

Birth Mothers Experiences with Grief after Placement of their Children in Adoptive
Families

by

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Abstract

Adoption has become a more openly discussed option for women who are unable to raise their children or who may choose not to parent their own. Choosing to place a child for adoption can be one of the most difficult decisions that a woman may ever have to make. Many people in North American society do not see reason for the birthmother to grieve as it is thought to be a decision the birthmother has made and because the child is still living it is not acknowledged as a loss. Because birthmothers' grief often becomes disenfranchised and the loss is an ambiguous loss, the grief experience for these women is often complicated. This paper includes an overview of recent literature on what is known about birthmothers' grieving experiences, followed by a discussion of the limitations of this literature, implications for counselling this population, and areas for future research in this field.

Key Words: birthmothers, adoption, disenfranchised grief, ambiguous loss

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Dedication

This paper is dedicated to the many birth mothers who have made the difficult decision of placing their child for adoption.

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Introduction

Even though adoption has become more socially acceptable over the years, a birth mother's grief is distinct from other forms of grief since giving up a baby is a physical loss, as well as a loss of relationship, and consequently grief is a theoretical expectation and a premise, even though it is still not always thought to be socially acceptable to discuss openly (Davidson, 2010; Counsel of Irish Adoption Agencies, 2012; Landino, Guerra, & Romer, 2014). According to Robinson (2003), "For many, the birth and subsequent adoption of their child has been a secret because of the shame and social stigma involved. Sometimes the secrecy has become a debilitating, entrenched factor in their lives" (p. 58). Since there is a stigma attached to expressing this disenfranchised grief for many of the birth mothers after the placement of their children for adoption, this research paper will explore the question of how some mothers who put their children up for adoption are affected by grief. Through an exploration of this type of grieving experience, information about the social and emotional implications this poses within birth mothers' lives will be addressed. This paper will provide information on what is known about the grief that birth mothers go through as well as provide a critique of the literature where weaknesses lie and what might best help those who are in the post-adoption stages. It will also provide counsellors with more knowledge about adoption and how to help birth mothers who may be experiencing grief after the adoption placement has taken place.

Generalities of Adoption

One definition of adoption is "the process whereby a person assumes the parenting for another and, in doing so, permanently transfers all rights and responsibilities, along with filiation, from the biological parent or parents" (Adoption, n.d.). Nearly everyone has been

exposed to adoption in some way whether it is knowing someone who has been adopted, who is in the process of adoption, who has given their child up for adoption, has been adopted themselves, or by simply being exposed to it through media. Since the end of World War II, interest in adopting children has been on the rise around the world (Child Welfare Information Gateway, 2013). With a peak in the 1970s, followed by a rapid decline in the 1980s, there has been a steady increase since then with another peak in 2004. Between the years of 1999 and 2011, there were 233,934 reported worldwide adoptions with 76 percent of these cases being children under the age of 2 (Adamopoulou, 2013). Although, there are a large number of children being adopted worldwide, there are still many children in foster care, many unreported abandoned children, and cases where family members have taken on the care of raising children which overall significantly increases the number of children who have been relinquished by their birth mothers annually. According to The Child Welfare Information Gateway (2013), "There is no straightforward way of determining the total number of adoptions as no single agency is charged with compiling this information, and agencies that do collect adoption-related data do so for their own purposes and count adoptions differently which makes aggregation difficult" (p. 5). There are many reasons that children are placed for adoption including the age of the birth parents, the birth mother was raped, mental illness, low income, health issues within birth family, or simply because birth parents feel it will give their child a better life, just to name a few (Wiley & Baden, 2005; Robinson, 2002; Patricelli, 2007).

Types of Adoptions

In North America alone, there are approximately 500,000 children who are in the foster care system but only 30 per cent of these children are up for adoption annually and often

they will be held in the system for up to three years (Adamopoulou, 2013; Adoption Council of Canada, 2014). Adoptions are characterized into three different types which are described in more detail later in this section. Approximately 2.5 per cent of all children in North America have been adopted and 38 per cent of adoptions are private domestic adoptions with another 37 per cent of adoptions being through the foster care system and the final 25 percent being international adoptions (U.S. Department of Health and Human Services, 2013). The percentage of women that have decided to put their children up for adoption has dramatically decreased over the last fifty years from 19.3 percent to approximately 1 percent of all unmarried women whom have become pregnant (Opper, 2010; Bachrach, Stolley, & London, 1992). The decline of women placing their children up for adoption is perhaps due to the declining stigma of unwed mothers, declining pregnancy rates in general, women aborting their unborn fetuses and an increase of birth control awareness and usage.

Approximately 20% of Canadians have been directly touched by adoption whether that is they are adopted themselves, have an adopted family member, have placed their child up for adoption, or are a relative of someone who has given up a child for adoption (Adoption Council of Canada, 2014). In 2010, a study conducted by the Dave Thomas Foundation for Adoption, revealed Canadian perceptions about adoption. Findings show that 60 percent of respondents believe that adoption of a child is done strictly because of infertility issues and “58 % believe that adoptions are becoming more socially acceptable and 43% would now consider adopting a child” (Zhu, 2010). Although many people are touched by the impact of adoption, less than 1 percent of the Canadian population has actually adopted a child even though there are close to 30,000 children available for adoption annually and the awareness of the need to place these

children is prominent (Zhu, 2010). As stated by Flango (1990), “because so many placements are private, nobody knows exactly how many adoptions there are each year” (p. 264).

Adoption can take various forms including domestic public adoptions, domestic private adoptions, and international adoptions. Public adoptions are those that involve adopting children that have been placed in the care of a provincial or state welfare authority. Private adoptions, on the other hand, are “adoptions without the intervention of a licensed adoption agency, although often with the assistance of a professional intermediary – and attorney or physician or both” (Charney, 1985, p. 52). The last form of adoption is international adoption which is simply adopting a child from a country outside of which one resides. Even though these are the main three types of adoption, the form the adoption takes within each of these methods can vary as there are closed, open, and semi-open adoptions. Closed adoptions are confidential adoptions that were established to keep “birth parents’ rights of privacy, shielding unwed mothers from the stigma of “illegitimacy”, protect adopted children from social ridicule and to shelter adoptive parents from the humiliation of their infertility” (Ge, et al., 2008, p. 529). Even though there are still closed adoptions today, these began to lose popularity after the 1970s. Open adoptions, on the other hand, are “characterized by continued contact and communication between birth parents and the adoptive family and the child that was put up for adoption” (Ge, Natsauki, Martin, Leve, Neiderhiser, Shaw, Villareal, Scaramella, Reid, and Reiss, 2008, p. 530). This has become the most popular type of domestic adoption as many feel this “makes adoptive parents feel more, rather than less, secure in their parental role because adoptive parents feel that birth parents have given them explicit consent to parent the child and also helps to mitigate birth mothers’ feelings of pain and loss, resulting in less destructive

behavior and greater emotional well-being” (Ge et al., 2008, p.530). The last form of adoption is considered a semi-open adoption. In this form of adoption, potential birthmothers or birth families experience non-identifying interaction with adoptive families. In most cases, interaction is facilitated by a third party, usually an adoption agency or adoption attorney. Through this type of adoption, the identity of all parties is usually kept confidential. In most cases the interaction is limited to letters or cards. However, in some cases, there might be non-identifying e-mails or visits hosted by the adoption professional.

Effects of Adoption

Despite the various forms of adoption, adoption can have many positive effects as well as negative effects on all parties involved. Adoption can be a win-win situation for both the adoptive family since they gain a child they have been waiting to join their family as well as the birth mother who is relinquishing her rights but wants the best for the child she has brought into the world. For the adoptive family, “adoption has been found to help ameliorate the negative impact of infertility and can afford couples and their children the ‘potential for transformation and rebirth’” (Daniluk & Hurtig-Mitchell, 2003, p. 389; Bartholet, 1999, p. 44-45). Since the majority of families adopt due to infertility issues, adoption is sometimes their only chance of having a child or children and fulfilling their desire to parent. Once they adopt a child, they may experience optimism and have a renewed sense of hope as they realize their abilities in loving the child that has become part of their family and many feel a new sense of attachment both within their relationships with their partners as well as with the child that has been entrusted to them (Daniluk & Hurtig-Mitchell, 2003). Levy-Shiff, Goldschmidt, and Har-Even (1991) found that adoptive parents had an easier time transitioning

into parenthood than did biological parents and it had less of an impact on the couple's marriage because they appeared to be more appreciative of the rewards that accompanied their transition into parenthood.

Even though there are many positive aspects of adoption for the adoptive family, they undergo several challenges as well. Some of these challenges include grieving for their inability to have a biological child which in itself could lead to depression, low self-esteem, and marital difficulties (Ceballo, Langsford, Abbey, & Stewart, 2004). This is more prevalent for adoptive mothers who may go through a grief process. Even though the addition of a new family member is usually seen as an exciting process, adoptive families "may harbour uncertainties about extended family members' reactions to an adopted child, making it difficult for adoptive parents to count on family members for support and assistance during their transition to parenthood" (Ceballo et al., 2004, p. 40). This negative attitude or social stigma that is sometimes directed toward people adopting can extend beyond that of family members and into the family's social circle or even attitudes from the general public. Often statements can come across as a sense of pity towards the adoptive family rather than being supportive in nature (Silverstein & Kaplan, 2014; Watson & Granvold, 2008). One of the most pressing stressors that couples who adopted a child face initially is that their child might be removed in the early months and once again placed with another family or back with the birth parents due to the ambiguous legal status due to probationary periods that are in place (Daniluk & Hurtig-Mitchell, 2003; Levy-Shiff et al., 1991). This probationary period can lead to less attachment occurring between the adoptive family and the adopted child as a protective measure and the

creating of attachment is critical for both the adoptive parents as well as the adopted child (Fravel, McRoy, & Grotevant, 2000).

Like adoptive parents, the adopted child goes through both positive and negative experiences within the adoption cycle. The child is usually accepted into a family that loves and cares for them and most adopted children are well-adjusted as they grow up. Despite the fact that most adopted children grow up feeling accepted, loved, and cared for by their adoptive families, these children also face their own set of challenges as they learn to cope with the fact they are adopted. Wierzbicki (1993) found that adoptees as a group are at somewhat greater risk for maladjustment than their non-adopted peers. For example, adoptees are over-represented in outpatient and inpatient clinical settings and, regardless of clinical status, exhibit more academic problems and externalizing behavior problems, such as aggressiveness, oppositional behavior, impulsivity, hyperactivity, and running away, than non-adoptees. These maladjustments could be due to the fact that the adopted child needs to deal with and come to terms with the loss of their biological family, the social stigmatization that is associated with being adopted, and sometimes “loss of ethnic, racial, and genealogical connections; loss of stability within the adoptive family; and loss of identity” (Smith & Brodzinsky, 2002, p. 213). Depending on the degree of openness in discussing the adoption and issues that have arisen from the adoption can determine if and how the child deals with the stress that these issues may bring up for them. A child that perceives their adoption in a negative way or that feels incapable of exploring questions about their adoption may begin a cycle of negative emotions associated with the stress of the situation such as confusion, anger, sadness, anxiety, shame and even embarrassment (Smith & Brodzinsky, 2002). Adoptees need to be allowed to explore

their questions and be allowed to grieve for the losses they experience throughout their lifespan when new emotions and questions may be brought up at different stages (Silverstein & Kaplan, 2014). There is a lot support, including adequate literature, for adopted children and with open-adoptions becoming the norm, adopted children usually receive a lot of support in dealing with the questions and grief process they may have during their life with their adoptive families.

Lastly, the birth mothers experience through the adoption process can bring about many mixed emotions (Patricelli, 2007; Child Welfare Information Gateway, 2013) and their experience is the central focus of this paper. First, they can have feelings of relief and happiness that their child will be placed in a home that can provide the child with love and care and a life that perhaps the birth mother may not be able to provide for the child (Landino, Guerra, & Romer, 2014). Putting their child up for adoption may also provide the birth mother with a sense of hope for both her child as well as for her own life as many of the mothers that give their children up for adoption are teenagers (Neil, 2007).

Even though there can be many positive aspects of putting a child up for adoption, both the pre-adoption as well as the post-adoption process can bring about many negative emotions for the birth mothers (Cowie, 2011; March, 2014; Roles, 1997). These emotions can include a sense of loss and grief. Despite the fact that these feelings seem very natural to the circumstances, the grief and loss experience of birth mothers of adopted children can be quite different from other forms of grief as it is a disenfranchised grief and ambiguous loss. According to Robinson (2003), "grief is disenfranchised when the grief is connected with a loss which cannot be openly acknowledged, publicly mourned or socially supported...and in many

cases of disenfranchised grief, the relationship is not recognized, the loss is not recognized or the griever is not recognized” (p. 3). Due to the stigmatized nature of adoption, society often does not know how to respond to the post-adoption experience of birth mothers but many birth mothers do not know how to express their own grief and to whom they can express it as often there is little post-adoption support and only minimal pre-adoption support (Cowie, 2011). This disenfranchised grief can lead to many other adverse effects such as anger, guilt, sadness, depression, hopelessness, and numbness (Robinson, 2003). These feelings and the inability to express their grief or talk about the loss, can make the birth mother feel awkward about the experience, as well as having a sense of feeling invisible and isolated as the topic of giving children up for adoption is still considered a topic that not many people do not know how to approach with a birth mother.

The topic of placing a child for adoption is still very much a topic that often is kept strictly between the birth mother and the few people that are involved within the procedure (Fravel, McRoy, & Grotevant, 2000, March, 2014). As most adoptions go through social workers or lawyers, there has always been a sense of this being a business transaction while keeping the best interest of the unborn baby in the forefront (Roles, 1997; Cowie, 2011). Counselling services are provided if asked for but often the topics that are discussed focus around what will happen to the baby and how to make informed decisions when placing the child particularly in cases where the agency is focused on open adoptions (Wiley & Baden, 2005). There are minimal if any discussions about the emotional rollercoaster one may go through when making a major life changing decision not only for themselves but also one that will impact the rest of their unborn baby’s life. Since the experience of placing a child for adoption is a journey filled

with up and down emotional experiences that can leave many birth mothers in a state of confusion and isolation while making one of the most major decisions they will ever have to make, a general understanding of the grief and loss that is particular to some birth mothers would be beneficial so people know how to approach both discussing the issue of adoption placement with birth mothers as well as what they need to reduce the feelings of grief, loss, and isolation.

Methodology

This paper looks at adoption with the central focus being on grief and loss from a birth mother's perspective using a systematic literature review. Khan, Kunz, Kleijnen, & Antes (2003) state, "A review earns the adjective systematic if it is based on a clearly formulated question, identifies relevant studies, appraises their quality and summarizes the evidence by use of explicit methodology" (p. 118). This literature review was based on the following steps.

The first step consists of coming up with the central research question which should be stated in a clear, structured and specific way. The central question for this paper is: how are some birth mothers who put their children up for adoption affected by the grief? The central question proposed in this study can help us determine context, interventions, mechanisms, and outcomes that can be applied to this population based on the findings through the literature that is being reviewed.

This research began by doing a literature search using the terms birth mothers + grief +loss, adoption + mother's grief, and post-placement + birth parent's grief. Along with searching for key terms in various combinations with other terms such as adoption, bereavement, birth, grief, loss, mothers, adopted children, adjustment, disenfranchised grief, ambiguous loss, and birthparents. This is such a large topic to cover, so the search strategy for articles was through a grief lens after the placement of a child in an adoptive family which narrowed down the search results.

Articles and unpublished dissertations were selected from a variety of sources including the City University of Seattle, University of British Columbia, and Simon Fraser University

websites. Further searches were conducted through Psychlit as well as various websites of licensed adoption agencies across North America as well as post-adoption birth mother support group sites that deal specifically with grief and loss in this particular area.

The selection criteria for articles included those written in English and had a main focus on the birth mother's experience with adoption. While the exclusion criteria for articles included those not written in English, articles written more than 15 years ago, and were accessible either online or accessible in print form through local libraries. Since many availability and accessibility of many articles limited the quantity of articles, this became a selective review of literature.

Once relevant articles were located all material was read thoroughly and critically analyzed for common themes and the context in which these themes emerged. While reading the articles for this literature review, supporting evidence for the common themes was noted as well as the credibility and reason or logic for the findings. According to researchers, all elements of the articles should be considered when analyzing the validity of the claims these articles make including structure of the text, methodology applied to the studies, evidence that supports the claims found or limitations that leave gaps in the findings, and the logic of the conclusions that are made (Khan, Kunz, Kleijnen, & Antes, 2003; Liunbruno, Velati, Pasqualetti, & Franchini, 2013).

After the papers were analyzed, a thesis statement of the overall themes was established with acknowledgements of the current strengths and limitations found within the literature being examined. The literature review will focus on how the findings from the various

articles are connected as well as concerns that arise if there are facts that appear to contradict one another. This includes discussing the biases that occur because of how the studies were conducted. Khan et al. (2003) claim that when conducting a literature review, "Exploration for heterogeneity should help determine whether the overall summary can be trusted, and, if not, the effects observed in high quality studies should be used for generating inferences. Any recommendations should be graded by references to strengths and weaknesses of the evidence" (p. 121). In the case of this paper, information on how to find the most conclusive evidence for the experience of birth mothers and provide insight into both what is already known as well as what information may be relevant in providing services or assisting those who may be experiencing grief after the placement of their children with an adoptive family.

A systematic literature review was used for this study as it looks at various articles and looks for distortions or misrepresentations within these and then takes these into consideration to reduce biases. This method is explicit in stating the methods in which studies have been conducted to make sure the presented findings are relevant to the population. A systematic review was chosen as it presents what is out there in a comprehensive form, whereas other types of literature reviews, such as a manuscript, communicates the relevance of the topic plus how this will improve the field. Since looking at the birth mother experience in the adoption process is still a relatively new topic to be focused on looking at a wide variety of articles on the topic provide what is known while taking into account the differences of how various studies were conducted as well as the biases these studies may have. By understanding the differences and biases from previous studies, conclusions for future research can be obtained.

Literature Review

Adoption is a process that effects the lives of the adoptive family, the child being placed for adoption, and the birth mother (Fasse, Horton-Bobo, & Magnuson, 2014; Council of Irish Adoption Agencies, 2012). Even though there is a considerable amount of literature focusing on the topic of adoption and the adoption triad, the birth mother's experience is the least explored (Wiley & Baden, 2005). Over the last few decades, a feeling of loss as experienced through the adoption process is becoming more recognized but literature acknowledges that there is still a need for further understanding of the grieving experience of birth mothers (Cowie, 2011; Wiley & Baden, 2005; Robinson, 2002; Doerr, 1994; Condon, 1986). Since the 1990s, literature has started to focus more on the grief that birth mothers go through post-relinquishment of their child, though there is still limited information. The available literature tends to suggest that grieving the loss of a child due to relinquishment through adoption can be very distinct from other forms of grief (Romanchik, 2014; Aloï, 2009; De Simone, 1994). Even though many birth mothers feel like the placement of their child in adoptive families will provide a better life for their child as well as for themselves, a rollercoaster of emotions may be experienced after the placement and one of these emotions includes grief (Cortes, 2012; Davidson, 2010; Aloï, 2009; Henney et al., 2007, Wiley & Baden; 2005). The emotions may vary in intensity and duration occurring in waves throughout the birth mother's entire life. These can be triggered by situational circumstances such as (but not limited to) the birthday of the child, the years that the child would hit developmental milestones, or even by seeing children who are the same age as the child who was relinquished (Davidson, 2010). Current day research supports Logan's (1996) assertion that "it is imperative that the prevalence and long

term impact of relinquishment begin to be recognized, not least so that the experiences of the birth parents are better understood” (p. 625).

Although the literature over the last twenty years has acknowledged that birth mothers do grieve, there is limited information on how the grieving experience for mothers whom have placed their children up for adoption differs from other forms of grief. The minimal information we do have regarding this specific type of grief for some birth mothers may stem from the limitations within the studies which have been conducted with birth mothers. Many of the studies, have sought information numerous years or even decades after birth mothers who relinquished their child (De Simone, 1994; March, 2014) and often were birth mothers who went through an adoption agency or through responses to advertisements placed in newspapers (Blanton & Deschner, 1990; Cowie, 2011; March, 2014). Post-adoptive participants in such studies report retrospectively their feelings about the adoption but “may contribute to recall bias (distortions or lapses of memory) which may cause the respondents to either over report or under-report their experience” (De Simone, 1994, p. 127). Since many of the studies recruited their participants this way, generalizability could be limited as the post-adoption experiences could vary greatly between those birth mothers whom have sought the services of an adoption agency from those that did not seek adoption services through an agency. Another limitation with many of the studies that look at the post-adoption experiences is the limited sample size used in many of them. Smaller sample sizes again limit the generalizability but do provide insightful information that readers should be aware of when looking at the grief experience that some birth parents experience. Blanton (1988) also notes that another limitation from participants that sought services through an adoption agency is that each

agency may “have different procedures and policies in providing adoption services” to the birth mother (p. 28). Even though there have been limitations within many of the studies on birth mother experiences of grief after the post-adoptive placement, valuable information has still been attained about some birth mothers experiences.

Disenfranchised Grief

Acknowledging the aforementioned limitations from both academic and popular literature, the general themes that emerge are that birth mothers not only experience grief over the placement of their child in adoptive families but this grief is complex and can be described as disenfranchised grief and the loss they feel is considered to be an ambiguous loss (Higgins, 2014; Gair & Moloney, 2013; Child Welfare Information Gateway, 2013; Cowie, 2011; Aloi, 2009; Boss, 1999). Often when we think of grief and loss, it is associated with death, yet not all losses are the result of death but can be a transition that leads to loss such as the adoption of a child. This type of loss can result in disenfranchised grief, and as defined by Doka (2008) it is “grief that results when a person experiences a significant loss and the resultant grief is not openly acknowledged, socially validated, or publically mourned. An individual is experiencing a grief reaction, but there is no social recognition that the person has a right to grieve or a claim for social sympathy or support” (p. 223). Grief is a process that many consider to be valid after a loss happens however with birth mothers often the grief begins when they are still pregnant. A quote from a birth mother in Robinson’s book “Adoption and Loss: The Hidden Grief” (2000) states the following:

I suppose my mourning had already begun, even before my child was born. I was mourning my loss of innocence, my lost lover, my hopes and my dreams, as

well as the future loss of my child. Even then I worried about the effect on my unborn child of my deep sorrow (p. 40).

This quote emphasizes how overwhelming the grief can be for some birth mothers even before they have given birth to their child. This can often be from the sense that the decision to place a baby for adoption can be influenced by the age of the woman when she is giving birth, the opinion of the woman's family and friends, the opinion of the birth father, religious beliefs, cultural beliefs, and perceived social stigmas around unwed mothers (Aloi, 2009; Wiley & Baden, 2005; Davidson, 2010). Disenfranchised grief can begin well before the baby has been born due to the fact that many still disapprove of unwed or teenage pregnancies (of which many adoptions are the result of) and the pregnant women and their families may choose to keep the situation a secret (Davidson, 2010; Landino, Guerra, & Romer, 2014). Secrecy increases the grief as birth mothers may feel embarrassed, shame, a lack of recognition for their feelings, experience, and support from others (De Simone, 1996; Davidson, 2010; Landino et al., 2014; Cowie, 2011). The stigma that some still attach to unwed or teenage mothers is decreasing now as single parenting is much more socially acceptable due to societal changes.

Not only do many birthmothers begin the grieving process before they have even given birth, often they are not given the chance to grieve once the baby is born. Aloi (2009) states, "many nurses do not even recognize the birthmother's need to grieve, do not approve of the birthmother's decision, or are at a loss of what to say, thus contributing to her disenfranchisement" (p. 27). Not only are the birth mothers subjected to this disenfranchisement by nurses but family, friends and other members of society who may also be unsure of what a birth mother is really experiencing after the placement of their baby. Birth mothers are commonly encouraged to forget about the relinquishment as well as their baby

and move on to how life was before getting pregnant (Cowie, 2011; Davidson, 2010; De Simone, 1996; Blanton, 1988). This lack of validation could be from an individual's lack of knowing what to say or a simple ignorance about adoption. This ignorance can be demonstrated when people assume that birth mothers have nothing to grieve as they made the choice to relinquish their children (Aloi, 2009; De Simone, 1994). This point is demonstrated by a quote from a birth mother (Aloi, 2009): "*Nursing the disenfranchised: Women who have Relinquished an Infant for Adoption*":

From everything I see, I think the general public believes that mothers who give babies away are glad to be rid of them, they're glad to be rid of the problem. They think 'She didn't care about the kid. She just wanted him out of the way so that she could go on having a good time'. (p. 29).

The quote implies that birth mothers are either incapable of grief or that they willingly made the decision or, therefore, there is no need to grieve as the loss is perceived as a voluntary decision. The birth mother's disenfranchised grief continues as their loss is not socially validated and is not expected to evoke such a reaction, therefore, there are limited if any ceremonies that validate their grief.

Ambiguous Loss

Another theme that emerges within the literature is the sense of loss that birth mothers feel that is often accompanying their grief. Adoption is based around loss, especially for the birth mothers. The type of loss many birth mothers experience is referred to as ambiguous loss. This type of loss, as defined by Boss, Roos, and Harris (2011), is when "a loved one is physically absent but kept psychologically present" (p. 164). They go on to say that ambiguous loss differs greatly from other forms of losses such as losing someone through death. Other

losses have some sort of closure for the individual experiencing the loss. Ambiguous losses are often unrecognized. Ambiguous loss can lead to complex grief and leave a further feeling of disenfranchisement for birth mothers after their child is relinquished.

A psychological presence of the child placed for adoption can begin almost immediately after signing the adoption papers. Wiley and Baden (2005) note that some birth mothers are “left with lingering questions about what happened to the baby” (p. 31). Many birth mothers are left to deal with this loss in isolation; many develop fantasies about the child they gave birth to no matter what the degree of openness they have with the adoptive family (Cortes, 2012; Davidson, 2010). This could be because birth mothers may be uncertain of the place they have in their child’s life and what their role looks like (Gaddie, 2009). The psychological presence of the child that was placed for adoption may be the cause for an increase in the birth mothers’ risk for mental health issues such as depression, anxiety, and complicated grief (March, 2014; Higgins, 2014). Even though ambiguous loss occurs regardless of the degree of openness, the more open an adoption can lessen the degree that it is felt as there is some contact with the child (Fravel, McRoy, & Grotevant, 2000; Gritter, 2009; Romanchik, 2014; March, 2014; Cowie, 2011).

Trauma and other factors

Disenfranchised grief and ambiguous loss are considered traumatic experiences as neither one are recognized by the majority of society as being socially acceptable, therefore having no rituals or ceremonies that help provide closure for the birth mother (Davidson, 2010; Landino et al., 2014; Fasse, 2013). The trauma that experiences with disenfranchised grief and

ambiguous loss cause creates a paradoxical problem for many birth mothers, such as “removing or minimizing the few social supports” that are needed for this group of women (Aloi, 2009, p. 29). Experiencing trauma of this sort can also contribute to compromised mental health issues. Approximately 75% of women that have placed their children for adoption, report that their emotional health is very poor or poor and 80% of these women report that this was a direct result of the adoption placement of their child (Landino, Guerra, and Romer, 2014). Some of the issues that developed due to this trauma include depression, guilt, anxiety, diminished self-esteem, and sleep problems (Blanton, 1988; De Simone, 1994; Boss, 1999; Landino et al., 2014; Davidson, 2010). Looking at the results that come about from the trauma experienced by some of the women whom have placed their children for adoption, leads us to question, are mental health issues a result of the trauma or are women with more mental health issues more likely to place their children for adoption? Questions like this must be considered when looking at the research to determine the validity of the results of studies. Even though we do not know if the trauma and resulting mental health issues arise from the placement of the child in an adoptive family or are the cause of the placement, minimal amounts of social empathy contribute to the trauma that is experienced by many birth mothers. According to Gair and Moloney (2013), “enactment of empathy may be contextual and may be influenced by entrenched social norms and moral judgements” (p. 100). The lack of social support and empathy can increase the feelings of isolation and tendencies towards self-destructive behaviours and/or suicide (Cortes, 2012; De Simone, 1996). Trauma and the possible symptoms that can emerge from trauma, is experienced by every person differently but trauma that is not dealt with can lead to festering long-lasting issues and complicate the grieving

process. Not all birth mothers who place their children for adoption perceive their situation as traumatic, so studies discussing symptoms suggestive of poor mental health status need to be cautioned but an awareness that they are more prone to mental health issues should be kept at the forefront.

Even though grief and loss for birth mothers has been acknowledged within the literature, disenfranchised grief, ambiguous loss, and trauma are only starting to emerge as themes in both academic and other literature in the last ten or so years as seems to be the case in my own review of the literature in the field. Since these themes are still relatively new areas for mothers who have placed their children for adoption, there is still much to be examined in the literature. The literature on adoption is looking more at birth mothers and their experiences in the adoption process and accepting that the birth mothers experiences continue on once the adoption papers are signed even though there is still a need for much more literature on what their grieving experience entails as there may not be many other, if any, grief and loss experiences that compare to the grief and loss experienced by a birth mother dealing with the adoption of her baby. One theory commonly discussed in studies on birth mother grief assumes that birth mothers experience grief following a traditional grief model where there are five stages: 1) shock and denial, 2) sorrow and depression, 3) anger, 4) guilt, 5) acceptance and resolution (Romanchik, 2007; Roles, 1997). The grieving experience for birth mothers differs from experiencing a loss through death, and the stages of grief may differ as well and birth mothers may get stuck more frequently in the various stages of the grieving process. There is still a need to look at how these women whom have placed the children for adoption learn to move through these stages and come to acceptance of both their role without being with their

child, what areas they have more difficulties dealing with, as well as the techniques these women use to cope effectively and help them move through the stages of grief and come to acceptance and reconciliation with their decision. Although this has been assumed to be the case for other forms of grief as well but current literature is now finding that the stage theory appears to be inaccurate for many griever and a more individualized process is being accepted as the norm (Sullender, 2012; O`Connor & Breen, 2014). As more information on how the traumatic experience for some birth mothers arises from the adoption placement of their child, the traditional grieving models appear to be ineffective as issues that arise around disenfranchised grief and ambiguous loss are much more complex than those dealing with grief and loss that is more socially accepted, such as death even though some doctors have reported that even this is an individualized. O`Connor and Breen (2014) found, ``an acknowledgement by some GPs that people did not go through stages in a set order, or even go through of all the stages`` (p. 63). The grief of women whom have placed their children for adoption is much more complex than simply making a decision of relinquishing their child and then moving on with their lives, the traditional grief models do not acknowledge their disenfranchisement and ambiguous loss and, therefore, do not account for the whole grieving experience of these women. Without modifications to these traditional grief models, we may never fully understand what many of these women experience after the signing of the adoption papers.

Limitations of Current Research

Limitations to what we do know include small sample sizes generally consisting of birth mothers that have gone through adoption agencies. When looking at such a specific sample size birthmothers whom did an adoption privately through family members or placing without

the help of an agency could have a very different experience. Not only could the experience of the birth mother differ when the adoption happens in an agency versus a private adoption but most of the studies do not consider birthmother's who are forced to place their children for adoption. Different circumstances surrounding the adoption could potentially change the grieving experiences of the birthmothers. Limitations also exist that not every mother going through an agency receive the same care so generalization from these studies cannot be made as the experience differs between agencies and even two women at the same agency cannot be guaranteed that the care they received was exactly the same or for the same period of time as some people start dealing with the adoption agency shortly after they became pregnant while some come in near the due date or even after (Wiley & Baden, 2005; Landino et al., 2014). Limitations can also exist that those choosing to participate in studies looking at grief may have had better experiences with their own grief after adoption and, therefore, may be more inclined to participate in a study (Cowie, 2011).

Another limitation in the current literature is that the studies do not look at specific age groups as adolescents who place their children for adoption may have different experiences from those that are older. Since adolescents tend to have a greater influence from parents and/ or their peers, the impact of the decision to place a child for adoption may follow a different course a woman who chooses to place her child as a more mature adult. Circumstances would differ greatly between these two groups as the circumstances they are facing would vary greatly between these two groups and the impact a child will have on their life.

Nearly all the studies on the grieving process for women who have placed their children for adoption take their sample from women who placed their children numerous years ago and are answering based on a reflection of what they remember. When answers regarding emotions and thoughts are given it is sometimes difficult to recall the exact emotions because of the time that has passed since the actual event. Retroactive recall of the thoughts, emotions, and behaviours that occurred for the birth mothers in their grieving experiences may be distorted in that they may either add more to the experience than was actually what was happening or they may reduce the emotion of the experience simply because time has passed and they no longer feel the same intensity in their emotions (Cowie, 2011; Davidson, 2010; De Simone, 1994). No matter what way distortions happen, it will not necessarily paint an accurate picture of the experience. Although retroactive recall of the experiences of these women after they placed their children for adoption can create some themes that emerge, it does not give us information on the depth of the emotions immediately after.

There are many limitations in the current literature on the grieving experience of birthmothers which limit the findings and cannot be generalized to all birthmothers but the findings do suggest themes that are common among many birthmothers and how they cope with the grieving experiences. These themes include that grief is not a single or brief event and for many of these women, the grief process becomes disenfranchised through lack of acknowledgement from others due to ambiguity of the loss since the child is still alive. The grief that a birthmother may feel can be impacted by prior losses in her life, especially one's recently experienced, family and cultural norms, and the degree of openness with the adoptive family can influence how the birthmother experiences and expresses her grief after the

placement of her child with the adoptive family (Fasse, 2013; Patricelli, 2007; Watson & Granvold, 2008).

Findings

Because much of society does not tend to recognize the grief of birth mothers who place their children for adoption, with minimal empathy from even those whom are the closest to these women, few understand the profound pain and feelings of loss that most birth mothers feel (Romanchik, 2014; Wiley & Baden, 2005; Silverstein and Kaplan, 2014; Robinson, 2002). Many question, if the decision to place a child up for adoption is the mother's choice, why would there be grief. Despite the fact that this is a common reaction from many towards women whom have placed their children up for adoption, reaching the decision to relinquish a child is one that requires much thought and often is in the child's best interest (Child Welfare Information Gateway, 2013; Wiley & Baden, 2005; Davidson, 2010; Cowie, 2011; Landino et al., 2014). Making the right decision is neither easy nor void of pain and loss and is often the result of a loving decision with the realization that the child is better off in another family, not because the mother wants to be selfish and continue with the lifestyle they had prior to their pregnancy.

The disenfranchisement of their grief and the ambiguous loss that is felt by many of these women often leads them to grieve alone, which in turn leads to isolation (Portuesi, 2000; Council of Irish Adoption Agencies, 2012). This feeling of isolation can make women feel fear to reach out for help or express the emotions that arise when going through the stages of grieving. After birth mothers relinquish their child for adoption, negative cycles can begin as the sense of being isolated when facing grief and loss, can turn into feelings of uncertainty and start a rush of questions that can create more uncertainty in the minds of birth mothers (Gaddie, 2009). Questions can include: did I make the correct decision?, what happened to my child?, will we

ever see each other again?, will they hate me for making this decision?, or what role will I play in my child's life?. These questions can be difficult ones for birth mothers after the relinquishment of their children especially if they feel like there is no support system and the confusion, uncertainty, and fear that can arise can and often does lead to psychological trauma, PTSD, depression, suicide attempts, anxiety, unresolved grief, and even physical and health complications.

Implications for Counselling Birth Mothers after the Adoption Placement

Even though some interventions are essential to all populations in counselling and must be incorporated into sessions with clients, some interventions (such as searching) are unique to birthmothers. Understanding that the grieving process for birth mothers differs from grief and loss of many other forms (which also differ from each other) and implies that there may be different aspects or issues to explore when counselling these women (or anyone experiencing grief) . First, when birth mothers come in to counselling, they need to feel accepted, understood, validated, supported and have their loss and grief acknowledged to effectively heal from their experience which is similar to other forms of counselling (Landino, Guerra, & Romer, 2014; Aloï 2009; Cortes, 2012). Their experience and bond with the baby they carried for nine months cannot be denied and the grief some of these women experience should not be overlooked or encouraged as an event that should just be forgotten. Millen and Roll (1985) state, "A loss viewed as real and valid can be more readily mourned than a loss that is shrouded in secrecy and shame" (p. 417). Many women whom have relinquished their child for adoption feel stigmatized by society as many people attempt to ignore the loss , so the counselling process must be aware and sensitive to the stigmatization that exists for these women (Child

Welfare Information Gateway, 2013; Aloï, 2009; Wiley and Baden, 2005; Cortes, 2012). The counselling process should help these women feel validated in her decision and help reduce the feelings of the social stigmas that are put on her by society.

Secondly, the counselling process not only needs to acknowledge the loss but needs to help support these women grieve the loss as many experience disenfranchised grief. Since many are told and believe that placing their child was the best decision, many members of society believe this is an occasion that should not be mourned (Romanchik, 1999; Child Welfare Information Gateway, 2013; Gair & Moloney, 2013). In counselling, the birth mother needs to feel free to express her emotions openly and without judgment. Counsellors need to be aware of any judgments or biases they may have regarding parenting or placing a child for adoption so as to not make these women feel further stigmatized or isolated. Fasse (2013) adds, "Counsellors must be able to handle the difficult emotions of their clients and walk alongside them in the difficult places" (p. 3). Even though not all birth mothers will experience the same feelings, they need to feel comfortable to express the emotions that may arise and the counsellor's job is helping them through transitional stages in their grieving process (Aloï, 2009; Cortes, 2012). Counsellors providing services to this population need to have an understanding of trauma that placing a child for adoption may have for the birthmother and the emotional impact this can have on the birthmother's life (Higgins, 2014).

Not only do birthmother's emotions need to be validated but for those mothers who have had a closed adoption or have not yet sought contact, their feelings and longings for searching needs to be validated. Roles (1997) states, "But in loss through adoption, the search behaviour is not irrational....In part, searching allows birth parents to form a mental image of

the child, validating the loss indeed occurred; it also provides reassurance that the child is doing well in the adoptive home” (p. 2). Counsellors working with this population of women need to understand that searching is normal for this group. Incorporating discussions around the birth mothers feelings of searching or even reunion with the child may help heal the pain of the relinquishment and help the birth mother come to terms with her grief and the decisions she has made in regards to placing the child for adoption. Portuesi (2000) also notes, “While search cannot achieve restitution of the surrendered child, it is an important step towards connecting with the lost part of themselves” (p. 2).

Besides acknowledging and validating feelings and emotions, their losses need to also be acknowledged. Losses can include loss of their child, partner, identity, and life they imagined for themselves or their child, just to name a few. Exploration of the losses and the feelings associated with the losses can help birth parents come to terms with acceptance of these as well as explore the impact these losses can have on one’s sense of self (Silverstein and Kaplan, 2014). Although validating feelings and emotions applies to all clients counsellors work with, acknowledgement of the various losses that placing a child for adoption entails is specific to this population.

Effective counsellors need to acknowledge both the disenfranchised grief as well as ambiguous loss that has occurred within the adoption and above all they need to demonstrate empathy for the birth mother’s narrative and provide them emotional support throughout their healing process since 42 % of birth mothers report that they don’t feel they have received emotional support after the placement of their child in the adoptive family (Landino et al., 2014). Counsellors can provide the emotional support that many of these women are not

receiving from their family and friends as well as providing them skills to replace unrealistic fantasy with reality and help them come to terms with their role as a birth parent and what this will look like in terms of the type of adoption they have decided on.

Areas for Future Research

Even though research on the birthmothers' experiences after the adoption has taken place is beginning to become more common there is still much to be known about the grieving process and experiences. Since most studies have had limited sample sizes, it would be beneficial to get a larger sample size so the findings can be generalized more readily. Also samples from people who have been forced to place their children for adoption, people who have placed their children for adoption privately, and people who have used an agency for their adoption should have their information compared. By comparing all three groups, we could see if the actual adoption process makes a difference in the preparation and grieving experience after the adoption has taken place as one might expect that mothers who are forced to relinquish a child may have a more difficult time coping with grief than one who chose to place a child for adoption.

Also studies need to look to see if the age of the birth mother at the time of the placement makes a difference in how one deals with the grief experience. Most studies conducted on the grief experience of birth mothers group all ages together but age at time of relinquishment could play a major factor in how well they cope with the loss and grief as developmentally an adolescent could be very different from a forty year old woman making the

same decision. Age could play a significant factor in how women cope after their child is placed for adoption as well as in the reasoning behind an adoption.

Future research might also want to try to include women who are currently going through the adoption process as many studies discuss women who placed their children for adoption numerous years ago. Although many researchers feel this is a vulnerable area to recruit a sample population from those going through the process currently or who have just placed their child, the emotions that the birth mothers are going through would provide a much clearer picture of what actually happens during each stage of the grieving process after the placement of the child within the adoptive family. Gathering information about the emotions as they are being experienced would provide a much clearer picture of what birth mothers who are grieving actually need and could therefore inform service providers, such as counsellors, with better information so they could perhaps provide more effective therapeutic services for these women. Although getting a sample size of women currently going through the procedures required in the adoption process or just after the adoption placement may be difficult to gather because many would feel too vulnerable and the sample size would likely be too small to have generalizable findings, the information would probably be more accurate than those who ask women to recall information from years and sometimes decades in the past.

Even though the experience of birth mothers is gradually getting exposed more regularly in both popular and academic literature, very few articles discuss anything about birth fathers experiences with placing a child for adoption so very little is known if they experience a similar grieving process over the decision to place a child for adoption. If a birth mother

experiences disenfranchised grief over their loss, the birth fathers often do not get to voice an opinion on adoption or may not even know that the child is being placed for adoption and could experience the same disenfranchisement in the grieving experience.

Differences between grief over the death of a child and grieving over the loss of a child placed for adoption are starting to emerge in literature but little research has been conducted to see there are any differences in the coping strategies between loss through death and ambiguous loss such as placing a child for adoption. Although there are many theories of grief, many of the studies on the grief birthmothers experience after the adoption placement focus on a stages theory. Even though this is not necessarily the model that all theorists agree upon, looking at the coping strategies can help counsellors understand how to help clients move through the grief stages as some studies have found that individuals experiencing disenfranchised grief and ambiguous loss get stuck in stages of grief more readily than those who are grieving a loss through death (Boss, 1999; Higgins, 2014; Davidson, 2010).

The aforementioned areas for research are just a few in the area of grieving that both birthparents can take. Gaining further understanding in the grief process as well as coping strategies to deal with the loss provides service providers with more knowledge in what these individuals need and/or want from those they reach out to for help in the months or years after the adoption placement.

Summary

When we look at the scholarly writing on birth mother's experience, there is evidence that birth mothers do grieve, but acknowledging their grief as different from other forms of

grief is relatively new in the field. Even though there is evidence that women who have placed their children up for adoption have disenfranchised grief, there is still little empirical research on how these women cope with it. The decision to relinquish a child has evidence that it is a painful decision for many women and many feel they do not receive the support they would like both during the process of the adoption as well as after the adoption placement (Robinson, 2002; Landino et al., 2014). The lack of acknowledgement of birth mothers feelings often leads to these women feeling isolated and shamed for making the decision regardless of the fact that they usually are thinking of what is in the best interest of the child and not making the decision so they can continue living like they did before they got pregnant (Wiley & Baden, 2005). It is evident from the current literature on this topic that deciding to put a child up for adoption can be one of the most difficult decisions many birth mothers will ever have to face as well as being one of the most painful ones that can have an impact on these women lives for years and sometimes decades after the placement.

The most recent research suggests that open adoptions are the most beneficial to all members of the adoption triad and evidence suggests this type of adoption helps birth mothers cope in a more positive way with their grief as they have some role in their child's life with contact in person as well as letter contact as well. Although birth mothers are being written about more frequently in the literature, there is still much to be researched about their grieving process, how they cope with the grief and loss of their child, the adoption of their new role as a parent without having the child, and how helping professionals can provide better and more specific services to this population in a more empathic way.

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Appendix



Institutional Review Board

Ethical Review Protocol

City University of Seattle Ethics Training completed on this date: July 29/2014

1. Title of Project Birth Mothers Experiences with Grief after Placement of their Children in Adoptive Families

<ol style="list-style-type: none"> 2. For Faculty Researcher(s) Name: _____ Department/Division _____ Telephone _____ E-mail _____ 	<ol style="list-style-type: none"> 3. For Student Researcher Name <u>Carlie Dinwoodie</u> Faculty Supervisor <u>Kel McDowell</u> Department/Division <u>Arts & Sciences</u> Degree sought <u>Masters of Counselling</u> Telephone <u>604-653-7714</u> E-mail <u>carliedinwoodie@gmail.com</u>
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 4. Project Coordinator: None
 5. Sponsor (if any): None

Fill in this protocol completely, including appropriate consent form(s) at the end. Incomplete protocols will be returned for resubmission.

6. Does this thesis or research involve human participants, including informants? Yes No

If the answer is "No", and after completion of #5 below, then this form is complete.

If the answer is "Yes", complete all the following questions.

7. Abstract/Lay Summary

- Research question How are some mothers who put their children up for adoption affected by grief?
- Basis for the question including supporting quote from research Even though adoption is more socially acceptable now than previously, a birth mother's grief is distinct from other types of grief, because it is not always socially acceptable to talk about the experience. According to Robinson (2002), "For many, the birth and subsequent adoption of their child has been a secret because of the shame and social stigma involved. Sometimes the secrecy had become a debilitating, entrenched factor in their lives" (p. 58). Since there is a stigma attached to expressing this disenfranchised grief for many birth mothers after they place their children for adoption, this research paper is exploring the type of grief and providing information about the social and emotional implications this grief poses.
- Purpose of the study This study will help provide information on what is known about the grief that birth mothers go through as well as provide a critique in the literature where possible weaknesses lie in the way information is presented within the literature.
- Methodology Systematic Literature Review

Minimal Risk per governmental regulation is defined as research that “poses no more risk to the human participants than that encountered in ordinary daily life”.

Check this box if faculty supervisor or faculty researcher believes this research constitutes minimal risk according to the above definition. The IRB will make final determination regarding the level of risk.

8. Description of participants (include number, ages or age range, location, and special characteristics to include gender and ethnicity).

9. If research is conducted through an agency or institution, complete the CityU Organizational Consent form to include the names, contact information, and contact persons for any institutions or agencies. If outside institution's consent form is used and attached, researcher is responsible to

assure that all provisions are in concert with CityU approved Research Participant Informed Consent form.

Submit completed organizational consent as “ ‘Student Name’ Attachment A”.

10. Describe how participants will be identified or recruited. Include in your answer the exact wording of all notices, advertisement and/or scripts used to recruit participants. If the human participants include minors or vulnerable adults, include the script used to advise them of the study.

11. Include in your answer the exact wording to be used in information letters, emails, telephone scripts to participants and parents/guardians, oral scripts and/or email scripts.

12. What data collection tools will be used and how will they be administered? Include in this answer exact replica of data collection tools, e.g.: written questionnaires, interview questions, observation schedules and confirm the source and/or copyright permission.

13. Will participants receive inducements or rewards? Give details.

14. How will the confidentiality of each participant be protected?

15. How and where will data be stored and for how long?

- Electronic data storage _____
- Paper data storage _____
- Other data storage, e.g. audiotapes, videotapes _____
- 5 years duration or longer per local regulations _____
- Permanent destruction methods for each data item _____

16. Describe the informed consent process, that is, how will researcher fully advise the participants (or parents/guardians) about the study? Fill out the appropriate informed consent form(s) at the end of this protocol as they will be presented to participants. (Stating only that participants or parents will be given a letter is insufficient.)

17. Describe any possible risk or distress and safeguards in place to address risk or distress including access to counseling, with attention to vulnerable populations who may be participating in this research.

Submission of this form electronically signifies that the researcher takes responsibility for the accuracy of the contents of this submission and that student researcher's Supervisor approves of the submission, in an equivalent manner to an original signature.

Carlie Dinwoodie

Name of Researcher

Kel McDowell

Research Supervisor/Advisor

8/19/14

Date