Post-adoption grief counselling

Evelyn Robinson addresses the grief experienced by mothers who have lost children through adoption and suggests that their grief is disenfranchised. She explores the reasons for this and outlines methods for assisting mothers to integrate their experience of adoption loss into their lives, as practised in a self-help group, supported by government funding, which currently operates in South Australia. The article is based on the author's personal experience, both as a mother who lost a child through adoption and as a counsellor/co-ordinator with the group under discussion.

Introduction

As recognition that the grief of mothers who have lost children through adoption exists and cannot be appropriately addressed by other agencies, government funding has been available in South Australia since 1989, to provide a discrete and specialised service under the auspices of the Association Representing Mothers Separated from their Children by Adoption (ARMS). ARMS offers a range of services to these mothers, including group support and individual counselling. Current adoption legislation in South Australia allows for the release of identifying information after the adopted child has reached the age of 18 years, both to the adopted person and to the birth parents, as well as to siblings and other family members, under certain circumstances.

Mothers seeking support at ARMS are in some ways a diverse group. Among those whose child has not yet reached adulthood, some mothers have a degree of contact or exchange of information while a number do not. For others, while the child has reached adulthood, no contact has yet been made or else contact has broken down. For a third group, their child has reached adulthood and contact is ongoing.

ARMS clients are encouraged to complete the course of post-adoption grief counselling, to make use of the Association’s library and to attend support groups. A counsellor/co-ordinator provides the individual counselling and facilitates some of the support groups. Attendance at the groups is restricted to mothers who have lost children through adoption and this article reports views expressed by these mothers, both in group meetings and in the course of individual counselling. As there are no adoptions without consent in South Australia, the members of the support group are all mothers who signed adoption consents for their infant children to be adopted. To date, their ages have ranged from 22 to 75 years. In some cases, their children were adopted in South Australia and in some cases elsewhere, in other states or countries.

The fact that mothers suffer from the loss of their children who have been adopted has been well documented by research (Inglis, 1984; Condon, 1986; Bouchier et al, 1991; Howe et al, 1992; Robinson, 2000). This paper elaborates on details of the experiences as described by users of ARMS services. While the outcomes for such birth mothers have begun to be addressed in social work literature in recent years, practitioners dealing with these issues have not always approached them from a grief perspective. The view at ARMS is that these mothers have suffered the loss of their child and that the resulting grief has unique qualities. While this article focuses on the losses experienced by mothers, the author recognises that fathers and other family members also grieve the loss of children through adoption.

At ARMS it is considered vital that the grief experienced by those whose lives have been affected by adoption be seen, not as an aberration or a flaw, but as a healthy response to the adoption.
experience, in the same way that grieving a bereavement is seen as a positive, productive response – one to be encouraged and supported rather than suppressed. Our experience indicates that the attitudes of others has often, unintentionally perhaps, impeded the grieving process.

**Issues for ARMS clients**

ARMS clients are all voluntary. Some are referred to the Association by government agencies and some by health professionals, but the majority of clients are self-referred. Mothers often report having found it difficult to seek assistance in dealing with their adoption issues. They describe various reasons for this. For many, the birth and subsequent adoption of their child had been a secret because of the shame and social stigma involved. Sometimes the secrecy had become a debilitating, entrenched factor in their lives. Many women describe physical and emotional health problems which they feel are related to this long-term secrecy. Some tell of having felt marginalised and socially excluded for several years and of having craved acceptance, especially from other mothers. For many, therefore, coming forward to take advantage of support is a significant achievement in itself.

In addition, a number of women had been led to believe that grieving for the loss of their child was itself a sign of inadequacy on their part, making them reluctant to admit to their ongoing pain. They had been led to expect that time would heal their wound. Yet Winkler and van Keppel (1984) found that, of the women they surveyed, approximately half indicated that their sense of loss had actually increased with the passage of time. Condon (1986) also stated that more than half of the women he studied reported an increase in the level of their anger related to the adoption over time.

Counselling and group work at ARMS are based on the premise that the grief of mothers who have lost children through adoption has been disenfranchised. According to Doka (1989), grief is disenfranchised when the loss is not ‘socially supported, openly acknowledged or publicly mourned’ (Doka, 1989, p 4). Doka also states that in cases where grief is disenfranchised, sometimes ‘the relationship is not recognised, the loss is not recognised or the griever is not recognised’ (ibid, pp. 5–6). The position of mothers who have lost children through adoption fits all of these criteria.

Because they received no social support in their grieving, mothers attending for support at ARMS feel that they had been unable to explore and express their feelings fully at the time that the adoption occurred. In contrast to a loss through death, where the community would congregate around the grievers and accompany them through the appropriate socially expected behaviours, there are no accepted rituals to promote productive grieving after an adoption.

Because it is disenfranchised, the grief of mothers who have lost children in this way is usually suppressed. Many mothers state that they did not feel that they were entitled to grieve the loss of their children. The reactions of others tended to reinforce this feeling. Common statements, such as ‘You did the right thing’, were felt to invalidate their grief and were considered to be very unhelpful. In most cases, mothers attending ARMS report that others viewed the adoption as her choice, with little if any recognition that she had, in fact, suffered a loss. Since the adoption was considered to be in the best interests of their child, they felt that they were expected to view it as a positive event; there were no rituals and there was no gathering of the community to comfort them at the time of separation from their children. They also believe that the practice of adoption itself, whereby the child’s birth parents are legally replaced by surrogate (ie adoptive) parents, allows for a very public denial of the original relationship between mother and child.

The first and most important step in addressing the disenfranchised grief of mothers who have lost children through adoption is to acknowledge the enormity and complexity of their loss. Many mothers were advised at the time of the adoption to put the matter behind them and carry on with their lives as if it had not happened. Even if they were not
advised in this way, they stated that it was rare for family and friends to refer to the lost child and so a communal silence had developed over time, which discouraged discussion and acknowledgement of the events of the past. Many mothers express feelings of relief at being finally encouraged to remember their lost children actively and to acknowledge them in the present and not just in the past.

It is also important to acknowledge that for many women, the deprivation of a child through adoption has been the most influential loss of their lives and that it was often the first major loss that they had experienced. Subsequent losses also appear to have caused the trauma suffered at the time of adoption to re-emerge and this seems to have complicated grieving responses. It is very useful, therefore to help mothers to compile a history of losses and to explore the impact of the adoption on their grieving pattern.

**Grief counselling**

Generic grief counselling models (eg Worden, 1982) recommend that grievers accept the reality of their loss, experience the pain of their grief, adjust to the environment from which the lost party is missing and withdraw emotional energy from the relationship with the lost person. None of these tasks is readily achievable for mothers who are grieving the loss of children through adoption.

It is impossible for them to comprehend the reality of what they have lost, because they have forfeited the right to raise their child and they will never have that experience. They are often unable to experience the pain of their grief because they have been informed that adoption is not a matter for sorrow. Mothers attending ARMS have been unable to adjust to the environment from which their children were missing as their children had never had the opportunity to take their place in the family. These mothers have been unable to withdraw emotional energy from the relationship with their child because there has been no death and so the child, along with the possibility of reunion, remains ever present in their consciousness. For all of these reasons, traditional grief counselling models are not felt to be appropriate when working with mothers seeking support at ARMS.

Mothers are told at ARMS that they are entitled to grieve. They learn that the feeling of anger and the sense of loss associated with this grief will vary in intensity at different times in their lives. There is no striving for grief resolution. This is considered not to be a useful goal, as it implies that some people may succeed while others may fail.

**Post-adoption grief counselling**

ARMS employs a post-adoption grief counselling model, based on a narrative approach, placing the adoption in relation to the mothers' individual biographies. This approach was designed specifically for the Association's clientele. As the adoption loss was usually experienced by the mother from a position of powerlessness, counselling focuses on empowering people and increasing feelings of self-worth. The mother generally meets on a weekly basis with the counsellor/co-ordinator for a period of three to six months, although counselling often continues on a less frequent basis beyond this. Mothers may also attend support groups. The aim of counselling women who have lost children through adoption is to educate them and assist them to integrate their adoption loss experience into their lives. Counselling focuses on acknowledging that the pain will be ongoing, while stressing that it can be managed in order that its effect becomes less and less debilitating. Mothers are warned that the counselling may bring many emotions to the surface and are encouraged to put in place supports to help them deal with these feelings.

Part of the work involves encouraging mothers to re-examine beliefs and attitudes they held or were subject to around the time of the adoption. For example, many report that the adoption took place because she, her parents or other authority figures believed that it would be the most beneficial outcome. A number of mothers believed when their children were born that they were unable to provide the optimum environment in which their daughter or son could be raised. For some, motherhood without financial
support seemed impossible. For many, their fears about the disadvantages for their child of being raised in a single-parent family discouraged them from proceeding with caring for the child alone. Challenging the validity of these beliefs can be painful for mothers but exploring and understanding their experience in its social context is felt to be a vital part of the healing process.

The loss of the child is explored in relation to each mother’s upbringing and associated feelings. Participants are initially asked to describe the era and the families in which their parents grew up and the situations which led to their own parents’ marriage. The reason for this is that the values and beliefs which the mother has absorbed growing up have usually been learned from her parents, who, in turn, have absorbed their values and beliefs from their parents and from their life experiences. There is then an exploration of the mother’s childhood and childhood experiences. It is important that she understands the meaning of those events for her and how she experienced growing up. Issues explored are: the quality of communication in the mother’s family; her feelings of self-worth; approval-seeking behaviour; religious and cultural influences; the relationship between her parents; relationships with siblings; gender issues; her sense of security and safety as a child; and family expectations and priorities.

The adolescent years are covered and how the changes of puberty were approached in the family, as well as moral standards and gender-based expectations during the era in which the mother was a teenager, her role models and her first sexual experiences. Again, the emphasis is on how the mother experienced this period in her life and the impact that it had on her sense of her own value.

We explore the relationship between the mother and the person who became the father of the child who was lost to adoption. Some mothers report that they were raped, some were taken advantage of by older partners, some had become what was viewed at the time as promiscuous, perhaps as a result of previous sexual abuse, and some were involved in loving relationships. There is discussion as to the extent to which the mother understood the connection between sexual relationships and pregnancy, the use of contraception and how awareness of the pregnancy occurred, leading on to how news of the pregnancy was disclosed and what the immediate outcomes of that disclosure were.

While the mother describes the experience of being pregnant and the events that surrounded the actual pregnancy, issues of control and power are explored and the disempowerment of the mother is often highlighted. Plans were often made by others during the course of the pregnancy without always considering the mother’s views and feelings.

Discussion of the birth itself can often be traumatic for the mother, especially if she has never been invited to talk about it before. Many receiving counselling at ARMS cannot describe the experience of giving birth, either because they were not conscious during the event or because they have since lost the memory of it—a common outcome of trauma. For some, there are moments which are clear and others which are lost to them. It is often difficult for mothers to recall events which occurred shortly after the birth of their child. Most report a feeling of numbness and a sense of emotional distance from what was happening. Some can recall nothing for some time after the birth.

It is essential to explore the ongoing impact that the loss of the child has had on the mother’s life. For many mothers, secrecy has been a major factor in their lives since the birth of their child and this has had a noticeable impact on their relationships with other people and on how they view themselves. It is also felt to be important to examine the impact of the loss of the child on how they have dealt with subsequent significant events, especially losses. Once a mother has a deeper understanding of her past, plans can then be made for the future, based on the strengths and strategies which she has already displayed.

The objective of this counselling work is not viewed in terms of apportioning blame, justifying or making excuses, nor
exploring the events in terms of ‘rightness’ or ‘wrongness’. Its purpose is two-fold. The principal function of the counselling is to allow the suppressed grief to surface and to be experienced in a constructive manner that is accepted and understood by the mother. Secondly, the counselling helps the mother to make links and connections between her life events and the values, beliefs and motives that give them meaning. For many mothers, it is the first time that certain patterns have become apparent. This often leads to empowering moments of clarity and acceptance, and to a reduction in feelings of guilt and shame. Considering that many mothers come to ARMS feeling guilty and ashamed about having become pregnant, about having allowed their babies to be adopted and also about the fact that they are still suffering from their loss, this is often felt to be a major achievement for them.

Reunion
The final stage in post-adoption grief counselling is preparation for reunion. Mothers are always encouraged to make efforts to obtain information, both about the events surrounding the loss of their children, about the intervening years in their children’s lives and about their current whereabouts. This information is easier to obtain in some countries than in others, but the effort itself can provide both a recognition of the reality of the relationship between mother and child and a sense of empowerment for the mothers involved. Of course, obtaining this information may initially increase the mother’s sense of loss and anger and it is important for her to be prepared for this. If contact has not already been made, all mothers are encouraged and supported to make contact with their adult children, often leading to a reunion. ARMS does offer a mediation service between the mother and adult child, but some mothers choose not to use this service and to make contact directly. ARMS is only able to offer mediation where the adopted child is an adult (ie aged 18 years) and it is the Association’s policy never to contact adoptive parents in such cases, as this would be viewed as a serious breach of confidentiality.

Part of the preparation for reunion for the mother is trying to understand what beliefs and experiences the adopted adult child might be bringing to the reunion. Ideally, adopted people will also have been able to prepare themselves. In some cases, adoptive parents have been aware of the losses experienced by their children and their need to grieve and have chosen to help their children to prepare for reunion. In other cases, unfortunately, their adoption has been ignored and denied, and their losses unacknowledged. In this event the reunion itself often causes the grief of the adopted person to come to the surface, which can result in anger and sadness. This is viewed at ARMS as an expected part of the grieving process, which can lead on to positive outcomes.

The grieving process is complicated for adopted people as they have usually been encouraged to view their adoption as a wholly positive event in their lives. The expectation has traditionally been that those who are adopted as infants generally have no memory of the separation from their family members and are grateful for their subsequent adoption and so they will not suffer from any feelings of loss. However, recent literature on the subject has refuted this notion (Verrier, 1993; Lifton, 1994; Robinson, 2000) and it is now recognised that adopted people experience feelings of loss similar to those felt by their mothers. Because of the lack of understanding in the community of the losses experienced by those who are adopted, we also consider their grief to have been disenfranchised.

For adopted people, regardless of whether or not they have lived in an atmosphere of caring and concern in their adoptive families, the reality is that they have been raised separately from their families of origin and there are inevitably losses associated with that experience. The disenfranchised grief of those who have been adopted can also be addressed by counselling and support groups which acknowledge this reality. Like their mothers, adopted people can be helped to understand and experience their grief, and to incorporate their loss into their lives.

Adopted people do sometimes receive support from ARMS, as well as assistance
in preparing for reunion, although resources do not permit offering long-term counselling to adopted adults or the provision of support groups for them. For mothers and for adopted people, being assisted to understand the belief systems which led to their separation will relieve them of much anxiety, as does the acknowledgement that wishing to know family members from whom they have been separated is a positive and healthy response to the experience of being involved in an adoption.

After having completed the counselling course, mothers are invited to provide feedback on the usefulness of the various elements of the counselling process and on ARMS services in general. Feedback sheets are provided, which may be completed anonymously. All ARMS members are also invited to complete a feedback sheet on services of the Association on an annual basis. Many mothers have reported that after having completed the course of post-adoption grief counselling, they felt much more prepared for the issues which might arise after reunion. Those who had sought help after they had been reunited with their lost child also felt that they had benefited from the counselling. Furthermore, as a result of having a deeper understanding of the issues, they were often able to re-establish contact where this had broken down, or to improve the relationship with their adult child.

Conclusion
The grief experienced by all of those whose lives have been affected by adoption is a very real and complex one and requires specialised assistance. Although there have been changes to the manner in which adoptions take place in recent years, with far less tendency towards secrecy and denial, it is too soon to know if this will have any impact at all on the long-term grief experienced by those involved. Anecdotal evidence suggests that it will not. For many of those involved in adoption, there has been a suppression of grief which has been damaging. The services of an aware and sensitive counsellor, combined with the support of their peers, can assist those affected to overcome these negative consequences and feel the sense of relief and freedom that comes with honest and productive grieving.

As a result of the increased awareness of adoption grief and loss issues, the current trend in South Australia is strongly in favour of family preservation instead of the legal family breakdown precipitated by adoption. In South Australia, since 1989, there have been no adoptions without consent, no adoptions of older children, nor any adoptions by family members (including step-parent adoptions). The number of adoptions in the region has reduced steadily and dramatically since 1972, with only three Australian-born children adopted in South Australia in 2000. There is no reason to suppose that this trend will not continue and the expected outcome will be no adoptions in South Australia and therefore, eventually, no need for the services which ARMS offers.

In the meantime, there are still many thousands of mothers and children in South Australia who have already been separated by adoption, and the unique service provided by ARMS is vital to assist them to manage their subsequent grief. It is hoped that the model developed by the Association and the experiences of our clients will provide ideas and insights for services elsewhere.

References
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