

# **Birthmother Adjustment after Adoption: The Grief Experience over Time**

Susan M. Henney, Ph.D., The University of Houston-Downtown, Department of Social Sciences, One Main Street, Houston, TX 77002, USA, [henneys@uhd.edu](mailto:henneys@uhd.edu); Susan Ayers-Lopez, M.Ed. and Ruth G. McRoy, Ph.D., The University of Texas at Austin, School of Social Work, 1 University Station, D3510, Austin, TX 78712, USA, [susanal@utexas.edu](mailto:susanal@utexas.edu), [r.mcroy@utexas.edu](mailto:r.mcroy@utexas.edu); and Harold D. Grotevant, Ph.D., The University of Minnesota, Department of Family Social Science, Room 290 McNH 6140, 1985 Buford Ave, St Paul, MN 55108, USA, [hgroteva@umn.edu](mailto:hgroteva@umn.edu)

## **Introduction**

This paper explores birthmothers' experiences of grief and loss over time across the continuum of openness in adoption. The grief reactions experienced by birthmothers following relinquishment have been described in the literature as being comprised of psychological, physical, and social-interpersonal reactions. Some of these responses include feelings of loss, sadness, and guilt (Triseliotis, Feast, & Kyle, 2005), depression (Burnell & Norfleet, 1979), anger (Condon, 1986), mourning and pain (Sorosky, Baran, and Pannor, 1978), regret (Namerow, Kalmuss, & Cushman, 1997), and negative impacts on subsequent marital relationships (Deykin, 1984).

### **Openness in Adoption**

Theorists differ in their beliefs about how open adoption arrangements may affect birthmothers' adjustment to adoption. Some believe that open arrangements, and the relationships formed therein, may help facilitate healthy adjustment to grief and loss (Silber and Dorner, 1990; Sorich & Siebert, 1982). Others argue that open adoptions are more difficult for the birthmother, particularly in the area of grief resolution, than confidential adoptions (Blanton & Deschner, 1990; Kraft, Palombro, Woods, Mitchell, & Schmidt., 1985).

As researchers began to study the phenomena of open adoptions, the majority found positive outcomes for birthmothers. For the most part, birthmothers felt the contact and information reassured them about the adopted child's well-being and helped them adjust to

the placement (Christian, McRoy, Grotevant, & Bryant, 1997; Cushman, Kalmuss, & Namerow, 1997; Dominick, 1988; Etter, 1993; Gross, 1993; Grotevant and McRoy, 1998; McRoy, Grotevant, & White 1988).

## Method

Data were collected by semi-structured interview at two points in time—4-12 years post-placement (170 birthmothers) and 12-20 years post-placement (127 birthmothers). In reference to openness, each birthmother described the degree to which there had been identified or non-identified information sharing and contact between the birthmother and the adoptive parents and/or the adopted child. The birthmothers' level of openness in adoption was coded using the scheme in Table 1.

Table 1. Categorical Openness Definitions

<b>Confidential</b>	No information is shared between triad members beyond 6 months post-placement.
<b>Mediated Stopped</b>	Any contact has stopped for at least one year past the point when it normally should have occurred. Before the stop, all contact was arranged through the agency or agency personnel and occurred beyond 6 months after placement. Information shared was intended for the other party and was perceived as received.
<b>Mediated Ongoing</b>	Contact is occurring through the agency. Contact could be reciprocal or one-way only. The party sending believes the information is being received, and the party receiving believes it was transmitted with the other party's knowledge and approval.
<b>Fully Disclosed Ongoing</b>	The parties are or have shared identifying information and/or contact directly, without agency mediation. The same rules for ongoing contact that apply to mediated cases apply here.

The birthmothers' current level of grief over the adoptive placement at Wave 1 and Wave 2 was assessed from the birthmother interview data. When coding for current global grief level, coders read the entire interview transcript, recording any statements expressing feelings of loss or resolution of such feelings. Coders could choose between four levels of current grief—no feelings of loss, some (very little) feelings of loss, moderate feelings, and a high degree of feelings of loss (very strong sense of loss).

## Results

The birthmother data were analyzed both quantitatively and qualitatively. Ten to 21 years following the placement of the adopted child (Wave 2), most birthmothers in this sample continued to experience at least some feelings of grief and loss related to the adoption. Seventeen birthmothers (13.4%) were experiencing a high degree of grief and loss, including guilt, sadness, persistent regrets, anger, and depression. Thirty-five birthmothers (27.6%), however, reported no current feelings of grief and loss pertaining to the adoption.

Fifty of the 127 birthmothers (39.4%) in our sample experienced a change in openness level from Wave 1 to Wave 2. Of these birthmothers, 29 (58%) experienced an increase in openness level and 21 (42%) experienced a decrease. Chi-square analysis indicates that, overall, the birthmothers did experience significant changes in openness from Wave 1 to Wave 2 ( $\chi^2(9)=225.06, p<.001$ ). It appears that these changes were substantially experienced by the birthmothers in ongoing mediated adoptions at Wave 1.

Regarding the relationship between birthmothers' global grief and openness at Wave 2, ANOVA results indicate that there were no significant overall differences in current global grief by categorical openness ( $F(3,126)=2.61, p=.055$ ). All means were between 1 and 2 on the global grief scale ("some" and "moderate" feelings of grief, respectively), and the sample mean of 1.24 ( $sd=1.00$ ) is in the range of "some" feelings of grief. Birthmothers in confidential adoptions had the highest current global grief score (mean=1.56), with those in mediated ongoing adoptions having the second highest grief score (mean=1.32). Birthmothers in mediated stopped (mean=1.00) and fully disclosed (mean=.94) adoptions had the lowest current global grief. Additionally, the 17 birthmothers who were rated as having a "high degree of grief" on the global grief code spanned the range of openness categories.

Sixty-one of the 127 birthmothers who reparticipated at Wave 2 had global grief data from both Wave 1 and Wave 2. These 61 birthmothers were those who had corresponding adoptive family data in our larger database. At Wave 1 a clear majority of these birthmothers (73.8%) were experiencing moderate to high degrees of grief feelings. However, by Wave 2 a similar majority (67.2%) reported feeling some or no feelings of grief. A paired-sample t-test indicated that these differences in grief were significant from Wave 1 to Wave 2 ( $t(60) = -5.07, p < .001$ ), suggesting that birthmothers' feelings of grief did decline over time. Of these 61 birthmothers, 32 (52.5%) decreased in their reports of grief from Wave 1 to Wave 2, while 25 (41%) remained stable in their grief and four (6.6%) reported an increase in their grief feelings. Of those who decreased in their grief feelings over time, the largest group were in fully disclosed adoptions by Wave 2 (43.75%), followed by birthmothers in mediated ongoing adoptions (31.25%). Just over a tenth (12.5%) of birthmothers in confidential and mediated stopped adoptions reported a decrease in grief. Interestingly, two of the four birthmothers experiencing increasing grief from Wave 1 to Wave 2 were in fully disclosed adoptions.

## Discussion

While there is variance in grief outcomes for birthmothers, the majority of birthmothers in the present sample are experiencing some amount of grief in relation to the adoptive placement 12-20 years after the placement. However, most are not suffering extensively. The majority are relatively well adjusted to the adoption in terms of grief resolution. It is also important to note that just over a quarter of the birthmothers interviewed expressed no lingering feelings of grief and loss. It is possible that after having had twelve to twenty years to adjust to having made an adoption plan for a child, many birthmothers are finding some resolution to their grief. Many birthmothers in this sample expressed a deep understanding of the role of adoption in their own lives and have thought through their own role in the current adoption situation.

The results further suggest that the birthmothers in this sample tend to experience a different level of grief and loss depending on the current openness level. Specifically,

birthmothers in fully disclosed adoptions tend to have lower levels of grief than those in confidential adoptions. It is important to note, however, that birthmothers in fully disclosed adoptions were not immune to strong residual grief reactions. Three (17.6%) of the 17 birthmothers with high levels of grief were in fully disclosed adoptions, and two of the four birthmothers with grief reactions that increased from Wave 1 to Wave 2 were in fully disclosed adoptions. Clearly, while many birthmothers do very well in ongoing mediated and fully disclosed adoptions in terms of their grief resolution, a greater amount of openness is not a universal panacea for birthmother grief. Birthmothers exhibit a range of grief reactions in each type of adoption both in the early and the later post-placement years.

## References

- Blanton, T. L.; & Deschner, J. (1990). Biological mothers' grief: The postadoptive experience in open versus confidential adoption. *Child Welfare, 69*(6), 525-535.
- Burnell, G. M., & Norfleet, M. A. (1979). Women who place their infant up for adoption: A pilot study. *Parent Counseling and Health Education, 1*, 169-172.
- Christian, C. L., McRoy, R. G., Grotevant, H. D., & Bryant, C. M. (1997). Grief resolution of birthmothers in confidential, time-limited mediated, ongoing mediated, and fully disclosed adoptions. *Adoption Quarterly, 1*, 35-58.
- Condon, J. T. (1986). Psychological disability in women who relinquish a baby for adoption. *Medical Journal of Australia, 144*, 117-119.
- Cushman, L. F.; Kalmuss, D., & Namerow, P. B. (1997). Openness in adoption: Experiences and social psychological outcomes among birth mothers. *Marriage & Family Review, 25*(1-2), 7-18.
- Deykin, E.Y., Campbell, L., & Patti, P. (1984). The post adoption experience of surrendering parents. *American Journal of Orthopsychiatry, 54*(2), 271-281.
- Dominick, C. (1988). *Early contact in adoption: Contact between birthmothers and adoptive parents at the time of and after the adoption*. Wellington, New Zealand: Research Series No. 10. Research Section, Department of Social Welfare.
- Etter, J. (1993). Levels of cooperation and satisfaction in 56 open adoptions. *Child Welfare, 72*, 257-267.
- Gross, H. E. (1993). Open adoption: A research-based literature review and new data. *Child Welfare, 72*(3), 269-284.
- Grotevant, H. D., & McRoy, R. G. (1998). *Openness in adoption: Exploring family connections*. Thousand Oaks, CA: Sage.
- Kraft, A. D., Palombro, J., Woods, P. K., Mitchell, D., & Schmidt, A. W. (1985). Some theoretical considerations on confidential adoptions, part I: The birthmother. *Human Science Press, 13*-21.

- Namerow, P. B., Kalmuss, D., & Cushman, L. F. (1997). The consequences of placing versus parenting among young unmarried women. Special Issue: Families and Adoption, Part II. *Marriage & Family Review, 25*, 175-197.
- McRoy, R. G., Grotevant, H. D., & White, K. L. (1988). *Openness in adoption: New practices, new issues*. New York: Praeger.
- Silber, K., & Dorner, P. M. (1990). *Children of open adoption and their families*. San Antonio, TX: Corona Publishing Co.
- Sorich, C. & Siebert, R. (1982). Toward humanizing adoption. *Child Welfare, 61*(4), 207-216.
- Sorosky, A., Baran, A., & Pannor, R. (1978, rev. 1984). *The adoption triangle*. New York: Doubleday.
- Triseliotis, J., Feast, J., & Kyle, F. (2005). *The adoption triangle revisited: A study of adoption, search, and reunion experiences*. London: British Association for Adoption & Fostering.
- Wiley, M. O., & Baden, A. L. (2005). Birth parents in adoption: Research, practice, and counseling psychology. *The Counseling Psychologist, 33*(1), 13-50.