Supporting the birth relatives of adopted children: a review of relevant literature

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What do we know about birth relative's experiences?

Most of what is known about the birth relatives of adopted children relates to a very different population of people to those whose children are adopted today. Almost all research has been carried out on mothers who relinquished their children for adoption. The research on relatives other than mothers, and on the experiences of people who did not choose to have their child adopted, is very limited. Below, the relevant research is reviewed and summarised.

- Relinquishing a child for adoption is an experience of loss that can have long term negative psychological consequences

A number of studies of relinquishing birthmothers have found that having a child adopted is an experience of loss and grief that persists beyond the immediate aftermath of the parting, and in many cases is long term. Winkler and Van Keppel (1984) studied 213 women who had all relinquished a child for adoption when they were young and single. A great sense of loss was a key feature of many women’s stories and the greater the sense of loss reported by the women, the worse was their adjustment. For many women this sense of loss did not diminish with time, in fact 48% of the sample reported that it had intensified and was worse at particular times such as birthdays and Mother’s Day. For some women a strong sense of loss had persisted for up to 30 years. Well over half of respondents rated the adoption of their child as the most stressful experience of their life. The psychological functioning of the birthmothers was also measured and was found to be significantly worse than a matched sample of women who had not had a child adopted. This research clearly shows that it is unrealistic to make the assumption that women whose children are adopted will quickly ‘get over’ this experience. In many cases the negative consequences are serious and long lasting. Many similar findings have been outlined by other researchers both in this country (e.g. Bouchier et al, 1991; Howe et al, 1992; Hughes and Logan, 1993; Logan, 1996; Wells, 1994) and abroad (e.g. Condon, 1986; Deykin et al, 1984; Rockel and Ryburn, 1988) and key themes are obvious in biographical accounts (e.g. Powell and Warren, 1997).

- The loss of the child to adoption is further compounded by negative societal reactions, a consequent shortage of social support, and a lack of information about the subsequent welfare of the child

Howe et al (1992) discuss the plight of birthmothers with reference to the concept of ‘spoiled identity’ (Goffman, 1963). They argue that women who have had a child adopted are ‘discreditable’: they have transgressed rules regarding sex outside of marriage and further have failed as mothers by giving their child away. These aspects of their identity are not immediately apparent but if they were to become known the woman faces censure. This concept is also very helpful when thinking about relatives whose children are adopted from care, as they have failed to live up to society’s definition of good parents.

A variety of explanations for the poor adjustment of birthmothers have been suggested. Winkler and Van Keppel (1984) described the ways in which the grief process is impeded because of denial of the importance of the loss by other people and the woman’s own sense of
guilt and shame. In this study better adjustment was related to opportunities to talk through feelings about the adoption especially in the first year afterwards, lending support to this theory. In addition, women who received support regarding the adoption from their friends or family fared better in the long run. Presumably the positive messages given through such support may have helped women to deal with their feelings of guilt as well as affording opportunities to talk through feelings.

Several studies of birthmothers have indicated that the lack of information about the child following adoption has added to the difficulties of dealing with and accepting the loss of the child. This theme came out strongly in the work of Winkler and Van Keppel (1984). For example, one birthmother 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).

Several authors have attributed this ongoing preoccupation of birthmothers with their child as a symptom of unresolved grief (e.g. Millen and Roll, 1985). Strong feelings of loss and intense absorption with the lost object 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). There is now growing research evidence that the adjustment of relinquishing birthmothers can be promoted if the mother retains some contact with her child after adoption (Christian *et al*, 1997; Etter, 1993; Iwaneck, 1987; Cushman *et al*, 1997). However, many studies have also found that over time many birthmothers do not keep up planned contact, largely because without support it is very hard to manage the painful feelings that such contact can arouse (e.g. Logan, 1999; Berry *et al*, 1998; Etter, 1993).

The psychological impact on birth parents of having a child adopted has been conceptualised in terms of 'additional psychological tasks' (additional in this context meaning that parents keeping and raising their birth child do not have to deal with such issues). Triseliotis *et al* (1997) summarise these for birth relatives as being: to come to terms with feelings such as loss, guilt and self-blame; and to recognise and accept emotionally that although they remain the biological parents of the child, they will not be his or her psychological parent. Accepting the reality of roles and relationships after adoption may be impeded not only by feelings of loss, but also by the fact that how to be a *good birth parent* is undefined.

- **Information about the experiences of relatives other than birth mothers is very scarce**

There is a very limited amount of research into the experiences of birthfathers; only three significant studies have been undertaken (Cicchini, 1993; Clapton, 2003; Deykin *et al*, 1998). These studies all suggest that many birthfathers also experience long term negative consequences as a result of their child’s adoption, particularly in situations where they had no choice or control over the adoption. Relatives other than birthparents have also received almost no attention. Some experiences of grandparents have been described (Tingle, 1994; 1995) and these descriptions indicate that having a grandchild adopted can also be desperately painful.

- **The experiences of birth relatives in non-consenting adoptions has rarely been documented but the responses of relatives of children in care suggests that the non-consenting nature of the loss may make resolution particularly problematic.**

Most children adopted today are removed from their parents using compulsory legal powers and are adopted without the consent of their birth family. The research on the psychological impact of this type of adoption is virtually non-existent. Because of this paucity, it is...
necessary to look the experiences of parents of children in the care system. One such project is a longitudinal study of the parents of 360 children in foster care, carried out in the USA (Jenkins and Norman, 1972). The situations of these parents were in many ways similar to the difficulties of the parents of children adopted from care. Jenkins and Norman called the feelings of parents about their separation from their child ‘filial deprivation’ and they describe the most common feelings as being sadness, worry, nervousness and emptiness. Mothers whose children had been compulsorily removed were significantly more angry and nervous than were other mothers. As with relinquishing parents, in many cases painful feelings did not reduce over time. Many of these themes are echoed in the UK studies of Thorpe (1980), Rowe et al (1984), Aldgate (1980), Millham et al (1986), Masson et al (1997) and Lindley (1994). Millham et al (1986) followed an intensive sample of 30 families and birthparents were interviewed. These authors emphasise the sense of violation that parents feel when children are removed from home. Mothers were described as experiencing ‘a deep sense of failure in a role that society holds in high esteem’ (p.225).

There is very little significant research that explores the feelings of birth relatives whose children are adopted from care. During the 1990s the Department of Health funded a series of adoption research projects (summarised in Parker, 1999) but none of these studies included interviews with birth relatives. Some small sample research has been carried out however. Ryburn (1994) reports on interviews with members of 12 families who lost a child in contested adoption proceedings. The report of these interviews is focused mainly on people’s experiences of the processes leading up to adoption. Feelings of having been treated with a lack of respect by social services were commonly reported and such treatment was described by families as destroying the possibility of them working co-operatively with departments. Very similar themes emerge from reports of the work of the ‘Parents without Children’ support group for birth parents in contested adoptions (Charlton et al, 1998; Mason and Selman, 1997). The impact of losing a child in this way is described as being devastating and long lasting. Like relinquishing parents, feelings of isolation and emptiness were common, as were 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 the adoptive placement. Other small scale investigations are the study by Hughes and Logan (1993) that included six interviews with non-consenting birth relatives, the first wave of the ‘Contact after Adoption’ study in which 19 birth relatives were interviewed (Neil, 2003a) and the second wave of the same study which included over 42 non-relinquishing birth relatives (Young and Neil, 2004).

The birthparents of children adopted from care have very high levels of problems that lead to and indicate social exclusion. Neil’s survey of 104 children adopted from care found high rates of personal and psychological difficulties amongst the birth parents (Neil, 2000). Almost half (45%) of birth mothers had a mental health problem, a third (34%) had a learning disability, over a quarter (28%) had a drug or alcohol problem and a quarter (23%) had a criminal record (Neil, 2000). Indices of social disadvantage were also extremely high. Sixty-eight percent of birth mothers had never been employed and less than 5% owned their own house. In 13% of cases, one or both birth parents were of minority ethnicity, an overrepresentation compared to the general population. These issues of personal, psychological and social disadvantage and exclusion were central to the reasons why their children were removed from the family and placed for adoption. The process and consequences of having a child adopted from care also need to be seen as further compounding social disadvantage and exclusion. Freeman and Hunt (1998) studied the perspectives of parents in care proceedings. They found that services offered to families before they reached court were sometimes inadequate; few parents felt they had participated in decision making; most felt ill prepared for court proceedings - instead they felt marginalised, intimidated and confused; the majority of solicitors did not have specific expertise in this area of law; and, little support was available following proceedings. Likewise, in adoption proceedings birth parents find themselves in an adversarial system.
where they have little power or support, especially once the adoption order is made (Charlton et al., 1998; Ryburn, 1994; Lindley, 1994). Contested adoption proceedings may create or reinforce parents feelings of betrayal, worthlessness and failure, as uncompromising evidence about their lack of abilities and maltreatment of their children is presented, sometimes by a social worker they may have understood to be 'helping' them (Ryburn, 1994). Birth relatives also experience a lack of sympathy and support from the community; they are viewed as bad parents who are culpable for their own misfortunes (Charlton et al., 1998). Having a child adopted from care carries huge social stigma and has been described as the last social taboo (Charlton et al., 1998).

• Birth relative well-being is linked to the usefulness of contact for the adopted child.

It is now widely recognised that adopted children have challenges, or additional tasks, to negotiate concerning the formation of new relationships, adjustment to loss, and the management of identity issues (Brodzinsky, 1990; Kirk, 1964; Triseliotis et al., 1997). The increase of openness in adoption arrangements is partly in response to research findings (e.g. Triseliotis, 1973; Haimes and Timms, 1985; McWhinnie, 1967) suggesting that the resolution of such additional tasks is not helped, and may be impeded by, a closed model of adoption practice that allows participants very little access to and information about each other. Such research has demonstrated that even in closed adoptions the fate of the adopted child and his or her birth family remain linked; neither party forgets about the other and their fate is shared (Kirk, 1964). With the increase in post adoption contact arrangements, this link becomes very real in that the welfare and adjustment of the parent may affect the child, and vice versa. Whether contact is likely to be of help to the child depends in part on the birth relative’s adjustment to, and acceptance of, the adoption, in particular their capacity to adopt a supportive position towards the child and the adoptive parents (Lowe et al., 1999; Festinger, 1986; Smith and Logan, 2004). However, there is evidence that maintaining useful and supportive contact can be difficult for birth relatives who continue to experience high levels of unresolved difficulties caused by the adoption experience. The research on non-relinquishing parents suggests that in addition to feelings of loss, guilt and worries about the child, such parents may have strong feelings of anger which in many cases will be directed at agencies that 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 directed towards the adoptive parents. As with relinquishing mothers, the research suggests that it can also be hard for parents of children in care to maintain contact with their children over time (Millham et al., 1986; Aldgate, 1980; Masson et al., 1997). The ability of birth relatives and adoptive parents to work collaboratively over contact is a major factor in determining whether or not contact is likely to benefit the child (Festinger, 1986; Grotevant et al., 1999; Smith and Logan, 2004; Lowe et al., 1999; Neil, 2003a,b,c; Neil et al., 2003; Triseliotis 1980).

What do we know about support services for birth relatives?

With relinquishing birth mothers, greater availability of support and opportunities to talk about the adoption of their child, has been found to be related to better adjustment in some research studies (Howe et al., 1992; Winkler and van Keppel, 1984). When it comes to birth parents in contested adoption, social support is particularly likely to be lacking, as society is a hard judge (Charlton et al., 1998). Furthermore, as outlined above, birth parents may find it hard to use any support offered by the agency, because of feelings of unresolved feelings of anger and betrayal. Services to help birth relatives of adopted children could take a number of forms, they could be provided before or after adoption, by the placing agency or an independent agency. Triseliotis et al (1997) outline a comprehensive list of services that could be provided to help birth relatives. Systematic research into the outcomes of services offered to support the birth relatives of adopted children is lacking, though some descriptions of services have been published.
Before Adoption, a subgroup of After Adoption in Manchester, initiated a pilot project to help parents in contested adoption proceedings (Charlton et al., 1998). The parents in this project reported their greatest need to be advocacy, along side counselling. By advocacy, what was meant was having someone to explain ‘what is going on’, to accompany them to important meetings and to help them put their point across to professionals. Providing information and helping parents role play in preparation for important meetings are other important aspects of pre-adoption birth relative support (Charlton et al., 1998). Although such empowerment did help some birth parents take a more active role in decisions about their child's future, in some cases the project workers found that the provision of such services made social workers feel anxious about parents becoming more challenging.

Charlton et al. (1998) also describe the importance of individual counselling for birth parents: an opportunity to talk things through with another person, to be heard and understood, but not judged. Hughes (1997), herself a birthmother, gives a first hand account of what counselling can achieve. She describes how having another person to hold and contain her pain until she could manage it herself, was vital in her process of coming to terms with her experience: "this I see as being the most valuable and meaningful thing which M. did for me: that a counsellor can do for a birthmother. It involved a willingness to accept the pain we experience without escaping into the notion that this can somehow be made better" (p.9).

A further model of support for birth relatives of adopted children, is group support. Again, there is no published research that has systematically evaluated the efficacy of such support, but practice descriptions are available (Post-Adoption Centre, 2000; Perl and McSkimming; 1997, Harris and Whyte; 1999). A major advantage of groups reported across these publications, is that they can help diminish people's sense of isolation, and hence increase self-esteem. In the words of one birthmother, "What a relief it was sharing our experiences which were so alike. It was like a cleansing of the soul...We had all suffered what we saw as a form of punishment as we all thought at the time we were basically bad people" (Harris and Whyte, 1999, p. 44).

Services to birth relatives could include contact support services. As has been outlined above, not knowing what has happened to their child is a major source of anxiety for birth parents, an anxiety that can complicate grief resolution. Yet although birth relatives may want contact after adoption, practical and emotional barriers often stand in the way of the maintenance of good quality contact. Some birth relatives who remain in contact with their adopted child, through either meetings or letters, may receive services to support them in maintaining contact. Although such services may not be aimed at promoting birth relative adjustment, they may never the less serve this purpose if good quality contact is the outcome. Some birth relatives in Neil's study of contact after adoption reported receiving services to help them maintain face-to-face contact, and these were generally viewed as helpful (Neil, 2002a, 2002b), especially when birth relatives had a lot of problems of their own. Few birth relatives having indirect contact however, said they had received any help or support to write letters (Neil, forthcoming). Supporting birth relatives to be a resource to their adopted child can be undertaken within specialist birth family support services, and as well as help with contact may also include work such as helping parents be involved in life story work, or writing a letter for the child to read when they are older (e.g. Mason and Selman, 1997; Charlton et al., 1998).

Finally, birth relatives may use general support services not specifically related to adoption e.g. health services or counselling. This is especially likely to be true for the birth parents of children adopted from care, who generally have a multiplicity of social, physical and psychological difficulties. It may be that via some of these services, birth relatives can obtain help for adoption related problems. For example, Sass and Henderson (2002) studied 66 birthparents in the USA and found that 42% had received therapy at least once. Therapists
who enquired about or addressed adoption issues were perceived as being significantly more helpful than those who had not.

References


