Unwed motherhood, adoption reunion and stigmatized social identities

Karen R. March
Carleton University, karen.march@carleton.ca

Follow this and additional works at: https://scholarworks.wmich.edu/jssw

Recommended Citation
Available at: https://scholarworks.wmich.edu/jssw/vol46/iss1/5
Unwed Motherhood, Adoption Reunion and Stigmatized Social Identities

Karen R. March
Carleton University

Data gathered from semi-structured interviews with 33 reunited birth mothers show they had been stigmatized for their unwed motherhood and hid this identity to protect self from social censure. The public exposure created by reunion contact with their adult placed children required new ways to manage this stigma trait. The women engaged in a process of identity talk supported by their understanding of altered perceptions of female sexuality and a “no choice” discourse that drew upon historical changes in the social position of unwed mothers. This identity talk increased their self-efficacy by providing stronger control over their presentation of self.

Keywords: stigma, identity, self-efficacy, unwed motherhood, adoption

The majority of legislative districts in North America instituted non-disclosure adoption laws during the mid-twentieth century that sealed adoption records and kept the identity of adoption triad members, that is, adoptive parents, adopted persons and birthparents, confidential. Part of the original rationale for non-disclosure was its ability to protect women from the shame attached to becoming pregnant before marriage (Garber, 1985). Non-disclosure is terminated when adopted adults reconnect with their birth mothers (Farr, Grant-Marsney, & Grotevant, 2014). Limited knowledge exists on birth mother identities, however, or on the way birth mothers manage the exposure created by reunion contact (March, 2014, 2015; Neil, 2013).
The 33 reunited birth mothers in this study discussed the impact of reunion contact after many decades of keeping their pregnancy and adoption placement secret. The data emerging from those discussions indicate their acceptance of non-disclosure was influenced by their perception of being stigmatized socially for their unwed motherhood. Although a useful protection for self, the women found the secrecy of non-disclosure to be restrictive because it rendered their motherhood invisible. Reunion contact helped them manage those concerns and integrate this identity more satisfactorily as a part of their self-concept. This process involved two forms of identity talk. The first invoked new images of women’s sexuality. The second involved usage of a “no choice” discourse which presented placement as the result of social circumstance rather than an immoral act.

Self-concept, Social Location, Global-Self Attitudes and Social Stigma

Rosenberg (1981, p. 595) viewed the self-concept as biographical in that it “encompasses the totality of the individual’s thoughts and feelings with reference to oneself as an object.” He also believed a “global self-attitude” emerges as individuals mature, gain knowledge of the larger socio-historical context in which they are socially located, and expand their understanding of the reference groups by which they are socially defined. Global self-attitude is not necessarily anchored in any specific component based on intimate interaction with others. Rather, it develops through the process of being able to perceive one’s social position within the larger society of which one is a part. For example, Rosenberg (1989) claimed that it is not until black children are old enough to understand the socio-historical context of racism in the United States and the structural constraints of unemployment, lower educational opportunities, and economically devalued occupational positions available to them in comparison to “whites” that they develop a lower sense of global self-esteem as a “black person.” In this way, Rosenberg (1989, p. 363) distinguished personal self-esteem, that is, “esteem for one’s individuality...or ...how one feels about self in a comprehensive sense” from global self-esteem or the feeling toward self that reflects one’s social location. In doing so, he
highlighted the importance of questioning how the advantages and/or limitations created by one’s position in the social structure (determined by such characteristics as gender, race, age, social class, religion) are reflected in the self-concept, especially in one’s sense of “self-efficacy, that is, the perception or experience of oneself as a causal agent in one’s environment” (Gecas & Burke 1995, p. 47).

Rosenberg’s (1981) approach to self-concept draws attention to the role played by the larger social context in shaping social identity, that is, the identity attributed to individuals based upon the groups, statuses or social categories to which they belong. In a similar fashion, Goffman (1963, p. 28) remarked upon the role played by social classification systems for constructing social stigma in his analysis of how “society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for these categories.” Essentially, by conceptualizing social stigma as “a designation or a tag that others affix to the person” rather than as a moral failing existing “in the person” (Link & Phelan, 2001, p. 366), Goffman called for consideration of the structural components by which categories of individuals become identified for stigmatization and the social processes by which particular discriminatory practices and stigma management tactics come to be used (Frost, 2011; Link & Phelan, 2001).

Stigma, Identity Work, and Identity Talk

In their desire for social acceptance, those who are socially stigmatized employ stigma management strategies designed to minimize the negative reactions of others and to alleviate any personal and social discomfort their stigma trait creates (Goffman, 1963). That choice is influenced by how they perceive their social position within the larger society (Kilty & Dej, 2012; Leisenring, 2006; Link & Phelan, 2001). For example, Thompson and Harred (1992) observed that female topless dancers separated their social world into two categories, with one category consisting of the larger majority of others who were unaware of their occupation, and the second category consisting of a small group who knew about their work and helped them maintain secrecy. In a replication study conducted ten years later, the same researchers found structural changes in job performance
created by the industry had stimulated the development of an additional stigma management strategy whereby topless dancers “relied heavily on cognitive and emotive dissonance to... separate their dancer personas from their personal selves” (Thompson, Harred, & Burks, 2003, p. 569). Comparably, Anderson and Snow (2001) noted that men who were homeless and living on city streets resorted to stigma management strategies such as hiding material items or modifying their behavior to avoid being identified as homeless (“passing”), diverting attention away from their status by engaging in activities like street performance (“covering”), or intentionally breaking or challenging social conventions in an attempt to avoid personal humiliation or ridicule (“defiant behavior”).

These research examples demonstrate how social location and social context affect the creation and use of stigma management strategies. Each group of study participants possessed distinctive characteristics of social location (e.g., female vs. male, employed vs. unemployed, ability vs. lack of ability to remove self from the stigma setting) upon which they drew to maintain personal self-esteem within a social environment where their global self-esteem was compromised. Snow and Anderson (1987, p. 1348) have referred to this generic process as “identity work” and describe it as the “range of activities individuals engage in to create, present, and sustain personal identities that are congruent with and supportive of the self-concept.”

Given the lack of resources available to those struggling with homelessness and the social identity of being a homeless man who exists within a larger society where poverty is devalued and the rules of social support institutions often demean him, the majority of Snow and Anderson’s (1987, p. 1348) research participants used “identity talk” composed of such verbal tactics as “distancing, (2) embracement, and (3) fictive storytelling” in their “attempt to construct, assert, and maintain desired personal identities.” In a similar vein, Leisenring (2006) observed clients of battered women shelters drew upon various attributes presented within the two dominant institutional discourses of “victim” and “survivor” to create a form of identity talk that matched their own abusive experience and supported their self-concept as self-sufficient women. In contrast, although topless dancers employed identity talk involving “denial of injury to others, condemning those who condemned them and
appealing to higher loyalties,” the tactic of creating separate social worlds stood as their most effective strategy for maintaining social respectability (Thompson et al., 2003, p. 569).

The 33 birth mothers in this study went from keeping their unwed motherhood hidden for decades to revealing it publicly to strangers. Maintaining their personal self-esteem within this new social context required a new process of identity work to manage their social stigma. That process is outlined in the data analysis sections below through a description of: (1) the women’s perception of unwed motherhood as a stigmatized identity; (2) how the stigma management strategy of passing impacted their sense of self-efficacy; (3) a revised understanding of their social location as women who had babies before marriage; and (4) reunion contact, disclosure, self-efficacy and presentation of self as a birth mother.

Methods

The data analysis presented in this article is based on in-depth interviews with 33 birth mothers residing in Ontario, Canada. The interviews were conducted with the use of a semi-structured interview questionnaire designed to address major themes found in the adoption literature, media material, and three years of participant observation with search and reunion groups. The semi-structured interview format offered a combination of open and closed questions and a focus for how discussion of the research topic would unfold. It also provided the flexibility needed to probe and explore issues of consequence for birth mothers from their own perspectives and the ability for the women to supplement the interview material with their own concerns. The interviews were taped and transcribed with the use of pseudonyms and removal of any potentially identifiable material. All tapes were destroyed after transcription. All of these methodological techniques were approved by the university ethics review board.

Interviews occurred at a place of the woman’s choice (usually her home) and averaged two hours in length. The women were relaxed and open during the interview session, but some did cry. At such times I would stop the interview, wait for the woman to regain composure, and ask if she wished the interview stopped. None expressed this desire. Instead, they tended
to say, “No, it’s good to get it out” or, “I’m fine. It helps me to talk about it.” At the end of each interview I left the name of a counsellor who could be contacted without cost if any of the women experienced a delayed emotional reaction to the interview. I learned later from the counsellor that none of the interviewed women had made contact.

The sample is a purposive volunteer sample because the secrecy surrounding adoption makes it difficult to obtain randomness. In an attempt to overcome the potential bias of using membership/client lists of self-help organizations or counseling agencies, I advertised through local news media and gained 15 interviewees (45% of the sample). The remainder (18 or 65%) was accessed by word-of-mouth. Although 22 (67% of the sample) had registered with agencies in expectation that their placed child might contact them and 3 (9%) had actively searched, all of the women were reunited because the adopted adult made initial contact.

Demographically, the sample corresponds with the samples reported by reunion studies conducted in Australia, Great Britain, New Zealand, and the United States (Evans B. Donaldson Institute, 2007). The women are all Caucasian. Forty percent (13) are Protestant and 60% (20) are Roman Catholic. At the time of placement, 21 (64%) were between the ages of 15 and 19, three (9%) were aged 14, and nine (27%) were over the age of 20. None of the pregnancies were planned. Three-quarters of the sample had lived at home and were attending high school when they became pregnant. Seventeen (52%) resided in maternity homes, eight (24%) were sent away to live with family members and eight (24%) were self-supporting and lived alone until placement occurred. More than a third (12, 36%) did not return to school after placement, but close to a third (9, 27%) went on to complete a college/university degree. At the time of the interviews, 55% (18) were married, 15% (5) were single and 24% (8) were divorced. The majority (24 or 73%) had subsequent children, and three (9%) had placed a second child for adoption. Almost half of the sample (16 or 48%) reported contact relationships of more than 6 years. Seventy-five percent (25) were contacted by placed daughters and 25% (8) by placed sons.

The data were analyzed using the constant comparative method developed by Glaser and Strauss (1967). First, each interview was read separately and categorized into consistent
thematic patterns based on repeated words, phrases or simple sentences (Charmaz, 2014). Next, each “open-ended” and “fixed” question was separated and examined to see if particular questions elicited particular patterns or themes. Finally, the interviews were reread and notes were made about significant remarks or observations, and reappearing words or phrases were documented both within and across the interview transcripts. In this way, a thematic pattern emerged on the most significant pregnancy, placement, and contact issues expressed by the women.

Unwed Motherhood, Sexual Promiscuity and Social Stigma

The birth mothers I interviewed used three identities when describing their pregnancy and placement experiences: (1) sexually innocent girl; (2) girl who had made a mistake; and (3) sexually promiscuous girl. These three identities were intertwined as part of a single narrative with the birth mother drawing upon the identity of sexually innocent girl to reinforce her identity as a girl who had made a mistake and to contrast self with the more undesirable identity of sexually promiscuous girl. The following quote by Jan illustrates this pattern:

I was young. I didn’t really know anything about sex. Later I learned he had gotten some other girls pregnant too. I thought I was in love but I realized too late. Then, my parents sent me away. It’s not like today. It was a black mark on the family. They really didn’t consider us much. We were baby machines. That’s how I feel. It’s like we didn’t have any rights, any feelings. We were nothing at all. Sluts who deserved nothing.

Comparably, Alice said, “I was only 18. A virgin. First time away from home. I didn’t know anything. I thought I was in love and he wanted it. When I became pregnant I couldn’t tell my parents. I was ashamed they would see me as loose, like the girls I had been warned about and warned not to become.”

The majority of females in North American recognize the stereotypical image of unwed mothers as sexually promiscuous (Rains, 1971; Solinger, 2007). Interview data such as the quotes above reveal a need for the women in this study to separate
themselves from that stereotype. By distinguishing their personal identity as a sexually innocent girl who “realized too late” from the social identity they carried as “sluts who deserve nothing,” the women maintained distance from the social attribution of sexual promiscuity and preserved a sense of personal self-esteem in a social world where their global self-esteem had been compromised.

This need to maintain distance from the social attribution of sexual promiscuity had been exacerbated by intimate interaction during the early stages of pregnancy. Each woman in the study spontaneously described in her interview at least one incident where a significant other, such as a parent, a sibling, or a friend, had either stated or implied she was sexually promiscuous. For example, Ann observed:

People can be mean. My sister refused to eat at the table with me. She made such a fuss. Called me a slut. So my father found a place for me to board and sent me away. And, the nurses in the hospital spoke sharply. If you were in pain they ignored you. As if you deserved it. They were different when I had my sons because I was married then.

Comparably, Evelyn said:

I was only 15. I told my mother and the first thing she said was, “Do you know whose it is?” I was stunned. I wondered, what kind of a person does she think I am? Then, when I went to the hospital, the doctors and nurses acted as if I didn’t care about the baby and was happy to be rid of her.

Grace also remarked:

I told the father. He said it was likely from someone else and walked out the door. I never saw him again. I didn’t expect marriage. But I did expect some kind of support, even if it was only emotional. When my parents sent me away and I got to the maternity home I realized he wasn’t the only one.

Interestingly, the women did not challenge such attributions because they viewed them as a by-product of their own failure to maintain the normative standards of sexual purity expected by their generation. As Kathy reported,
I couldn’t say much. It was an incredible sinful thing to do what I did. Looking back I think that shame made me feel unworthy of a lot of things. And, grateful for the wrong things. Grateful to my parents for accepting me back after I had done this. Grateful to my husband for marrying me when he knew I had done this. As if I didn’t deserve all of the good things that happened to me.

The quotes above also reveal how closely the women linked their experience of being labelled as sexually promiscuous by significant others to the treatment they received from strangers. This type of connection suggests that the process of being shamed by significant others reinforced the women’s own understanding of their unwed motherhood as a shameful and, hence, discreditable identity. Specifically, if people close to them sanctioned them and treated them badly for being an unwed mother, then strangers were likely to view and treat them either in similar or worse ways. Given this understanding, pregnancy concealment became a form of self-protection, as well as a social expectation. Pam exemplified this perspective when she said:

I was 25. But, it was a bad relationship. And, a bad reason for a marriage. I had left home. My family was out west. I didn’t tell them. The shame…I was embarrassed to tell them. When I began to show, I had to quit my job. I basically went into hiding. It was hard. I stayed in my place. I didn’t go out of my apartment except if I had to. Back then it was a shameful thing. I was too ashamed and afraid of people seeing me pregnant. Afraid they would know I wasn’t married. Afraid of what they would think of me.

Pam’s behavior demonstrates the women’s recognition of their social location in a society where being an unwed mother was connected to the shameful act of sexual promiscuity. In fact, Pam had internalized this shame to such an extent that, despite her maturity, her access to financial resources, and the likelihood she might pass as a married woman, she went into self-imposed exile out of fear strangers on the street would recognize her identity as an unwed mother, judge her negatively, and treat her accordingly. In an effort to maintain personal self-esteem in an environment where her global self-esteem had been compromised, Pam embraced the stigma management
strategy used by most unwed mothers of her time. She kept her pregnancy secret and hid herself from public view.

Non-disclosure, Secrecy and the Dilemma of Passing

Hiding may have been effective during pregnancy, but, it was not a viable approach to everyday life. In contrast, non-disclosure was designed so unwed mothers could pretend their pregnancy had not happened and their child had never been born (Garber, 1985). Similar to most unwed mothers of their generation, the women in this study accepted non-disclosure and employed the stigma management strategy of “passing.” They engaged “in cultural performances in which individuals perceived to have a somewhat threatening identity present themselves or are presented by others as persons they are not” (Renfrow, 2004, p. 485).

The decision to pass occurred as soon as the women returned home from the maternity home or hospital, and significant others acted as if they had never been away. The women interpreted these interactions as further evidence of the enormity of their transgression and as an indication of how they should behave. Apart from telling a future husband “so he would know what he was getting,” few discussed their unwed motherhood again. For example, Stephanie noted:

I mentioned the baby to my mother and she said “Don’t talk about that.” Then, my aunt came to visit and acted like I had never been away. I learned not to say anything. Just to go off by myself and cry if I needed. And to act like it had never happened with everyone else. I told my husband because I thought he should know because we were getting married. But, I never told anyone again...Ever.

Passing left the women unable to access a group of “the wise...who in spite of their failing would understand and accept them” (Goffman, 1963, p. 28). They became isolated in coping with their loss and in coming to grips with their pregnancy, birth, and placement experiences. Their shame over being unwed mothers was not addressed, and their fear of exposing that identity deepened. As Julia observed,
Looking back I realize I always tried to maintain a pretty large distance between myself and other people. I think it’s that wall that I put up so I don’t get hurt. And, so they don’t get too close...close enough that it might slip out...that they would know...that I was who I was...that I had done what I had done.

Passing also left the women vulnerable to accepting others’ assessment of them in ways that made them feel inauthentic and diminished. North America embraces a pro-natalist culture where motherhood occupies a major part of the ideal woman’s life, conversations concerning one’s status as a mother are prevalent and intrusive, and reliable accounts of motherhood are demanded and expected (Solinger, 2007). The women never knew when, where, or how consideration of their unwed motherhood and adoptive placement might arise. Ordinary daily events such as doctors’ appointments, shopping trips, or completing application forms raised anxiety over possible exposure and/or how to act. For example, Denise noted,

I had the hardest time when I had to fill in forms for my job. How do you explain a 6 month absence? Or, when I had to go to the doctor. Should I say I have had a child? Will he know if I don’t? And, you are sad on certain days or times and people wonder why but you can’t explain.

Comparably, Beth said,

Even on the street. When people ask you how many children you have. You can’t tell the truth. Do I say three children? Because I had three but I didn’t. And, there I would be again...denying who I was.

Situations involving pregnancy were especially difficult. Susan, who was unable to have additional children, emphasized this dilemma in her statement that,

It was hard. In a work situation when people start talking about when they were pregnant. Or, you’d go to baby showers. They would say, “Oh you don’t understand giving birth. You don’t know the scenario.” Or, you can’t know what it is to be a mother. I’d want to say, “Yes I do. I’ve been there too.” To
a certain extent you are living incognito. I couldn’t be me. But, it was a secret. I had to keep it hidden so I couldn’t.

Comparably, Kathy observed,

You always pretend. Like when I had my son, I had to pretend he was my first. I couldn’t enjoy my pregnancy. I felt phoney. It was much better when I had my daughter because I could act normal. Like I had had another child so I didn’t have to pretend. But it never stops because he is always treated like my first and she my second.

**Socio-Historical Change, Reunion Contact and the “No-Choice” Discourse**

Similar to the findings of other studies on adoption reunion (March, 2014; Neil, 2013), the women agreed to contact because they carried an overwhelming sense of grief from their loss and an overpowering sense of anxiety over their placed child’s life situation. The decision to expose their identity as a birth mother, that is, as a mother who had placed a child for adoption, was mediated, however, by socio-historical change. Over the last quarter of the twentieth century transformations in women’s employment status, access to effective contraception, divorce, remarriage, and the growth of alternate family forms have initiated more tolerant attitudes toward women’s sexuality and more social, economic, and institutional support for unwed mothers (Solinger, 2007). The women were mindful of such changes and referred to them frequently in their descriptions of their placement decision and in their accounts of how others responded to their reunion contact. For example, Laura said,

It’s a different time now. When I tell people about my daughter, they tend to say the same thing. It was a time when it wasn’t accepted. Your baby wasn’t accepted. You weren’t accepted. Look at the young girls now. There are grants that help them go to school. Their parents are supporting. Helping them out. It isn’t such a shame to get pregnant and have a baby. It certainly was a different time back then. I was just in a different time.
In a similar fashion Donna remarked,

It’s a lot easier now. Now you are a single mom. But, it was so different back then. It was shameful and a disgrace on your family. And, there was no support. You couldn’t get a job if you had a child. There was no mother’s allowance. What were we supposed to do, sit in a room alone and starve? No man would marry you because you were damaged goods. I didn’t want to do it but adoption was the only way. It was hard but it gave her a better life. Most people understand that.

In this way, by contextualizing and comparing past unwed mother situations with the current circumstances of single mothers, the women drew upon a discourse of “no choice” (Melosh, 2002) to ease any social discomfort that might emerge when they presented the fact they were reunited with a child they had placed for adoption. Others’ usage of a similar discourse in response to those presentations reinforced the women’s claims and weakened their fear of future exposure.

The women used a different form of identity talk when they discussed their unwed motherhood. That identity talk focused on perceptions of female sexuality and altered sexual standards. This talk presented sexual attraction and sexual curiosity as normal biological processes. As sexual beings, it is understandable if women have sex before marriage. Without proper sexual knowledge and contraceptive advice, it is also understandable if they become pregnant. They had been punished for their unwed motherhood because the normative standards of their generation had not acknowledged these fundamental realities. To quote Alice:

I was one of the bad girls (laughs). Back then, we were called unwed mothers and I went to a home for unwed mothers. Hidden and closeted behind doors. But, we were before birth control. So, it was a naïve time. You didn’t know much about sex. It was an adult thing. You weren’t taught about it in school and our parents didn’t talk about it. I got pregnant, but I didn’t even realize what was going on. It was the very first time I had sex. It is different now. Everyone talks about sex. You see it on TV and in the movies.
The identity talk of altered sexual standards and its focus on female sexuality normalized the women’s pre-marital sexual behavior in ways that corresponded with their image of being a “sexually innocent girl” who had “made a mistake.” More important, its emphasis on how sexual attitudes and sexual behavior had changed over time neutralized their stigma trait by transforming the shame of their unwed motherhood from a “moral failing” into “a designation or tag affixed by others” (Link & Phelan, 2001, p. 363). It was this process of neutralizing her stigma trait (Goffman, 1963) that enabled Alice to laugh at herself for being “one of the bad girls” who had remained “hidden and closeted behind closed doors.” It was this process of neutralizing her stigma trait that helps to explain why, when asked if reunion contact had changed her, Pam, who had hidden in her apartment for fear strangers might realize she was an unwed mother replied,

Well, the only thing that I can say for sure is that I’m free. It is a great freedom to be able to tell people I have another daughter. And, if they don’t like it who cares? They can say good-bye.

Disclosure, Presentation of Self and Self-Efficacy

The majority of women said most significant others, such as family members and friends, expressed “surprise,” “excitement,” and “curiosity” when told about their adoption placement and reunion contact. Some described “shock” or “amazement,” especially subsequent children who “could not imagine I could do such a thing.” A few reported “anger” or “resentment.” Mary encapsulated these types of reactions when she replied,

My husband always knew. I told him before we got married. But, I had to tell my children. They were surprised and a bit curious about what had happened. My one daughter seemed a bit threatened at first, but we talked about it, and when she found that I hadn’t really changed toward her now the other has come back, she is better. My friends just accepted it. Most people you tell are positive. Most people say, “Gee if it happened to me, I would do the same thing.” So, it’s really fairly positive. And, some will admit they did it too...Like, everyone has a skeleton in their closet...Somewhere...
As the women extended their news to a wider range of people, they were more likely to experience social disapproval and learned to be more circumspect. For example, Liz said:

What surprised me the most was that it was always this bad dark secret. Suddenly, overnight, it wasn’t a secret anymore. It was the same awful story but it wasn’t so awful now. I told everybody. Most were happy for me. Excited. But, I came to learn that my wonderful story wasn’t so wonderful to everyone. Like, there is a woman at work who thinks I am interfering with the adoptive parents and his family. And, a friend disapproves of me letting him go. I am more careful now about who I tell. But, mostly people are okay.

The women tended to consider such types of negative responses to be the by-product of social prejudice and narrow-mindedness rather than the result of their own behavior. The “no choice” discourse had given them a more socially acceptable account of their placement decisions, and the identity talk of altered sexual standards had diminished their sense of shame over being unwed mothers. These views were reinforced by others, especially significant others who used similar language with reference to adoption placement and reunion contact. Additionally, the more frequently the women disclosed their identity as a birth mother, that is, as a mother who had placed a child for adoption, the stronger they became in assessing when, where, and with whom it was safe to reveal that identity and how to govern its revelation. This knowledge gave them a more satisfactory presentation of self and a stronger sense of self-efficacy than they had experienced through the uncertainty created by non-disclosure and the stigma management strategy of continual passing. To quote Susan:

It’s easier now. I decide who I tell and why I tell. Most people are positive. But, generally you get to know people before and you can judge their reaction. So, you don’t just tell anybody, just like with anything else. But, that’s how it is. I only feel guilty about things that I think are really bad. And, I don’t think it was bad. I did what I had to do and I suffered for it. But, I will talk to anybody now because I am not ashamed. I regret it but I am not ashamed.
Discussion

The accounts presented in this article support the need to consider the interconnections between the structural and interpersonal components of social stigma, social stereotyping, and social discrimination. The research literature on social stigma tends to isolate specific stigma traits and individualize stigma impact with minimal consideration of the structural components by which categories of individuals become identified for stigmatization (Link & Phelan, 2001). Such focus can lead to an understanding of stigma outcome as a mere collection of idiosyncratic management techniques rather than also being influenced by social, economic, and political forces (Anderson & Snow, 2001; Thompson et al., 2003). As the interview data indicate, the processes by which persons become identified as being stigmatized and the experiences of those who are stigmatized are not entirely separable.

Frost (2011, p. 825) notes that “the meanings inherent to social stigmas are nested within historical contexts and their meanings can change over time.” Renfrow (2004, p. 485) argues that a more complete understanding of passing as a stigma management strategy emerges when we place “the social meaning of the ‘transgressed identity’ within its ‘unique socio-historical political milieu.’” The data presented here support these claims.

Sexual morality and the sexual purity of women emerged as central concepts in the interview data, but the meaning of those concepts reflected the larger economic, political, and socio-cultural environment of particular generations. In the case of the women in this study, the social value placed on the sexual purity of unmarried women influenced their own perception of their identities as unwed mothers, the process of stigmatization they encountered, and the stigma strategies they applied. Socio-historical changes affecting conceptualizations of female sexuality, women’s rights, and single motherhood transformed those perceptions. When they balanced this new understanding against the sense of inauthenticity and the lack of self-efficacy produced by continual passing, the exposure of reunion contact became less threatening to them.

Armed with the new identity talk of altered sexual standards the women were able to neutralize the shame of unwed motherhood and reveal their identities of reunited birth mothers. The
social, economic, and political changes that have occurred in the last quarter of the 20th century have made adoption placement rare in North America, however, and women who make adoption plans can be perceived as “selfish, uncaring and irresponsible,” or “degenerate” (March & Miall, 2006, p. 380). The women had to find stigma management strategies to soften the impact of such social responses. Sometimes they passed. In the majority of situations, they used the identity talk of “no choice” to highlight their former social location as young, uneducated, unemployed women who had lacked the social, political, and economic power to keep their babies. This use of a “no choice” discourse helped the women create a more satisfactory presentation of self than they had experienced through the secrecy of non-disclosure. Specifically, they learned how to judge when, where, and with whom to reveal their social stigma through the responses of others to those presentations, thereby gaining a stronger sense of control and a stronger sense of self-efficacy when the identities of unwed mother and birth mother were engaged.

Melosh (2002) suggests that the images of sexual shaming presented by reunited birth mothers are obsolete in a contemporary environment where premarital sex and cohabitation have become socially acceptable. The data in this article question the simplicity of Melosh’s analysis. Such images may be outdated for some, but they still resonate. The women in this study had been discredited as sexually promiscuous by significant others during early pregnancy and perceived unwed motherhood as a shameful identity. Contact acceptance meant exposing their shame and the meaning it held for their self-concepts. They were able to do so because the identity talk of altered sexual standards helped them consider their pregnancies as the product of normal sexual behavior rather than personal immorality. This new understanding helped them reconcile their global self-esteem more effectively with their personal self-esteem because it affirmed their perception of self as a “sexually innocent girl who had made a mistake” and their adoption placement as a social punishment rather than a selfish act.

Implications for Research and Practice

The identities of unwed mother and birth mother need to be considered as separate but closely linked identities. The
interview data indicate that shaming by significant others during pregnancy influenced the women’s perception of how others would treat them if their unwed motherhood was exposed. It also indicates the women were vulnerable to social disapproval when they revealed they were reunited birth mothers. These themes emerged serendipitously in the data through grounded theory analytical techniques.

Further research on the pregnancy and placement experiences of unwed mothers is needed to provide us with a stronger understanding of the stigmatization process these women encountered, the sense of shame they may have internalized, and how those past experiences may affect a reunited birth mother’s self-concept. As counsellors, practitioners, adoption professionals and policymakers, we need that understanding so we can address these images appropriately when the topics of unwed motherhood, birth mother identities, reunion, and adoption triad membership arise.

The identity talk of altered sexual standards neutralized the women’s shame over being sexually active before marriage by transforming this behavior into a natural biological response. This perception was supported by significant others in the women’s lives, such as husbands, subsequent children, parents, and friends who were told about the adoption placement and reunion contact. Some described the sense of regret expressed to them by parents who had realized their error in forcing the adoption. A few mentioned friends or relatives who exposed their own identities as unwed mothers. In this way, the women’s decision to accept contact gave them a group of others who validated their identity as unwed mothers and accepted them as “ordinary” (Goffman 1963, p. 28). This finding affirms the therapeutic value of making group counselling opportunities available to all adoption triad members, especially in light of the increasing numbers of reunions taking place. Mixed groups are advised when the desire is to promote understanding of other triad perspectives. The shaming incidents experienced by unwed mothers during pregnancy and their long term silence before reunion emphasize a need for “birth mother only” groups where women may discuss these types of experiences openly with minimal fear of social judgement from others.

The birth mother identity is founded upon the socially stigmatized identity of unwed mother and, as such, also represents
a spoiled identity needing management. The data analysis indicates reunited birth mothers combine the “no choice” discourse with the identity talk of altered sexual standards to create a socially acceptable account of their unwed pregnancy, adoptive placement, and reunion. It offers minimal insight into how each type of identity talk unfolds, under what social conditions each is employed, or if one form of identity talk is preferred over the other. Neither does it offer a strong understanding of what others think of these types of presentation, especially the reunited adopted adult.

For example, Latchford (2012) believes the “no choice” discourse is ineffective for building healthy birth mother-adopted adult relationships because it portrays the unwed mother as a victim, negates her power in the decision-making process involved in adoption placement, and catches her in an interactional trap of continued guilt, obligation, remorse and regret. In a similar vein, Leisenring (2006) notes battered women are caught between notions of victimization, agency and responsibility when they use the identity talk offered by the shelter system to explain their experience to others. The “no choice” discourse and the identity talk of altered sexual standards may disempower and demean birth mothers at the same time as it offers them a viable account of their unwed motherhood and adoption placement. If so, how do they manage these social processes and/or the new forms of stigma messages they receive? Do they create alternate stigma management strategies designed to assert more socially appropriate identities, or do they merely withdraw from revealing their birth mother identity as they did their identity as an unwed mother? Such questions remain for further exploration in more detailed and more focused studies of adoption, social stigma, unwed/birth motherhood, adoptive identity, and reunion contact.

The women in this study kept their identities as unwed mothers hidden as much as possible during pregnancy. They also maintained the non-disclosure expectations of the original adoption contract and did not reveal their birth identity until they were contacted by their adult placed child. Quinn and Earnshaw (2013, p. 46) refer to these types of identities as “concealable stigmatized identities” and note that people may experience increased psychological and physical distress over how others may respond when a concealable identity is exposed.
The original purpose of this study was to examine contact outcome from the perspective of reunited birth mothers. As previously noted, the data analysis on shame, social stigma, and unwed motherhood emerged in response to grounded theory methodology, and conceptualizations of psychological and physical distress were not targeted. Some signs of psychological distress appear in the women’s descriptions of how they hid during pregnancy and in their discussion of passing continuously. It seems, however, that this population would offer a focus for research on the relationships between identity centrality, social context, psychological and physical distress described by Quinn and Earnshaw (2013), especially in their call for future exploration of the changing nature of concealable stigmatized identities over time. In the interim, practitioners engaged in counselling women who are either involved in or considering reunion contact should be alert to the signs and symptoms of the psychological and physical stress evoked by the presence of the stigmatized concealable identities of unwed mothers and birth mothers.

Conclusion

Anderson and Snow (2001) believe symbolic interactionism offers a more complex approach for understanding the impact of social stigma than perspectives that focus exclusively on microscopic management strategies or macroscopic structural factors. The symbolic interactionist concepts of identity, self-concept, and significant others provided a framework of analysis for appreciating how unwed mothers reacted to their pregnancies and their ultimate acceptance of non-disclosure. Rosenberg’s (1981, 1989) conceptualizations of global self-esteem and personal self-esteem added to that understanding by highlighting the interface existing between knowledge of one’s social location, how that knowledge impacts individual behavior, and self-efficacy. The data also support Rosenberg’s (1981, 1989) proposition that a person’s immediate reference groups are more important for self-concept than social location through its demonstration of how significant others affirmed and solidified the women’s perception of the shame they carried for becoming pregnant while unmarried.
The data indicate a stronger focus on the interconnections between micro- and macro-influences is needed if we are to grasp the full implications of social stigma, stigmatized identity, and stigma management. Notably, the women in this study occupied a different social location than the one they had occupied at the time of adoption placement. They were older, most had been married, had raised subsequent children, and were well-educated with occupations or careers. Despite such life transitions, they maintained the secrecy of non-disclosure until contacted by the adopted adult. It was their knowledge of socio-historical changes in the treatment of single mothers and changed attitudes toward female sexuality that enabled their acceptance of a reunion contact in which their birth mother identities were exposed. Future research should consider other aspects of how the process of stigmatization affects all of the family members involved in the adoption, search, and reunion process.

References


