced foster care prior to adoption	Reasons for placement
1	77	18	59	Doctoral degree	48,000	0	No	Birthmother was young and lacked resources
2[a]	44	29	17	Some college	40,000	0	No	Abusive relationship and lacked resources
3	33	23	10	Bachelor's degree	43,500	0	No	Birthmother was young and lacked resources
4	45	29	16	Associate's degree	20,000	0	No	Birthmother lacked resources and was struggling with addiction
5	59	20	39	Bachelor's degree	52,000	6 months	No	Birthmother was young and lacked resources
		28	31			0	Yes	Birthmother was young and lacked resources
6[b]	57	17	40	Bachelor's degree	80,000	0	No	Birthmother was young and lacked resources
		19	38			0	No	Child conceived outside relationship; abusive relationship
7	72	22	50	Some college	35,000	0	Yes	Birthmother was young and lacked resources; child conceived outside relationship with medical complexities
8	61	13	48	Master's degree	46,000	0	Yes	Birthmother was young and lacked resources

[a]This mother had two other children who were removed, placed into foster care, and later reunited.

[b]This mother had another child taken from her by the father, as well as two other children who were removed, placed into foster care, and later reunited.

Data analytic approach

The data were analyzed using inductive thematic analysis. Thematic analysis is a flexible approach to identifying and analyzing themes by searching for repeated patterns in texts to provide an intricate account of the data (Braun & Clarke, 2006). We followed the six-phase thematic analysis process outlined by Braun and Clarke (2006). In phrase one, we familiarized themselves with the data by repeatedly reading through the transcripts while searching for patterns and meanings. In phase two, prospective codes were generated. Team members generated codes independently and discussed their findings. In phase three, we independently organized the codes. All extracts of interview data were coded. In phase four, we negotiated discrepancies in the thematic characterization. In phase five, we refined the thematic characterization (Figure 1). In phase six, the final thematic characterization was produced. After the inductive analysis, it became evident that the loss of a child to adoption is a unique type of ambiguous loss. While the codes and themes emerged inductively from the data, Ambiguous Loss Theory is integrated in the discussion to contextualize AI/AN birthmother loss.

Trustworthiness and credibility

Steps were implemented to increase trustworthiness and credibility including situating the sample, grounding the findings in examples, conducting credibility checks with community partners, and triangulation with extant literature (Elliott et al., 1999). By providing demographic descriptions about our sample, readers can evaluate to whom our findings can be applied. By providing quotes, we invite readers to examine the correspondence between our findings and the data. Credibility checks were conducted with our community partners, who were involved in every step of the analyses. Lastly, we triangulated our findings with previous research.

RESULTS

Five themes emerged including: (1) the social context characterizing the loss of AI/AN birthmothers, (2) the ambiguous loss of a child to adoption, (3) grief reactions to the loss, (4) the impact of the loss on birthmother health and wellbeing, and (5) creating resiliency. These five themes and their associated codes are presented in the thematic map (Figure 1). Table 2 presents the frequency of codes. Each section of the results reflects the words of the birthmothers and inductively developed codes.

It is important to describe the circumstances under which these AI/AN birthmothers were separated from their child(ren) by adoption. Participant 1 was a teenager sent to an unwed mother's home after a one-night stand. She lacked resources. Participant 2 was a homeless mother without a job in an abusive relationship. She was brought to a church by a relative who suggested adoption. The pastor mentioned a family looking to adopt and said, "it's from God." The participant signed papers in the hospital while "drugged up." Participant 3 was young, lacked resources, and became pregnant by a friend. She picked the adoptive family through an adoption agency and received counseling. Participant 4 already had a child, a partner in prison, and became pregnant by someone else. She had no job or higher education, was a victim of domestic violence and struggled with substance addiction. She found the agency and selected the adoptive family. Participant 5 was age 20, lacked resources, worked part-time, and had no childcare. At age 28, with no options, she went to social services after her partner "forced" her. Participant 6 was a teenager without resources whose parents forced her to "give" the child up. Her church suggested an attorney. Her father said, "nobody is going to help

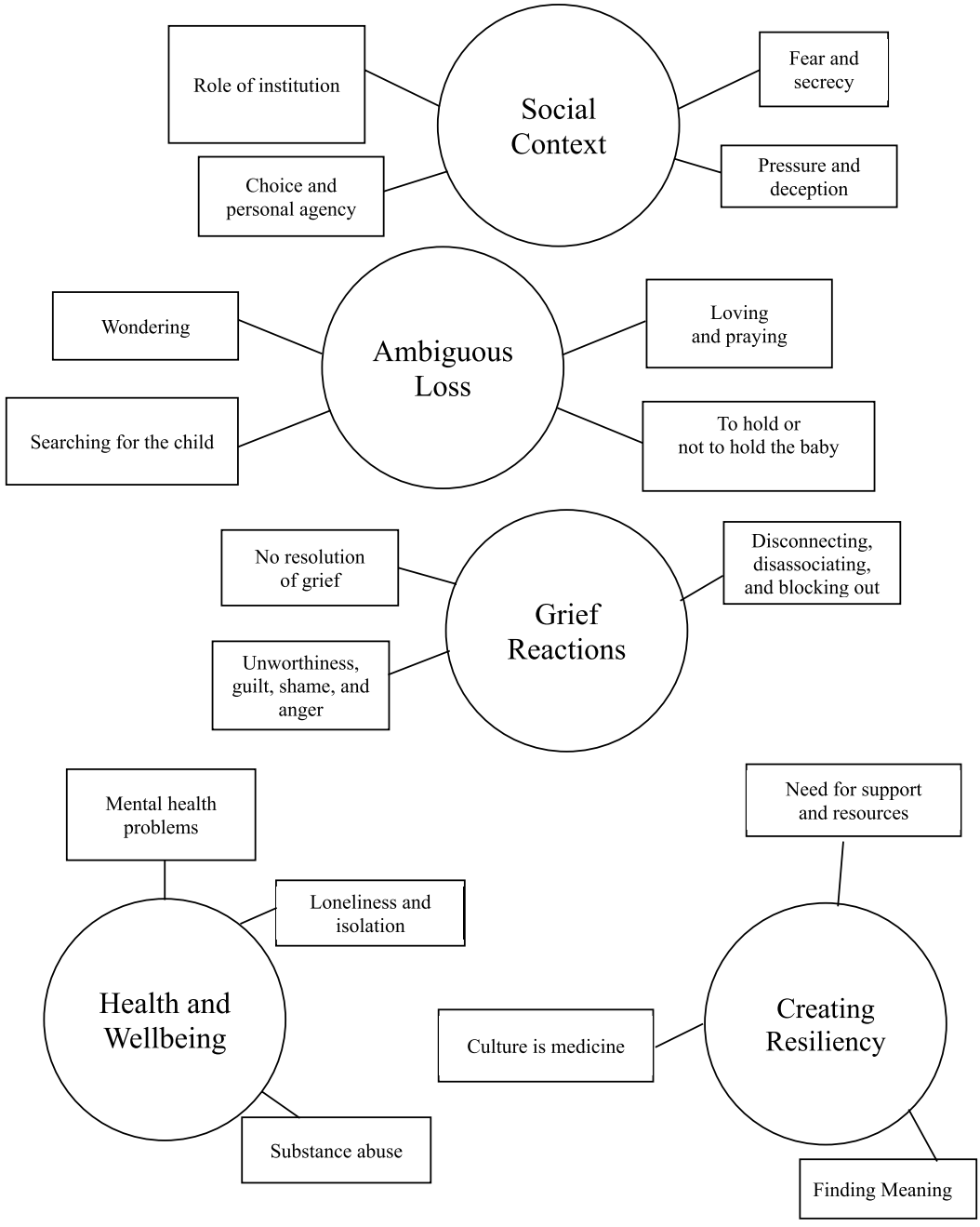

FIGURE 1 Thematic Map.

you if you decide to keep him" and sent the priest in to "shame" her. At age 19, in an abusive relationship, she became pregnant by someone else. Her partner said, "you're not keeping this baby." The attorney involved in the adoption of her first child found the second set of adoptive parents. Participant 7 was age 22, became pregnant in a "casual" relationship, and had not yet decided her plans when the child was born prematurely. The baby remained in the hospital with medical issues she "wouldn't be able to handle." Participant 8 was 13 years old when her

TABLE 2 Frequency of codes ($N = 8$)

Themes and codes	*n*	%
Social context		
Role of institution	7	87.5
Pressure and deception	5	62.5
Fear and secrecy	6	75.0
Choice and personal agency	8	100.0
Ambiguous loss		
To hold or not to hold the baby	6	75.0
Wondering	7	87.5
Searching	5	62.5
Loving and praying	8	100.0
Grief reactions		
Unworthiness, guilt, shame, and anger	7	87.5
Disconnecting, disassociating, and blocking out	7	87.5
No resolution of grief	7	87.5
Health and wellbeing		
Loneliness and isolation	6	75.0
Mental health problems	6	75.0
Substance abuse	6	75.0
Creating resiliency		
Need for support and resources	6	75.0
Finding meaning	5	62.5
Culture is medicine	5	62.5

foster mother put her in a home for unwed mothers. They told her she would "have to go on welfare" and she "didn't know how."

All the children of our participants were adopted and placed at 0–6 months. Most were placed with their adoptive family at birth. Three of the ten children were fostered prior to their adoption being finalized, but the birthmother's contact with the child ended at birth. The only exception was the first adopted child of participant 5 who was adopted at 6-months-old and was with the birthmother until then.

The social context surrounding the loss of the child

Theme one is the social context of the loss. Codes include: (1) role of institution, (2) pressure and deception, (3) fear and secrecy, and (4) choice and personal agency. While some birthmothers found their interactions with institutions helpful to orchestrate the child's placement and provide support, others described harmful interactions where they were not provided with alternatives to the child's surrender. Some felt pressured or deceived. The social context was a complex and tumultuous experience categorized by fear and uncertainty. Birthmothers experienced varying levels of personal choice and agency within the process.

Role of institution

Schools, churches, and social service agencies were involved in many of the adoptions. Some birthmothers found these institutions to be helpful. Participant 1 said, "The school made all the arrangements… they were very encouraging." Participant 3 stated, "The adoption counselor was very clear on that… I'm here to advocate for you." In contrast, others found these institutions to be harmful as they did not provide alternatives to surrendering the child. Participant 2 stated, "I wish that church would have said, let's help you get on your feet… so I could have kept her. I wish that wasn't my only option that was offered." Some described the removal as forced. Participant 5 stated, "They came and made me sign paperwork and what I remember was that I would never ever look for her, that from this point forward my relationship with her was severed." She added, "It's painful, it's hard. I wouldn't want that on anybody, I don't agree with the way [organization] conducted – how they did that."

Pressure and deception

These birthmothers felt expected to give up their child. Sometimes their partner pushed adoption. Participant 5 stated, "When I went into another relationship, he just said that he would not even think of raising a child with me and so I was forced to give [the child] away." Participant 6 was told, "You're not keeping this baby because it's not mine and I'm not raising anybody else's kid." Others were pressured by family. Participant 8 stated. "My foster mom took me… made me sign papers." Another said, "It was senior year of high school and my parents said you're going to give him up because it will ruin your life if you try to raise a child at this age… because I was 17, they pretty much made up their mind on what was going to happen with him" (participant 6). The child's birthfather was also compelled to surrender the child. She stated, "[birthfather's father] came to him after the baby was born and threw papers at him and said, you're going to sign these, you're too young and stupid to be raising a kid."

Several birthmothers were told they could maintain contact with the child, but the agreement was not upheld. Participant 2 stated, "I remember thinking, oh, but I'll be able to see her soon because we're having an open adoption… I did not have access to her, but she did find me…I kind of have like unresolved issues and unresolved feelings with that because… her mom lied to me so much." She added, "I don't have a relationship because they lied…I lost a relationship that I thought I would have, and I don't know if I would have made the same choices if I had known that I was not going to be able to have a relationship." Another birthmother stated, "It was a very open adoption, I trusted them, I trusted him, I trusted her. When I remember to this day of filling it out, filling out the adoption agreement and they were like, oh, should we put this in there and I'm like, oh, just put whatever in there it's never going to be an issue. Well, they broke every issue" (participant 4).

Fear and secrecy

Many birthmothers described being fearful and secretive about their pregnancy. Most were young when they gave birth (75% were age 23 and younger) and feared the repercussions of disclosure. Some hid the pregnancy. Participant 1 stated, "I didn't tell him [birthfather]." Participant 4 said, "I kept it a secret from my family." Participant 6 said, "I didn't tell my parents for nine months and that was through fear." Some also kept the secret afterward. Participant 7 stated, "I didn't know whether he survived…so I thought…why would I bring it

up or talk about it to my family." Participant 2 said, "When she did come into my world again, I was shocked, and I just remember thinking…how am I going to tell my kids about this."

Choice and personal agency

Related to pressure was the sense of choice. Some did not feel the decision was theirs. Participant 2 stated, "I just didn't have any choices." Participant 8 stated, "It wasn't my choice." She added, "I felt like I had no choice." Some were isolated. Participant 6 stated, "Many times I think people go through this like myself feeling totally alone." Some reconstructed their identities from a person who experienced a traumatic loss to someone who made a difficult decision. Participant 1 stated, "I had a choice. It was my choice" and participant 4 said, "It was 100% my decision." Another stated, "I decided to give him up" (participant 7). Some felt at peace. Participant 3 stated, "I was so young, and I was like, can I really be a parent… I think adoption might be the best route…I don't think I can do this… I think about it now and how brave I was to do that, to actually find this agency and to do this research."

The ambiguous loss of a child to adoption

Theme two is ambiguous loss. Codes include: (1) to hold or not hold the baby, (2) wondering, (3) searching for the child, and (4) loving and praying for the child. Birthmothers described how feelings of ambiguous loss were amplified by not being given the chance to see their baby. They wondered about the child. Some searched for them. They loved and prayed for the child even years later. This type of loss is not strictly grief; defined by ambiguity, it lacks closure, rituals, and resolution.

To hold or not hold the baby

Most birthmothers were separated from the child at birth and denied the chance to hold the baby. Not being able to see or hold the baby or say goodbye contributed to ambiguous loss. The trauma was exacerbated by the lack of verification of their psychological loss. Participant 5 said, "It was hard because after I gave birth… They took her away. I wasn't allowed to hold her. We were separated at birth." Another stated, "They took him right away and put him in an incubator and had him all wired up, so I never got to touch him or hold him or anything" (participant 7). Others described confusion, "I didn't realize that she was leaving and that I wouldn't see her again. And then when I realized that I remember thinking, oh, but I'll be able to see her soon because we're having an open adoption" (participant 2). Participant 6 was encouraged to hold the baby, but felt too ashamed. She stated, "The nurses both times had said… it's healthier for you and for women who give up their children to hold them first and I was so depressed and ashamed, I just said no."

Wondering

The loss of a direct attachment was expressed by "wondering" about the child. Participant 7 stated, "I did [wonder] when it was his birthday." That wondering did not cease with the passage of time. Participant 2 stated, "I'm always going to wonder." Participant 1 stated, "I was curious, I used to wonder… how he is or what he's doing, if he's married, if he has any kids." Participant 6 said, "You never stop thinking about them."

Searching

Many birthmothers searched for their child reflecting a lack of closure. Participant 1 stated, "We were looking for him." Participant 8 stated, "I always tried to look for her." Another stated, "They told me that there was a church that they would go to, and I would sometimes go to that area and see if I could find a couple with a dark daughter, a dark colored daughter" (participant 5). She added, "I had to honor the document that I signed that I would never ever look for her… I did look for her and I prayed for her. And I never ever thought that I would ever see her again… It's painful, it's hard. I wouldn't want that on anybody." Others felt they had no right to search. Participant 6 stated. "There was a part of me that said, because I gave him up, I don't have the right to find him. If he wants to find me, I'll welcome him with open arms." She added, "And then later as you know as laws changed, I had just put in some sort of birth registry, find your child type of thing just months before he found me, and I just got an email that said, I think I'm your son with his email address because we both connected through that registry… I immediately emailed him back."

Loving and praying

These birthmothers loved and prayed for their children. Participant 6 stated, "I don't know you, but I still love you because I gave birth to you, I carried you, I have a love for you that I've always had." Participant 2 shared, "I gave this wonderful being up that I absolutely loved before they were even born." Many turned to prayer and inward support. Participant 1 reported, "I used to pray that he's okay wherever he is." Participant 5 stated, "I prayed for her." Some prayed about finding the child. Participant 8 said, "You get up and dance and pray that they come back… I thought about her the whole time" and participant 6 stated, "I've always prayed for you, I've always cried about you… I always knew I would finally find you."

Grief reactions to losing a child to adoption

Theme three is grief reactions to loss. Codes include: (1) unworthiness, guilt, shame, and anger, (2) disconnecting, disassociating, and blocking out, and (3) no resolution. Unresolved grief after was associated with guilt and shame. Some harbored resentment, while others dissociated from the loss.

Unworthiness, guilt, shame, and anger

Many felt unworthy, guilty, and ashamed. The lack of clarity resulted in ambiguous loss. They redirected their feelings inward toward self or outward toward others. Participant 5 shared, "I've always felt less than the next person, I've always felt like I was not good enough because I gave up my children… I became less than the next – less than a human being." Participant 7 said, "I feel guilty" and participant 2 stated, "I have guilt about that all the time, like I don't think I can ever get over that, that's just something that will never – I don't know how I can heal." Participant 3 said, "At first there was some guilt and shame." She added, "Now when I think about it now, I definitely think that there was some of that [guilt and shame] associated with just the adoption in general. And I think most of that has to do with like me being ashamed – feeling shameful about like my situation." Participant 6 said, "I felt a ton of shame because he was gone from my life and here, I had spent nine months talking to this baby every day and he was gone from me, and I felt extremely ashamed."

Others expressed anger and resentment toward others involved, particularly those who facilitated the adoption. Participant 8 stated, "I was mad at my foster mom." Participant 4 shared, "I have resentment and I know I need to deal with that, but how?" Participant 6 had "unaddressed anger for a long, long time."

Disconnecting, disassociating, and blocking out

The birthmothers disconnected, disassociated, or blocked out the loss. Participant 7 stated, "I just blocked it out of my mind, I didn't allow myself to think about any of that." Participant 4 indicated, "I numbed a lot – a lot of everything." She added, "Emotionally I was kind of still in a blank I guess, I was kind of a blank." Similarly, participant 2 shared, "I think my life got so hectic that a lot of my painfulness was blacked out… our body just doesn't want to remember that, or it remembers it but it puts it in a space where it's not in your everyday life." Participant 3 reported, "I knew it was hard, but I also feel like I removed myself from that…. I was sad but I didn't really know – I didn't know that at the time what was going on."

No resolution of grief

All but one birthmother experienced unresolved grief. The grief process was frozen. These birthmothers were expected to let go and move on. Participant 6 said, "All of the shame and the grief and everything and it was something I was supposed to keep to myself and just get over it." She added, "It's kind of like you're grieving so much that you don't take care of yourself. And so, you don't take care of your health, you don't feel worthy." Participant 2 stated, "of course that's a loss and that's grief." Participant 5 said, "It's a huge loss" and participant 6 stated, "extreme sadness, extreme grief, and always." The grief process was prolonged. Participant 3 stated, "It is like a grieving process… this is a loss, it really is a loss." She added, "There's some pain and grief there." Triggers flooded them emotionally. Participant 4 said, "when I would see baby things… when my older son would say, mom, why aren't we buying baby clothes?" This grief went unresolved for years. Participant 6 stated, "you're never going to imagine how many years you're going to live grieving; nobody tells you that part, that you never forget." Participant 4 said, "I've grieved, I've mourned through the whole way." While participant 3 stated, "That grief and loss will always be with me to some extent, I don't think it will ever go away." She added, "That loss will always be there."

The impact of losing a child to adoption on health and wellbeing

Theme four relates to how the birthmother's wellbeing was affected by the loss. Codes include: (1) loneliness and isolation, (2) mental health problems, and (3) substance abuse. These birthmothers were lonely and isolated, and the loss detrimentally impacted their health and contributed to substance abuse.

Loneliness and isolation

Birthmothers have a psychological relationship with the child even after the child is physically absent. These birthmothers withdrew, isolated themselves, or lacked support.

Participant 8 stated, "I cried for a long time and being 13 you know nobody – back then you don't talk about that, so I had to hold it in." Participant 5 shared, "I didn't have a lot of resources, I didn't have a lot of family support. I was by myself, and I never got any guidance from my mom or my family members… I was isolated." Participant 4 stated, "I was really alone through the whole thing, I kept it a secret from my family." Others pulled away from family. Participant 6 stated, "I moved away from my parents because I was so angry." She added, "I just wanted to get away from my parents and never ever see them again." Participant 5 said, "I separated myself from my culture, I separated myself from my family." Participant 7 said, "I would stand alone most of the time as a birth mother and I always had hope that there would be more that would come forward." The loss impacted their ability to connect with others. Participant 2 said, "I don't have a lot of people close to me – from that fear of losing family and fear of losing my daughter and I don't have the best relationships with my kids."

Mental health problems

The loss manifested in mental health problems. Many experienced depression and anxiety. Participant 8 said, "I was really depressed when I think about it" and participant 4 said, "depression kicked in." This depression continued for years. Participant 3 shared, "there was definitely some depression at the beginning, like right after… the first couple of years afterwards." Participant 6 stated, "I went home and was severely depressed and… I was so angry." She added, "I got extremely depressed, but I also feel like it pushed me into the promiscuity and into the drugs and into the alcohol." Participant 2 stated, "It probably causes depression. Even though you don't know where that depression is coming from, my body knows." It diminished their self-esteem. Participant 2 stated, "My self-esteem, my depression, my anxiety that comes from my self-esteem, am I even good enough to do this because I'm a horrible person, I'm a horrible mother." She added, "giving one [child] up for adoption, it all just rolls into am I even a good person, you know? Yeah, it definitely affects your self-esteem."

Substance abuse

These birthmothers used substances to self-medicate and numb the pain. Participant 8 said, "I just started drinking more and it's like it was just – just a really hard time." She added, "I just spiraled out of control with drinking and… different kind of drugs." Participant 5 shared, "I ended up using drugs and alcohol to numb that pain." Participant 4 stated, "A lot of the drug use helped numb the pain, numb anything about it." She added, "I numbed a lot of the feelings with drugs… I medicated with drugs and alcohol." Participant 6 stated, "I remember crying over it and drinking and doing drugs and thinking about it and becoming more depressed and so it was – self-medicating myself and trying to escape." She added, "I wasn't a drug user or an alcohol user until that [loss] happened… this was drinking to get so drunk that you fall asleep or getting high and just throwing yourself into really bad situations because you don't want to deal with what you've been through."

Creating resiliency

Theme five is creating resiliency. Codes include: (1) need for support and resources, (2) finding meaning, and (3) culture is medicine. While some adapted in ways that harmed their

health, they also demonstrated resiliency. Cultural influences impact coping patterns and those who tolerated the loss may have been better equipped to access resources to reduce ambiguity.

Need for support and resources

These birthmothers experienced no formal rituals to acknowledge their loss. No formal or informal support was received. Some were denied choice. Participant 6 said, "not having anybody tell me what my real options could be, and clearly not being encouraged just by how society or older people think or whatever that a young person can't raise a child." She added birthmothers "need someone in their life who is positive, who can help them with the real options to make the real decisions." Support for birthmothers is needed. Participant 2 shared, "One thing that I don't see a lot of is birth mother support… I think that there should be some support for the birth moms and I just – I see a lot of support for adoptees, but I don't see a lot – for birth moms." She added, "to have a place that's safe for birth moms." Participant 8 stated, "there was no kind of counseling, you know, to prepare for this." Participant 4 said, "If I could give advice to any birth mother I would say, get yourself a good plan, go to a grieving class and get a counselor. Somebody additional to talk to… I would say involve as many people as you can for support." Similarly, participant 7 stated, "And if you still decide to go through with the adoption, I think that there are services and support now to help women or mothers make that decision… to get a real good understanding and be okay with it so you don't beat yourself up." Participant 7 stated, "for mothers it's always about being able to forgive yourself and that's really difficult for people to do under any circumstance, but you know to give up a child."

While they lacked support post-adoption, they felt others would benefit from such resources. Participant 6 said, "I don't think you think that when you give a child up for adoption… that you're never going to stop thinking about them, that you're going to mourn them the rest of your life unless you find them, and that you – I don't think you're given a fair picture of what your future holds for you." She added that birthmothers "should know their rights and that they should be fully supported and given as much information to make an informed choice." Participant 7 shared, "You really should give it a lot of thought about giving your child up." And added, "If you can't raise your child then maybe a relative would be more than willing to help."

Finding meaning

Although the loss was painful, some experienced relief and felt they did the right thing. Participant 1 said, "I felt that I was doing the right thing." She added, "I felt good about the decision…I was doing a good thing for my son to have a good home and fortunately he did." They learned to live with conflicting feelings of grief, relief, acceptance, and hope. Participant 4 stated, "I believe in my heart [birth son] is safe and I mean and that's all I wanted, he has a loving family that loves him." She added, "I made an unselfish act in the best interest of my child, so I keep that, I keep that to this day… I still made the right choice by choosing them because he still has a good life, it's not the good life I projected but he has a good life." Another shared, "I see him now and I see where I am at, and I don't really regret the decision that I made even though it was really hard on me." She noted, "I feel like both of our lives have gotten better because of this decision." Participant 1 stated, "I felt that I was doing the right thing. I didn't really regret making that decision."

Culture is medicine

Cultural traditions aided the birthmothers in tempering the loss. Participant 1 stated, "I have my traditional knowledge." Participant 5 stated, "Our Native spirituality is that you know there is a reason for everything." Participant 7 shared, "My spirituality. That got me through." One described culture as medicine. Participant 3 said, "I also wasn't very culturally connected at that time either… I've heard the saying, culture is medicine, it's a really healing thing to be spiritually connected to something so I think that could help too." Participant 2 shared, "As an adult I got back into my culture and fortunately when I got back into my culture was when I started speaking candidly about my past. So, I think it's helped." Participant 7 shared, "One of the things that does help with all of this is First Nations Repatriation Institute's program when Sandy White Hawk has the circle." Participant 8 suggested that gatherings for AI/AN birthmothers provide healing.

DISCUSSION

This was the first study to document the stories of AI/AN birthmothers who lost a child to adoption. Several important findings were revealed. The first was that AI/AN birthmothers experience the loss of a child to adoption as ambiguous loss. It was unexplainable, fraught with confusion, and beyond comprehension. The loss was immobilizing. Previous research documenting grief in non-AI/AN birthmothers has rarely been conceptualized as ambiguous loss. Most often the construct of "grief" has been used (Christian et al., 1997; De Simone, 1996; Henney et al., 2007). Although one study noted the applicability of ambiguous loss, they classified the birthmother experience as "disenfranchised grief" (Memarnia et al., 2015).

Ambiguous loss best captures the experiences of AI/AN birthmothers. Ambiguous loss is the most stressful and traumatizing type of loss since there is no verification, closure, rituals for support, or resolution (Boss, 2010). The child was physically absent, yet psychologically present (Boss, 2016), which contributed to their extended grief (Burnell & Norfleet, 1979; Pannor et al., 1978) or ambiguous loss. This ambiguous loss is not a reflection of individual pathology because it is externally caused. These birthmothers wondered about their child years later and often searched for the child. This loss lasted throughout the lifetime. Many were not able to hold their baby, engage in rituals, or say goodbye. The loss was a painful memory they tried to forget, and yet they loved and prayed for the child. While it is not uncommon for adopted children to feel discarded and unloved, these birthmothers thought of their children in the years that followed (Fravel et al., 2000) in a way that reflected great care. The child was "gone" but "still here" (Memarnia, 2014, p. 6).

The second major finding was that these birthmothers felt unworthy, guilty, and ashamed of the loss. They turned inward and punished themselves for the loss. And, while this was not surprising considering the stigma associated with the loss of a child to adoption, the guilt and shame stuck with them for years. Some felt the adoption was in the best interest of the child, while others were pressured. They were unable to see the child. They lacked closure. There were no rituals or formal supports to facilitate resolution. When a child is lost to illness or death, parents have opportunities to grieve and often a place to visit (e.g., a grave or memorial), and while it is challenging to share stories about the child, it is socially acceptable. When a child is lost to adoption, there are no opportunities to formally grieve, to have that grief acknowledged, and sharing stories of the child is typically seen as unacceptable, even unwelcomed. As a result, this grief goes unresolved. In AI/AN culture, women, particularly mothers, are seen as the heart of the family (Farley, 1993). They are respected as "life givers." This loss of a child robs AI/AN birthmothers of their role as a mother, and in turn, of their dignity. In many cases it was the systematic placing of White standards on AI/AN women that

contributed to the adoption. For example, these birthmothers were expected to be older and married to be considered "fit" to raise a child according to Western societal standards. They were young, unmarried, and lacked resources.

The third major finding relates the health and wellbeing of birthmothers. Although the extant literature focuses on the grief resulting from the loss, it neglects the underlying cause of mental health problems. The root cause of these grief characteristics lies in the type of loss that adoption creates (Boss, 2016). It is an ambiguous loss. Ambiguous loss complicates grief, confuses relationships, and prevents closure (Boss, 2010). Mental health problems arise in the context of ambiguity (Boss, 2016), which exacerbates grief. Ambiguous loss fosters ambivalence (Boss, 2010). These birthmothers disconnected from their emotions (Memarnia, 2014; Memarnia et al., 2015) and detailed elevated mental health problems such as depression, anxiety, and diminished self-esteem, consistent with research from non-AI/AN samples (Burnell & Norfleet, 1979; Condon, 1986; Logan, 1996). Birthmothers experience depression not only in the wake of the loss, but years later. They turned to substance abuse to cope. Managing the loss meant having to live with ambivalence and find ways to share their stories in nonjudgmental settings. Creating space for their stories is one way that professionals, as well as tribal communities themselves can facilitate healing.

The fourth major finding was that while these birthmothers lacked the resources to cope with the loss, they found ways to create resiliency. They felt they had no one to turn to and no one in their corner (Memarnia, 2014) and would have benefited from post-adoption support including information about the process of adoption and their rights. They adapted to ambiguous loss in both health-harming and health-promoting ways. While mental health problems such as depression, anxiety, and diminished self-esteem were prominent, they found meaning, turned to tradition and culture as resources, and reconstructed their identities as life givers.

Following ambiguous loss, creating resiliency involves finding a balance between acceptance and control (Boss, 2010). One by one, as AI/AN birthmothers tell their stories, their collective forms. What happened to these AI/AN women happened to many others. Seeing each story as a part of that greater collective, may reduce personal shame and provide healing. Healing is both personal and collective. The personal occurs when AI/AN birthmothers reconstruct their identities by shifting from a narrative of traumatic loss to placing their loss within the collective context. This identity reconstruction is consistent with previous birthmother research (Memarnia et al., 2015). This involves acceptance and forgiveness of self and others. As AI/AN birthmothers reflect on their bravery, they should know that their stories matter and deserve to be heard. Their collective suffering should not go unnoticed.

The voices of AI/AN birthmothers have long been neglected in research. Finding their voices, opportunities to tell their stories, and finding one another, offers healing across the generations of AI/AN mothers who have had their children stolen. For AI/AN birthmothers, culture is medicine. Reconnecting to culture serves as a resource. Healing occurs through spirituality, prayer, meditation, and cultural rituals. When birthmothers courageously tell their stories in cultural talking circles, their stories are honored, healing to ambiguous loss occurs, and all of this contributes to collective healing. Loss is inherently isolating, but collective healing is inherently relational. It is best facilitated in relationship. In relationships between birthmothers, their children, other adopted children, tribal communities, and across the Nations. These birthmothers loved and prayed for their children, in ways that reflected a sense of togetherness despite being apart and enacts the Seventh Generation Principle. Talking circles can facilitate resiliency through finding meaning in the loss (Boss, 2010) by providing birthmothers with the time, space, and permission to acknowledge their loss. Cultural events and ceremonies such as pow wows and talking circles are needed to facilitate healing across various tribal communities. Traditional means of healing such as sweats, spirituality, sharing, song, dance, and prayer consistent with the relational world view may also be relevant

mechanisms for resiliency. Tribal communities are already engaging in these efforts to heal birthmothers, which should be documented.

This study offers numerous contributions. First, it documented the experiences of AI/AN birthmothers who lost a child to adoption. This was an important step in rectifying their prior exclusion from research. Second, this study characterized the ambiguous loss of AI/AN birthmothers. Third, a sound qualitative approach was employed, which allowed for the identification of important findings. There are several suggestions for future research. First, the purposeful focus on AI/AN birthmothers is needed within adoption literature. The documentation of additional AI/AN birthmothers' stories may offer additional insight. It may be that mothers from particular regions or tribal communities have different experiences. Future research with larger samples of AI/AN birthmothers is needed. Advances in measurement, particularly of AI/AN birthparent grief, are also warranted.

While the contributions of this study are noteworthy, no study is without limitations. We enacted community-based participatory research. Our project applied principles of CBPR that are important in an Indigenous context. We built upon the resources of AI/AN birthmothers, rather than perpetuating a deficit-based approach. Our community partners collaborated in all phases of the research from conception to project development to dissemination (LaVeaux & Christopher, 2009). We engaged in shared decision-making and when differences arose, we deferred governance to Sandy White Hawk, Sicangu Lakota Elder and First Nations Repatriation Institute. We respect that rights of AI/AN birthmothers to tell their stories in ways that are culturally congruent and did our best not to impose Western ways of knowing or conducting research. Our approach was not necessarily congruent with Indigenous research methodologies (Easby, 2016; LaVeaux & Christopher, 2009). We present findings across stories in themes and codes, while others have kept stories whole (Hallett et al., 2017).

Our other limitations relate to generalizability. We make no claims of the generalizability beyond our sample. The stories of these AI/AN birthmothers may not represent all AI/AN birthmothers across time, age, context, culture, and tribal communities. Our participants came from diverse tribes; therefore, the themes found may not apply to all AI/AN birthmothers. These birthmothers may represent varying ends of the spectrum (e.g., those who fared more or less favorably). Our sample included highly educated AI/AN birthmothers of middle to upper incomes, which may impact our findings, as they may have had greater access to intellectual and tangible resources that aided in creating resiliency and sharing their stories.

CONCLUSION

AI/AN birthmothers are distinct from other races as they have been disproportionally exposed to systemic practices of forced child removal. Yet, few studies document the loss experiences of AI/AN birthmothers. This study captured the experiences of AI/AN birthmothers who lost a child to adoption and the impact the loss had on their wellbeing. Findings suggest that AI/AN birthmothers experience ambiguous loss and elevated mental health problems.

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