

Post-Adoption Grief Counselling

*The author's experience of working in South Australia with a support group
for mothers who have lost children through adoption*

by

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Summary

This article is based on the author's experience of working for the past two years with mothers who have lost children through adoption. The author is a social worker employed as Counsellor/Co-ordinator in South Australia by the Association Representing Mothers Separated from their Children by Adoption (ARMS), which is a self-help support group which receives state government funding. Individual counselling is provided as well as support in a group setting. Attendance at the group 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 of older children in South Australia and no adoptions without consent, the members of the support group are all mothers who signed adoption consents for their infant children to be adopted. The ages of mothers who have sought support ranged from women in their early twenties to women in their early seventies. All were resident in South Australia but their children had been born and adopted in Australia, the United Kingdom, the United States, New Zealand and Canada.

This article addresses the grief experienced by mothers who have lost children through adoption and suggests that their grief is disenfranchised. The author explores reasons why this is the case and describes the model of post-adoption grief counselling employed by her in her role at ARMS to assist mothers to integrate their experience of adoption loss into their lives.

Introduction

In recognition of the fact 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 (which saw the introduction of the current Adoption Act) to provide a discrete and specialised service at ARMS for these mothers. Current adoption legislation in South Australia allows for the release of identifying information after the adopted child has reached adulthood, both to the adopted person and to the original 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. For some, their child has not yet reached adulthood. In these situations, some mothers have a degree of contact or exchange of information while others do not. For some, their child has reached adulthood and contact has been made. For others, while the child has reached adulthood, no contact has been made or contact has broken down. Mothers seeking support from ARMS are encouraged to complete the course of post-adoption grief counselling, to make use of the ARMS library and to attend support groups.

The fact that mothers suffer from the loss of children who have been adopted has been well-documented elsewhere (Bouchier et al, 1991, Condon, 1986, Howe et al, 1992, Inglis, 1984, Robinson, 2000) and so that basic premise will be considered to have been established. While the outcomes for mothers who have lost children through adoption have begun to be addressed in social work literature in recent years, those 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 grief they experience as a result of this loss has unique qualities and because of that they have been unable to grieve this loss in the same

manner in which they would grieve a bereavement. 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.

It is considered vital at ARMS 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 and one to be encouraged and supported rather than suppressed.

Issues for ARMS clients

ARMS clients are all voluntary clients. Some are referred to ARMS by government agencies and some by health professionals but the majority of clients are self-referred. Mothers often report that they had 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. For some of the women attending ARMS, the secrecy had become a debilitating, entrenched factor in their lives. Many women report physical and emotional health problems which they feel are related to this long-term secrecy. Many mothers report having felt marginalised and socially excluded for many years and have craved acceptance, especially from other mothers. Coming forward to take advantage of assistance is, for many mothers, therefore, a significant achievement in itself.

Also many women had been led to believe that grieving for the loss of their child was itself a sign of inadequacy on their part and so they had been reluctant to admit to their on-going pain. They had been led to expect, after all, that time would heal their pain. In fact, Winkler & van Keppel (1984) reported that, of the women they surveyed, approximately half indicated that their sense of loss had actually increased with the passage of time. Condon (1986) reported that more than half of the women he surveyed indicated 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, p4). 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, p5-6). The position of mothers who have lost children through adoption fits all of these criteria and can therefore be considered to be a clear example of a grief that is disenfranchised. The ways in which this type of grief is disenfranchised have been explored fully elsewhere (Robinson, 2000).

Because they received no social support in their grieving, mothers attending for support at ARMS report that they had been unable to explore and express their feelings fully at the time that the adoption occurred. After a bereavement, for example, the community would congregate around the grievers and accompany them through the appropriate socially expected behaviours. After an adoption, however, there are no accepted rituals to promote and encourage productive grieving.

Because it is disenfranchised, the grief of mothers who have lost children through adoption is usually suppressed. Many mothers report that they did not feel that they were entitled to grieve the loss of their children. Statements commonly made to them, such as "You did the right thing" actually 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 a choice on the part of the mother and so there had usually been no recognition that they had, in fact, suffered a loss. They also report that because 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 and so 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 parents of the child 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 report that they were advised at the time of the adoption of their children to put the matter behind them and go 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 encouraged finally 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 loss of their 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. If their grief related to this loss has been disenfranchised and suppressed, they may have thereby developed a faulty grieving pattern. Many mothers believe that this may have affected the way that they have dealt with subsequent losses. Other 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 assist mothers to compile a history of losses and to explore the impact of the adoption loss on other grieving processes.

Generic grief counselling models (eg Worden, 1982) recommend that griever 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 lost the right to raise their child and, because the adoption has taken place, they will never have that experience. They are often unable to experience the pain of their grief because they have been informed that the adoption is in the best interests of their child and so is therefore not a matter for sorrow. In fact, mothers report that they had been given the impression that since their child was going to be in a better position because of the adoption, any grief expressed on their part would be selfish and self-indulgent. For the mothers who attend ARMS, their children left their families of origin when they were very young and so these mothers have been unable to adjust to the environment from which their children were missing as their children had not had the opportunity to take their place in the family environment. Mothers have been unable to withdraw emotional energy from the relationship with their child because they knew that their child still existed and so the child was ever-present in the mother's consciousness. Also there was always the possibility that the mother would be re-acquainted with her child at some time in the future. For all of these reasons traditional grief counselling models will not be useful when working with mothers who have lost children through adoption.

The aim at ARMS in counselling mothers is to support them to explore the experience of losing their child, to understand it and acknowledge it and to validate their feelings about it. The premise on which this aim is based is that the mothers' feelings of sadness and grief are actually the expected outcome of having experienced a loss, which has, for the most part, been unacknowledged or misunderstood. Mothers are told at ARMS that they are entitled to grieve. They are encouraged to acknowledge that their grief is legitimate and will always be with them, but to recognise that it can be managed and incorporated into their lives. 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 as this is considered not to be a useful goal, as it implies that some people may succeed, while others may fail. It is felt at ARMS that it is more productive for mothers to be supported to accept their adoption experience and acknowledge it as a permanent, but manageable, part of their lives.

Post-Adoption Grief Counselling

ARMS employs a grief counselling model, based on a narrative approach, which is designed specifically for ARMS clientele, known as Post-Adoption Grief Counselling. As the adoption loss was usually experienced by the mother from a position of powerlessness, counselling at ARMS focuses on empowering clients and increasing feelings of self-worth. The mother generally meets regularly with the counsellor over a period of months. 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 on-going, but 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 assist them to deal with these feelings.

Mothers report that many adoptions took place because the mother, her parents, or other authority figures, believed that adoption would be the most beneficial outcome. Many mothers believed at the time that their children were born that they were unable to provide the optimum environment in which their children 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 raising 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.

Mothers are initially asked to describe the era and the families in which their parents grew up and the situations which led to their marriage. The reason for this beginning is that the values and beliefs which the mother has absorbed growing up usually have been learned from her parents, who, in turn, have learned their values and beliefs from their parents and from their life experiences. There is then an exploration of the mother's childhood and her childhood experiences. It is important that the mother understand the meaning of those events for her and how she experienced childhood. Issues such as communication, or lack of it, 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, family expectations and priorities are all explored.

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.

The relationship between the mother and the person who became the father of the child who was lost to adoption is discussed. Some mothers report that they had been 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. Motives and beliefs are discussed as well as expectations and priorities. Mothers report that it was often during this period that plans for the future were made. These plans were often made by others and the mother's views and feelings were not always considered.

Description of the birth itself can often be traumatic for the mother, especially for those who have never been invited to describe it before. Many mothers receiving counselling at ARMS are unable to describe the experience of giving birth, however, either because they were not conscious during the event or because they have since lost the memory of it. For many

mothers the outcome of the trauma experienced at that time has been loss of memory. 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 felt to be very important to explore the on-going 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 viewed 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 purpose 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 come to the surface and be experienced in a purposeful manner which is accepted and understood by the mother. Secondly, the counselling assists the mother to make links and connections between her life events and the values, beliefs and motives which give them meaning. For many mothers it is the first time that certain patterns have become obvious and 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.

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 the lives of their children and about the current whereabouts of their lost children. 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 mothers' sense of loss and anger and it is important for mothers to be prepared for this. If contact has not already been made, mothers are encouraged and supported to make contact with their adult children and this frequently leads to a reunion between the two parties. This is viewed as a positive outcome for all concerned. 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 eighteen years) and it is ARMS policy never to contact adoptive parents in these 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 for reunion. 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 these cases the reunion itself often causes the grief of the adopted person to come to the surface and this can result in anger and sadness. This is viewed at ARMS as a useful and expected part of the grieving process.

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. Recent literature on the subject has, however, refuted this notion (Verrier, 1993, Lifton, 1994, Robinson, 2000) and there is now the recognition that adopted people experience feelings of loss similar to those experienced by

their mothers. Because of the lack of understanding in the community of the losses experienced by those who are adopted, however, their grief also is considered at ARMS 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 assisted to understand and experience their grief and to incorporate their loss into their lives.

Adopted people do sometimes receive support from ARMS and assistance in preparing for reunion, although resources do not permit offering long term counselling to adopted adults or the provision by ARMS of support groups for them. For mothers and for adopted people, being assisted to understand the belief systems which led to their separation and an 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 will relieve them of much anxiety.

After completing this course of counselling, mothers feel much more prepared for the issues which might arise after reunion. Mothers who seek help after they have been reunited with their lost child also benefit from counselling and as a result of the deepening of their understanding of the issues, are 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 grief and requires specialised assistance. Although there have been changes to the manner in which adoptions take place in recent years and there is now less secrecy and denial involved, 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 effects 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 trend in South Australia now is strongly towards family preservation instead of the legal family breakdown which is caused 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 South Australia has reduced steadily and dramatically since 1972 and only three Australian-born children were adopted in South Australia last year. There is no reason to suppose that this trend will not continue and the expected outcome will be that in the future there will be no adoptions in South Australia and therefore, eventually, no need for the services which ARMS provides.

In the meantime, there are still many thousands of mothers and children who have already been separated by adoption and the unique service provided by ARMS is vital to assist them to manage the grief resulting from this separation.

Keywords: disenfranchised grief, adoption loss, birthmothers, post-adoption counselling, adoption and loss, hidden grief

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