Accepting the reality of adoption  Birth relatives’ experiences of face-to-face contact

The extent to which birth relatives are able to adjust to the reality of changed roles and relationships following their child’s adoption may be crucially linked to the usefulness to the child of ongoing post-adoption contact. In the study described by Elsbeth Neil, 19 birth relatives of 15 young adopted children were interviewed about their experiences of having a child adopted and about having face-to-face contact with this child after adoption. In most cases birth relatives related how face-to-face contact had helped them to accept their child’s adoption, largely because contact reassured them of the child’s welfare and emphasised the position of the adopters as the psychological parents.

Introduction

For birth relatives the pain that follows from having a child adopted can be acute and long lasting, both when children are relinquished (see, for example, Winkler and Van Keppel, 1984; Howe et al, 1992; Logan, 1999) and when they are adopted through the care system (Ryburn, 1994; Fratter, 1996; Mason and Selman, 1997). Issues of personal, psychological and social disadvantage are central to the reasons why children are removed from their families; the process and consequences of having a child adopted then further compounds these difficulties. Birth relatives find themselves in an adversarial system where they have little power or support, especially once the adoption order is made (Lindley, 1994; Ryburn, 1994; Charlton et al, 1998).

Birth parents experience a lack of sympathy and support from the community; they are viewed as bad parents who are responsible for their own misfortunes. Having a child adopted from care carries huge social stigma and has been described as the last social taboo (Charlton et al, 1998). Most research on birth relatives pertains to birth mothers, but there is growing evidence that other relatives such as birth fathers and grandparents may also experience similar painful reactions to the loss of a child to adoption (Cicchini, 1993; Tingle, 1994, 1995; Deykin et al, 1998; Clapton, 2000).

One factor that makes the loss of a child to adoption particularly difficult to accept is that that child continues to exist, but often no information is available about his or her welfare. Fravel et al (2000) use the concept of ‘boundary ambiguity’ to understand this: the child is physically absent from the birth mother’s life but remains psychologically present in her heart and mind. Several studies of relinquishing birth mothers have indicated the difficulty this causes. For example, one birth mother in Winkler and Van Keppel’s study said:

The feeling of loss has been strong for 18 years – it was as though she had died only worse, she was out there somewhere. I don’t even have a right to wonder or ask how she is. Well, law or no law, I do wonder, cry and ask. (Winkler and Van Keppel, 1984, p 54)

This ongoing preoccupation of birth mothers with their child has been seen as a symptom of unresolved grief (eg Millen and Roll, 1985). Strong feelings of loss and intense absorption with the lost person are characteristic of the early stages of grief, and the continuation of such feelings in the long term has been described as chronic grief (Raphael, 1984). Such difficulties are also apparent for birth relatives in contested adoptions. In the reports of the work of the Parents Without Children support group for birth parents in contested adoptions (Mason and Selman, 1997; Charlton et al, 1998), most parents expressed ongoing worries and thoughts about the child and his or her welfare. All parents interviewed said that they were desperate for information about their child’s welfare and that they would have liked more information about

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the adoptive placement. With no finality, but also no news of the child’s continued existence, birth relatives of adopted children may be unable to accept, and therefore adjust to, their loss.

For birth relatives, retaining contact with the child after adoption may have some benefits. Research into the outcomes of contact for birth relatives of children adopted from care is very sparse but there is evidence that the adjustment of relinquishing birth mothers can be promoted if the mother retains some contact with her child (Chapman et al., 1986; Iwanek, 1987; Etter, 1993; Fratter, 1996; Cushman et al., 1997). Although the first consideration when thinking about contact must be the benefit to the child, the well-being and adjustment of the birth relative is both a legitimate concern in its own right and must be seen as remaining linked with the welfare of the child: if birth relative welfare is not considered, contact may not be sustained and/or may be of poor quality.

Over time some birth mothers do not keep up planned contact because without support it is very hard to manage the painful feelings that such contact can arouse (eg Etter, 1993; Berry et al., 1998; Logan, 1999). Christian et al (1997) found that some relinquishing birth mothers reduced or stopped having contact because once satisfied that the child was all right they felt less need for the contact. The birth relatives of children in the care system have also been found to face considerable difficulties in managing the emotions associated with contact meetings (Aldgate, 1980; Millham et al., 1986; Masson et al., 1997). In addition to feelings of deprivation, guilt and concerns about the child, such parents may have strong feelings of anger that will be directed at agencies which have been involved in the adoption. Such feelings may impede parents’ willingness to, and/or comfort with, working with agencies over post-adoption support or contact arrangements, and may be aimed towards the adoptive parents (Ryburn, 1994). Maintaining useful and supportive contact is likely to be difficult for relatives who are also dealing with predicaments such as mental health problems, addictions, housing and financial problems, and learning disabilities. The age of the child at placement may also be relevant. In some cases where older children are permanently placed, birth parents may retain aspects of the psychological parenting role (Thoburn, 1996). However, when children are placed very young, as is the case for those described in this paper, this outcome is rarely likely to be the case. Parents may find it harder to keep visiting younger children because they fear losing their love and are dismayed by the child’s growing attachment to new carers (Jenkins and Norman, 1972).

Aside from the important issue of whether contact is sustained, the benefit to the child of contact is likely to be related to the quality of such contact, in particular the capacity of birth relatives to maintain a supportive position towards the child and to work collaboratively with adoptive parents (Grotevant et al., 1999; Logan and Smith, 1999; Lowe et al., 1999). Such a position by birth relatives implies a level of acceptance of the child’s adoption and his or her place in the adoptive family. Accepting the reality of roles and relationships after adoption may be impeded not only by feelings of loss, but also by the lack of definition of the birth relative role after adoption. All legal relationship with the child is terminated and the child acquires a whole new set of relatives: how to be a ‘good birth parent’ is undefined. Fravel et al (2000) analysed interviews with 163 relinquishing birth mothers (this was the same sample as reported by Christian et al., 1997; Grotevant and McRoy, 1998). They found that for all birth mothers the child remained psychologically present (ie the birth mother thought about the child and experienced emotions relating to these thoughts). Birth mothers who had direct contact with their child after adoption, compared to those with no contact or mediated letter contact, experienced higher levels of ‘psychological presence’ of their child. Rather than indicating these mothers were ‘unresolved’, the contact seemed helpful in that such mothers were most likely to have positive feelings associated with thinking about their adopted child. Birth mothers with...
direct contact arrangements also thought about their role in relation to their adopted child more than did other birth mothers. Because they saw the child they faced this issue head on; their role in the child’s life was real, not hypothetical. In this sample, birth mothers who had direct contact with the child showed the best role adjustment, with factors such as time since placement and age of the birth mother being irrelevant (Grotevant and McRoy, 1998).

Grotevant and McRoy (1998) point out that in closed adoptions the birth parent has no exchange or feedback from the child or adopters as to what role, if any, they may be asked to play in the future. The ‘reality’ of a birth parent’s future role in the adopted child’s life is not fixed or uniform: research into reunions between birth parents and adopted adults indicates that while in most cases adoptees do not want birth parents to take the place of adoptive parents, a wide variety of outcomes are possible (Howe and Feast, 2000). When face-to-face contact is ongoing after adoption, there is evidence that the roles relinquishing birth mothers tend to take are not of a parental type, but more that of a friend of the family or a member of the extended family (Rockel and Ryburn, 1988; Grotevant and McRoy, 1998). The role of birth grandparents and other relatives such as adult siblings and aunts and uncles will not necessarily be directly substituted for in the adoptive family. It is possible that such relatives could play a similar role in the child’s life as they would have done had the child not been adopted, but the reality is that the adoptive parents largely determine this.

This paper uses data from interviews with 19 birth relatives involved in face-to-face contact situations. It explores the extent to which birth relatives were able to accept their child’s adoption and understand their own role in relation to the child and the impact of contact on this process.

**The study**

**The sample**

The ‘Contact after Adoption’ study collected questionnaire information from social workers in ten agencies about 168 children placed for adoption in a one-year timespan (July 1996–June 1997) when aged three and under (Neil, 2000a, 2000b). An interview study was then conducted with the adoptive parents and birth relatives of children involved in face-to-face contact arrangements. From the wider study there were 45 birth relatives, or sets of relatives, who could potentially have been interviewed. In practice, 19 relatives of 15 children were interviewed, representing 44 per cent of those approached and 33 per cent of the total potentially relevant (see Tables 1 & 2).

Birth relatives who took part in the study were no more or less likely than eligible relatives who did not take part to have either a mental health problem, a learning disability or a substance abuse problem, so in this respect the interviewed sample seems representative of the whole. Two birth relatives in the interview sample were black (both were of mixed African-Caribbean/white parentage) and the rest were white. The reasons

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**Table 1**

<table>
<thead>
<tr>
<th>Birth relative/s’ agreement to interview</th>
<th>n</th>
<th>% of 45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth relative/s agreed to interview</td>
<td>15</td>
<td>33</td>
</tr>
<tr>
<td>Agency declined to pass on request</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td>No response received</td>
<td>12</td>
<td>27</td>
</tr>
<tr>
<td>Birth relative declined to take part</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Agency not asked to approach family</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100</td>
</tr>
</tbody>
</table>

**Table 2**

The birth relatives who participated in the interview study

<table>
<thead>
<tr>
<th>Birth relative/s</th>
<th>n</th>
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</thead>
<tbody>
<tr>
<td>Birth mother</td>
<td>7</td>
</tr>
<tr>
<td>Both birth parents</td>
<td>2</td>
</tr>
<tr>
<td>Maternal grandmother</td>
<td>1</td>
</tr>
<tr>
<td>Maternal grandparents</td>
<td>1</td>
</tr>
<tr>
<td>Paternal grandmother</td>
<td>2</td>
</tr>
<tr>
<td>Paternal aunt and adult sibling</td>
<td>1</td>
</tr>
<tr>
<td>Birth father</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
</tbody>
</table>
why face-to-face contact was planned in these cases seemed more strongly influenced by agency practices than case-related factors (Neil, 2002a).

The characteristics of the 15 children whose birth relatives were interviewed were as follows: one child had been relinquished at birth by the birth mother; three children had been placed at the request of their birth parents in complex circumstances, eg because the child had a disability or the parent was experiencing difficulties looking after the child; and the remaining 11 children had been adopted from care. The age of the children when placed for adoption ranged from one to 52 months and the length of time since placement ranged from eight months to five-and-a-half years.

Data collection and analysis
Birth relatives were approached in most cases via the adoption agency, but in a few cases adoptive parents passed on requests to take part. Interviews were semi-structured allowing for a directed discussion around previously identified themes. Birth relatives were asked to talk through the account of their child’s life from pregnancy and birth through to the adoption and up to the current time. They were also asked to describe their experiences of having face-to-face contact meetings and their view of their ongoing role in their child’s life. All interviews except one were taped and transcribed.

Birth relative interviews were analysed with reference to the extent to which birth relatives accepted the reality of role changes after adoption. Just as the understanding of roles after adoption is difficult for birth relatives, the extent to which birth relatives manage this task is difficult for a researcher to define and measure. Roles may vary according to a number of factors. The amount of face-to-face contact may make a difference: a birth relative seeing a child once a month has the chance to become quite a familiar and involved adult whereas this would be very difficult for those meeting their child only once a year. The previous relationship with the child also affects role: a birth relative who has lived with a child for two or three years may well have an established attachment with him or her whereas a relative separated from the child since birth is less likely to have this type of relationship. Whether the birth relative is a parent, grandparent, aunt or sibling may also have a bearing on post-adoption roles and relationships. Finally, the wishes and feelings of the adoptive parents (and the child as s/he grows up) about the role the birth relative will play are relevant in shaping post-adoption roles. Given this complexity of role definition for birth relatives after adoption, the only approach that was found to be feasible in rating interviews was to look at the details of each interview alongside a detailed consideration of the individual circumstances of the case. In each case when rating birth relatives’ acceptance of the reality of role changes the following factors were taken into account:

- accepting the reality of their actual and likely future emotional relationship with the child;
- accepting the reality of the child’s emotional relationship with adopters;
- accepting the legal permanency of adoption. This includes a realistic appraisal of the likely future relationship with the child;
- accepting that the adopters now have responsibility for all decisions regarding the child.

The first point above was the most variable between cases, while the other three points were common ‘realities’ in all cases.

As a lone researcher conducted the study, there was no opportunity for inter-rater reliability to be established. However, all cases that were difficult to code were examined by a second person and the final coding was decided by consensus after discussion between the two raters.

Results
Three patterns emerged regarding birth relatives’ acceptance of roles and relationships after adoption. The largest
group comprised those birth relatives who, at the time of interview, showed a realistic appraisal and acceptance of the changes brought about by the child’s adoption (realistic and accepting). The second group was of relatives who showed some understanding and acceptance of role and relationships (partial understanding and acceptance). Lastly, there was one birth relative who showed low understanding and acceptance of roles and relationships (low understanding and acceptance). Some relatives were interviewed in pairs (eg grandparents or birth parents). There were no examples where relatives within these pairs had different levels of acceptance so one rating per pair is given. The ratings from the 15 interviews are supplied in Table 3.

### Realistic and accepting birth relatives
In this category birth relatives showed an understanding of their relationship with the child after adoption that seemed realistic given the circumstances of the case at that point in time. They demonstrated an understanding and acceptance that the child was now also part of another family and that the adoptive parents were the psychological parents. They revealed an understanding of how adoption changes legal relationships and their thoughts about their likely future relationship with the child showed an awareness that this would depend very much on a number of yet to evolve factors over time. All the non-birth parent interviewees were in this category (five sets of relatives) and the remaining six cases comprised birth parents. In all cases bar one, adopters were also interviewed and the evidence from adoptive parent interviews confirmed that from birth relative interviews.

In these 11 cases there were a range of circumstances regarding the extent to which birth relatives had been involved in the decision for a child to be adopted and in eight of the cases the child had been adopted from care. These relatives all showed an understanding of their current relationship with the child that seemed to fit with the facts of the case. For example, Diane looked after her son for only two months before he was taken into care, very much against her wishes. She wanted to bring him up herself, but was nevertheless able to understand that he did not really know her. At the time of interview Diane’s son was two-and-a-half years old and she was seeing him four times a year:

Diane: I don’t think he really knows me now. I am just this person who pops up with presents now and again. I don’t think he knows me now. He might recognise me a bit, but he does not KNOW, know me . . . I don’t interfere. I am aunty Diane now. [The adoptive mother] is mummy and I have got to accept these things for [my son] to be healthy and grow up normally.

This acceptance by Diane was echoed in the interview with the adoptive parents:

Adoptive mother: She is not all over him, trying to smother him. She is quite reserved with him. Which is good because I do not think he would appreciate that.

Adoptive father: I think Diane appreciates that she is strange to him and that he is going to be overwhelmed if she is too involved.

Adoptive mother: She has said to us on numerous occasions that she feels he is our child now and not hers.

In some cases birth relatives had been close to the child before adoption, and so the relationship after adoption was more likely to be meaningful to the child. The following grandmother had a great deal of contact before adoption with her grandson, who was nearly four when he was placed:

<table>
<thead>
<tr>
<th>Birth relatives’ acceptance of the reality of roles and relationships after adoption</th>
<th>n</th>
<th>Mean time in placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Realistic and accepting</td>
<td>11</td>
<td>26 months</td>
</tr>
<tr>
<td>Partial understanding and acceptance</td>
<td>3</td>
<td>25 months</td>
</tr>
<tr>
<td>Low understanding and acceptance</td>
<td>1</td>
<td>25 months</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td></td>
</tr>
</tbody>
</table>
He recognised me straight away and gave me a big hug. I didn’t cry while he was there. I did on the way home though . . . I like to think I still have a close relationship with him, I do think I have, but it’s probably changed, I’ll accept that. That was difficult at first, calling [the adopters] mummy and daddy to him but I did it from the very first words. You know when I first met him, oh how, you know, ‘mummy and daddy do this’ and ‘mummy and daddy’. I wrote to him in the first six months and I always put ‘mummy and daddy’, like I do now. I found that a bit odd at first, not hurtful just odd, but now it just comes off, you know.

Birth relatives coded as being realistic and accepting all demonstrated a reasonable appraisal of the legal permanency of adoption and the role of adopters in the child’s life. It was quite noticeable how many birth relatives were at pains to point out that they would not wish to do anything to disrupt the child’s relationships in the new family, as in these statements by birth parents:

I don’t know [the adopters’] address, but I would never stalk them. I would never intrude.

I’m not denying that I still get jealous. I do. It has gone through my head to find out where they live and snatch him. These things go through my head. But that would just be silly. He doesn’t know me now, that would just ruin him, it would just upset him. I actually said that to the [adoption] panel ‘I couldn’t take him now . . . because he is so settled.’ And he is happy. And that makes me happy.

In the cases of some grandparents having contact, this desire to ensure the solidarity of the adoptive family involved negotiating the flow of information to birth parents:

But from when I first started going to [the adopters] I said to them, ‘If there are things that you don’t want me to let [my son] know then we will respect that.’ And everything that we are thinking of doing we discuss with them first – like before we showed [my son] the video we discussed it first. We would never bring anyone over without asking first . . . This will always continue. At the end of the day [the adoptive mother] has always got the leading hand . . . I just consider now that they are [my grand-daughter’s] mum and dad and that’s the end of it.

Birth relatives were asked to describe what they thought their role in the child’s life would be, currently and in the future. Most birth relatives in this group said they anticipated that in the future the child would be most likely to want information from them as opposed to seeking a close relationship. A number also expressed their desire to reassure the child that they were loved and wanted. In these respects, such birth relatives demonstrated a good understanding of the possible future psychological needs of the adopted child:

She will probably be wondering why I had her adopted and I’ll be able to explain to her . . . [In the future] if she wants to see more of me, that’s great. But if she wants to see less that’s up to her. It’s her decision.

One thing I feel quite strongly about is that as [my grand-daughter] grows up . . . I hope that because we have still got that contact she would never get it into her head that her own family, her birth family, have just deserted her. I would like to feel that as she is growing up we can stress to her, ‘From the moment you came into this world you have always been a very wanted little girl by everybody. Yes, your adoptive parents love you dearly, but also your birth family love you dearly.’

I never want him to think that I gave him away. I want him to know that I will always love him. If he had just read the reports about us he would have got the wrong picture.

The data in Table 2 indicate that the mean time since placement did not differ between the three levels of acceptance groups. Nevertheless, in a number of interviews it was clear that the high
acceptance shown by birth relatives at the
time of interview had not always been so
strong from the beginning of the child’s
placement. In many cases acceptance had
taken some time to develop. This was
especially so for birth relatives who
wanted to care for the child themselves.
The main factor that seemed to help such
people move on was the relief from some
of the anxiety, grief and guilt over the
loss of the child which came about
through being reassured of the child’s
welfare. Part of this was feeling that the
adoptive parents were nice people and
that they would love and care for the
child. All the birth relatives in the
‘realistic and accepting’ group showed
positive feelings towards the adoptive
parents:

I wanted to hate [the adopters]. I wanted
not to like them. I wanted to find fault
with them. But they were nice. I felt as if
they were my enemies but after sitting
down and talking they were really lovely
people, not false. I saw how the kids were
with them and that reassured me. If I
hadn’t met them I would have seen them
as monsters . . . It would have done my
head in. I was so glad I had met them.

For some birth relatives, seeing the child
well, happy and obviously loved by and
loving the adopters was a mixed blessing.
As is shown in the quote below, this
provided great reassurance as to the
child’s welfare but at the same time the
lack of a close emotional relationship to
the child is painfully clear. Any fantasies
that the child would prefer them or want
to come home with them were unsustain-
able after contact:

At first I couldn’t handle it. Simple as that.
I could not handle it. When I saw her it
used to upset me that I couldn’t take her
back . . . She calls me [by my first name]
now. I am all right about that. I don’t mind
her calling [the adoptive mother] ‘mummy’
anymore. That hurt me at first when she
said ‘mummy and daddy’ to [the adopters].
I thought, ‘But you’re not’ . . . But now I look
on it as a word, a word for her to relate to
her family . . . It keeps me going that she is
so bloody content!

Birth relatives with partial acceptance
and understanding

There were three birth relatives, all birth
parents, who showed some elements of
accepting and understanding roles and
relationships after adoption, but in some
other respects their perception was at
odds with the details of their situation. In
each of these cases the birth parents
expressed their approval of the adoptive
parents and generally of the child’s new
life. The incompleteness of their accept-
ance was not because they were unhappy
with the child’s new situation:

I have nothing against the adopters. I am
happy with the adoptive people who have
got my child. I am happy with where my
child is now. He has got a good life. The
people are well off, they have good
money, he will always be brought up
properly and have a good life. These
people absolutely adore him, they love
him. He is happy where he is now.

There were different reasons in each case
as to why the birth relatives’ acceptance
was rated as partial. The common thread
in the three cases was that each of the
birth parents appeared to have a general
difficulty in understanding situations:
‘reality’ of roles, a complex idea to
define anyway, was especially confusing
for these people. Throughout each of the
interviews there were a number of incon-
sistencies or contradictions in the narra-
tive. Two of these parents had a learning
difficulty and the third had a mental
health problem. The following birth
mother seemed to have difficulty under-
standing the differences between foster
care and adoption, and there was con-
fusion about if and when the children
would return home. At one point in the
interview, the adopters were described
as ‘foster people’. The children had
been in placement for two years, but
she said:

I would like them home. Now I feel I’m
able now, to do what I want. I’m back on
my feet again . . . I just wish they was
home with me . . . I think they will
probably come home when they get older,
that’s 18. People say they come home
when they're about 13 or 12. I didn't know that. That's it. I wish I could see them today.

Despite being happy with the adopters, this parent did not intend to give consent for the adoption and found it hard to hear the children call the adopters 'mummy and daddy':

It was the social workers [who wanted them adopted], but I won't sign no papers. They know I won't. I'm not happy [about them being adopted] . . . [I want to give them] my love and that. I still love them. I'm always going to be like a good mum. I'm always going to be their mum. That's never, ever going to change . . . They call me [by my first name]. And that's what gets me annoyed. And I feel that. They call the other parents 'mum and dad' . . . You don't want to sign them away. They may blame you.

In this case the adoptive parent interview confirmed many aspects of the birth parent's interview. However, the adopters did not feel threatened by the birth mother's attitude, but saw it as understandable, and part and parcel of the reasons why the children needed to be adopted. In the words of the adoptive mother:

As soon as we were introduced as the adoptive parents she wouldn't look at us at all. She was very confused. She said 'Someone told me you are going to change their names' and I said 'We will never change their first names, the names you gave them. That's what we know them as.' . . . I thought she did really well because she came on her own . . . I felt 'I am really pleased now about the contact' because I didn't feel she was a threat . . . She wasn't anti us so I think that put us on the right foot for the future contact . . . They are still her children as such. And probably for her with her learning difficulties, to get them to call her by her first name is probably quite hard.

Another birth mother was coded as having a partial acceptance because her expectations regarding her current and future role in the child's life were somewhat unrealistic given both the relative infrequency of her contact and expectations of the adoptive parents about the role she was to play in the child's life. In this case the birth mother was having twice-yearly brief contact with the child. From her point of view she saw herself as being quite closely involved with the whole adoptive family and she hoped that relationships would get even closer over time. It was clear that this birth mother really wanted not only a closer relationship with her son, but with the whole adoptive family:

I'd like to feel part of the family. Even if he always thinks of me as Wendy, I'd like to think that we could all be part of a family, happy and getting on, go more places together. It would be nice if they could come round here later on and when he's older we could visit them . . . I know I'd like to be there, like there as a part of the family.

While the adopters in this case were sympathetic to the birth mother and felt she had a role to play in the child's life, they did not view her role as being an integral part of their family and they were not wishing to greatly increase contact. They sensed the birth mother's need to be highly involved and found this uncomfortable.

In the third case of 'partial understanding and acceptance', the narrative of the birth mother was full of contradictions. At times she seemed quite accepting of the child's adoption and positive about the adopters, then at other times talked about her unhappiness at the child changing surnames and her desire to have her son back home:

The only thing that is annoying is that the adoptive couple want him to have their name and not our name. And I don't want that. I want my child to go to school under my name. I don't want him to be under someone else's name . . . I would do anything to get him back and be a normal family.

This mother also seemed to be unclear about the permanent nature of adoption
and the fact that the child was likely to view the adopters as his parents. Also the way the birth mother talked about the children’s reactions was at odds with the picture portrayed by the adopters.

Minimal acceptance and understanding
There was one birth mother who showed very little realistic understanding of her relationship with her child after adoption. She also expressed great dissatisfaction with the child's adopters and a high level of animosity to the social services. In this case the child had been taken into care at birth and placed with her adoptive parents from a very young age. Contact with the birth mother had been erratic, so it was quite unlikely that they would have a close relationship. The birth mother's interpretation of a contact meeting, however, was that the child wanted to come to her and leave the adoptive mother:

And that day when I had to see her, that was the hardest day. It was hard for me, really hard . . . I said, ‘come’. And [the adoptive mother] should have let her hand go because I know she would have come. But she didn't do it. I called her and her eyes were open and wide and she wanted to come but [the adoptive mother] wouldn't let her hand go. It was like a struggle.

The birth mother’s lack of acceptance of the adopters as parents was plain:

It was hard hearing her call [the adoptive mother] 'mummy'. And I said ‘you’ve got no right, you can never be her mother, never. You don’t even look like her! But what's going to hurt me more is her turning up on my door and calling me Susan. And I will say, ‘I’m not Susan, I am mummy and I will always be your mother.’ . . . They are not her parents. In my mind they are not her parents. I am her parent . . . They can’t keep her forever because I am her mother.

The birth mother’s expectations for the future were that her daughter would seek her out and come back and live with her: She is going to be on my side. She is going to go back to them and say ‘You are not my parents’ . . . All they are is the adoptive parents. When she grows up she is going to make her own mind up . . . I think she will do it in her early age and that gives me the chance to get her back.

In this case there were some discrepancies between the birth mother's interview and that of the adopters. The adopters did not feel that the birth mother was openly hostile during contact and they described her as behaving appropriately and sensitively with the child. As would be expected, they said that the child had been shy of the birth mother. A possible explanation for this discrepancy is that the mother was well aware of the need to act in a certain way at the contact meeting, but that inside her feelings of anger and loss were great. In the research interview she had no such need to cover up her feelings. The timing of the interview may also be relevant because the birth mother was interviewed very soon after the final, contested adoption hearing. It could be that over time this birth mother’s acceptance would increase.

Discussion
Some birth relatives appeared to have a better framework to understand the dynamics of relationships and roles after adoption than did others. Birth relatives who, by the time of interview, were coded as having a realistic understanding all showed an ability to see things from the child’s point of view. Most importantly, they could make a reasonable appraisal of how the child was likely to view them given the age and understanding of the child and the history of the relationship. They could also view the child’s relationship with the adopters realistically. In 14 out of 15 cases, birth relatives were able to be positive about adopters even though these people were replacing their role. The strength of feeling of birth relatives about the adoption was, in all cases, immense. A sense of loss was common to all interviewees, as to a greater or lesser extent were other emotions such as anger, guilt and shame. Birth relatives with realistic acceptance were able to make
sense of the adoption situation without being totally driven by their own feelings. It is noticeable that in all cases where birth parents showed partial or low acceptance, some reduction in general cognitive capacity seemed apparent, either because of learning disability or mental health issues. With a reduced capacity to think though the situation, feelings were more dominant.

The ability of birth relatives to accept the adoption situation was not fixed. Almost all relatives described a process of acceptance increasing over time through the experience of contact, the most work taking place in the very early stages of the placement. It seems that the desire of birth relatives to achieve a good outcome for their child was a great motivating factor in bringing about change. Contact primarily provided a means of seeing for themselves that whatever had happened in the past, the children were now all right. This knowledge then provided an alternative way to think about the adoption as well as reducing feelings of anxiety about the child’s welfare and so making way for thought processes. These findings suggest that if face-to-face contact is ruled out because, at the placement stage, a birth relative is not accepting or is hostile about the placement, then opportunities for helpful contact may be missed. Positive initial meetings with adoptive parents can be vital in reducing birth relatives’ negative fantasies, reassuring them that their child will be in good hands, and hence enabling birth relatives to accept the situation. As Grotevant and McRoy (1998) found, the length of time since the child had been placed did not seem related to birth relative adjustment at the time of study. This variable, however, may be of most relevance in the very early stages of a placement, other factors being more influential as time goes on.

In terms of the types of relatives who can best manage contact successfully, there seemed to be no clear rules. As has been said, some people may have a reduced capacity to understand all the ins and outs of post-adoption relationships, but adoptive parent interviews suggest that this does not preclude satisfaction with contact arrangements if adoptive parents are able to sympathetically approach such difficulties in birth relatives (Neil, in press; Neil et al, in press). Many of the birth relatives interviewed did have considerable personal difficulties and yet were able to achieve a good acceptance of post-adoption relationships. The same was true of birth relatives who did not want the child to be adopted. In all cases except one, if birth relatives did have ongoing feelings of anger towards social services, these were not transferred to the adoptive family. A number of factors associated with the young age of the children at adoption contributed to the adjustment of birth relatives in this sample. Parents and relatives may feel differently (though not necessarily with less associated pain) about the loss of a child they have not parented for any length of time than they do about a child with whom they have established a relationship. Furthermore, the child’s reaction to the parent during contact does not create or reinforce a feeling that the child desires a closer relationship. Younger adopted children tend to have fewer emotional and behavioural problems than do children placed at older ages and they are more likely to form an attachment to adoptive parents (Howe, 1998). The birth relative is therefore more likely to see obvious good outcomes for their child. In contrast, in contact situations with children placed at older ages the child may show love or loyalty to the parent, possibly reinforcing the birth relatives’ hopes that the adoption will not last. The child may show continuing behavioural or emotional problems and birth relatives therefore may find it easier to hold a view that adoption was not in the child’s interests.

The acceptance of the child’s adoption shown by birth relatives in many cases in this study had a knock-on effect of increasing the empathy of adoptive parents for the birth relatives and hopefully in the longer term may prove beneficial to the children. Face-to-face contact may be considered much more readily for children placed at older ages than for the very young, because older placed children have established relationships with their birth relatives. The current study, how-
ever, suggests that good outcomes may be easier to achieve with the younger age group, because of the factors outlined that promote birth parents’ acceptance of the adoption. Younger children’s reactions may also be less complicated than those of older children (Neil 2002b; Neil et al., in press). It may be that if practitioners predominantly have experience of contact arrangements for older children they could overestimate the level of complexity with younger children.

This study only provides cross-sectional data about the outcomes of contact (although longitudinal follow-up is in progress), so it is not yet known how many contact arrangements will be sustained in the longer term. However, as was outlined in the introduction, other studies do suggest that it may be hard for some birth relatives to keep in touch. It could be that certain processes leading to high levels of acceptance, especially feeling confident about the child’s welfare, could, when combined with the pain associated with contact, lead birth relatives to feel that it is better all round if they stop contact. As one birth relative in the current study said, she thought it was ‘unfair to see [the child] now he is settled in with his new life. Letter contact would be just fine. Let the child get on with it’. Social work support to help birth relatives manage the pain that contact may arouse, combined with messages about the importance to the child that contact is sustained, may reduce the possibility of birth parents opting out of contact arrangements.

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