

[Cover]

Icon

Title: A Case for Adoption

Category: Pregnancy Counseling Guide

[Inside]

Foreword

A Case for Adoption is written for people who counsel women and men who are experiencing unplanned, untimely pregnancies. Its purpose is to educate counselors about an option that is often overlooked—adoption. Both the counselor (directly) and the client (indirectly) will benefit from this booklet, as the counselor becomes familiar with today's adoption practices.

For some readers, *A Case for Adoption* will challenge long-standing myths about adoption and show counselors how adoption can be presented as a positive, life-affirming option. For others, it will reframe the issues that clients bring up as they explore all of their options regarding their unplanned pregnancies.

Counselors, like their clients, bring experiences and values regarding adoption with them. A counselor's attitude toward adoption can affect that counselor's ability to present all of the information a client needs, so it is vital that the counselor present accurate information.

While adoption is a good choice for many women with an unplanned pregnancy, *A Case for Adoption* does not suggest that adoption is the best choice for every client. Placing a child with adoptive parents is a deeply personal decision and one best made with all of the information available. *A Case for Adoption* will help counselors understand adoption accurately and ultimately assure that each client has correct and complete information on which to base his or her fully-informed decision.

Introduction

A woman facing an unplanned pregnancy may feel that parenting is her only option worth considering. To her, abortion may conflict with deeply held values. By choosing to give her child life, the only option that she then sees is to parent. After all, she understands and is familiar with parenting.

But, what if she is not sure that she is ready to become a parent at this point in her life? What if she wants to explore all of her choices so that she knows she is choosing the best one for her and her child? Are you, as her counselor, able to give her information about her options, including adoption?

A Case for Adoption is written to help assure that you, the counselor, have the information you need to provide the best help to the expectant parent as she faces this major life decision. Being fully informed is an essential aspect of sound decision making.

Regardless of her initial inclination, the expectant mother who explores parenting and adoption benefits from knowing that she has looked at her choices and kept in mind the best interest of her baby.

Adoption has been woven into the fabric of society, at least since baby Moses was placed in a basket and found by Pharaoh's daughter, and birthparents have been making decisions that they have felt were in the best interests of their children for just as long.

Yet in spite of adoption's long history, it continues to be viewed by many as unnatural or a last resort when it comes to an unplanned pregnancy.

The subject of adoption triggers strong emotions in counselors and clients alike. It isn't adoption itself that necessarily causes such strong emotions, but the relinquishment of one's child, possibly because it challenges the seemingly unbreakable bond between mother and child. Consequently, both the client and counselor may have misconceptions about adoption today.

A Case for Adoption does not intend to suggest that adoption is the *only* response to an unplanned, untimely pregnancy. It instead provides accurate information about adoption and relinquishment, and challenges the myths associated with them. It also addresses current adoption practices, which are considerably different from those of the past.

For counselors to be effective, they must have both knowledge of the options and an awareness of their personal feelings and biases. It is vital that counselors recognize and separate their own values and needs from the values and needs of their clients. Counselors who fail to do so, fail to present unbiased information that can help their clients to make the best possible decisions for themselves and their children.

About Semantics

In this booklet, the phrase ***expectant parent*** refers to any woman with an unplanned pregnancy, whether she chooses to parent or to make an adoption plan for her child. For ease of communication, this phrase, rather than *expectant parents*, is often used. This is neither to deny the role of the father nor to minimize his role in the decision-making process. Counselors should, at every opportunity, involve the father in planning for his child's future.

We use the term ***birthparent*** once a child has been born and an adoption decision has been made.

The term **counselor** is used to refer to volunteers or paid staff who counsel expectant parents with unplanned pregnancies—regardless of the counselor’s educational background.

Another term that you will see is **relinquishment**. Depending on the state, birthparents release or give up parental rights in different ways—some by a release to a judge or social worker and some by consent to an adoption petition. Birthfathers may be able to surrender parental rights in other ways. Relinquishment covers any of the legal ways that a parent ends his or her parental rights to make it possible for an adoption to occur.

This booklet is specifically directed to counselors who are employed or volunteer in crisis pregnancy or pregnancy care centers or similar settings, and who may refer clients to adoption agencies. However, it can also benefit those already working in agency settings, professionals in other disciplines, and laypersons.

Adoption Today

At one time, a woman with an unplanned pregnancy could, or was forced to, relinquish her child secretly or get married. Single parenting was rarely an option, and abortion was illegal. Prior to 1973, nearly 99 percent of all unplanned and unmarried births resulted in adoptive placement.

Progressively, that number has diminished so that, according to the National Survey of Family Growth, less than one percent of such births resulted in women choosing adoption for their unborn children between 1989 and 1995, even though, in 2006, there were about 1.6 million births to unmarried women (Centers for Disease Control and Prevention).

While there are myriad reasons for this decline, some factors are the acceptance of abortion or single parenting when a woman is faced with an unplanned or untimely pregnancy. In addition, commonly held myths and sensationalized stories related to adoption often make women fear adoption. They may fear that their children will be unloved or even abused or that they, as a mother, will be seen as selfish or uncaring.

While no resolution to an unplanned pregnancy is easy, many women fear that making an adoption plan would be too emotionally difficult. As a result, adoption is not considered, leaving women to make a major decision without the available information.

There are other factors that can reduce the acceptance of adoption. Some adoption agencies or adoption attorneys have been insensitive to the concerns and needs of birthparents. Some have not respected birthparents and may have even pressured or coerced birthparents to relinquish parental rights. For some practitioners, the focus of adoption is finding a child for a family, not finding a family for a child.

When birthparents are pressured into making an adoption plan, when their decision is not an informed one, or when they are not supported if they decide to place their children for adoption, what results can be guilt, shame, and unresolved grief.

In the past, adoption was characterized by confidentiality and secrecy. While well-meaning at the time, the emphasis on confidentiality avoided and even denied some of the emotions experienced by birthfamilies, adoptive families, and the adoptee.

The openness of today's adoption plans—even when identifying information may not be shared—acknowledges the need all parties have for as much information as possible. It promotes honesty and mutual respect that benefits everyone involved.

The Counselor's Responsibility to Present All Options

Single parenting is a viable option for many women experiencing an unplanned pregnancy. Many parents can and have succeeded as single parents, particularly when they have adequate resources and/or support.

The initial issue for you to address is how to help your client make the *best* choice for herself and her unborn child. To make this choice, your client must be aware of her options and what each can mean for her and her child's life. The essence of quality pregnancy counseling is helping the client make a fully informed decision, weighing the advantages and consequences of each and not steering her in a particular direction.

For many clients, parenting is an assumption and not a choice. If they choose to carry the child to term, they assume that they will parent. They have not explored what it will take to become a successful parent or what plans they need to have in place. They may not have contemplated what will be important to them as parents or what they want for their children. Their ultimate decision may be to parent, but by exploring what parenting will mean, they make that decision knowing what is involved and what resources they may need to achieve their goals.

With your commitment to help your client make the best possible decision for herself and her baby, you may hear her repeat misunderstandings and myths about adoption. While you will want to respond with gentleness and compassion, it is also important that you help to educate her about the realities of adoption today.

Her misconceptions may reflect her fear of the pain of relinquishment or may reflect the comments and reactions of family and friends. These are important areas to acknowledge while you are helping her explore her choices. The ultimate question for the expectant parent is whether she is ready to parent this child at this point in time. She may be ready, or she may decide that adoption is her best choice.

Adoption Myths

As you counsel expectant parents facing important decisions about what is in the best interests of their children, listen closely to the struggles and ideas that they share with you. Your role is to be sensitive and genuine as you both empathize and educate. Good decision making is best done with accurate information. You want to help your client make a realistic evaluation of her options and what each means for her, her child, and both of their futures.

What follows is a discussion of common myths regarding adoption that you may hear directly or indirectly from women or men experiencing an unplanned, untimely pregnancy. You may discover that you, too, believe some of these myths.

Myth #1

If I loved my child, I would never consider adoption.

Nothing could be further from the truth or more hurtful to birthparents. An expectant parent who makes plans for her child's future takes her parental role very seriously, even before the birth of her baby. She wants the very best for that child. The birthparent who makes an adoption plan makes a careful decision based on what she believes is in the best interest of her child.

Birthparents who relinquish their children for adoption have made a decision by placing their babies' needs above all else. Often they have realistically assessed their ability to provide what a child needs most—security, stability, and love. They have chosen an adoption plan because it provides for their children in ways that they have felt unable to at that particular point in their lives. It is not a matter of not loving their children enough; it is a matter of whether they are ready to meet their children's needs.

For some, adoption seems unnatural. The miracle of birth, the joy of seeing a newborn baby, and the promise for the future all seem incongruous with a decision *not* to parent. The bonding and love that the expectant parent feels during her pregnancy and the intense love and pride when the baby is born seem to contradict a decision to relinquish her child.

And, unfortunately, parents who have made voluntary adoption plans are sometimes seen by others as unloving, selfish, irresponsible, or uncaring. A birthparent's family and friends may conclude that choosing adoption reflects a lack of caring rather than love for a child. These same people may question how a birthmother could make such a difficult and painful decision—one that they would feel unable to make themselves.

An expectant parent considering adoption may even question her own motives, particularly when those closest to her question them. She may struggle with feelings of guilt and/or feelings that she has abandoned her child.

For you, it is important to know that voluntary relinquishment is a difficult and painful decision made out of love, not out of any lack of love or because of a birthparent's selfishness. Birthparents choose life and then choose the best possible life that they can give their children. So, how can you help?

Be an expectant parent's resource.

You need to have accurate and up-to-date information about her options and the resources that might be available. If you do not believe that adoption is a loving choice for that expectant parent and her child, you may not be able to provide unbiased counseling. Your role is to support the parent's right to make the decision that she feels is best, no matter how difficult and no matter what you feel you could or could not do.

Remember, there are no easy outcomes for your client. When you, as the counselor, are uncertain about the validity of a particular choice, you may subtly or even overtly communicate your concerns to your client, thus compromising the relationship. Sincerity, warmth, and genuineness from counselors are primary tools for supporting clients in informed decision making, including helping them explore how life-affirming options could best meet their needs and those of their children.

Help her view her choice in a different light.

In helping clients to be well-informed, it could be your task to help expectant parents explore why they feel that an adoption plan represents an uncaring or unloving option. If your client believes that birthparents who choose an adoption plan do not love their children, help her explore why.

- Is it from comments that she has heard or from her lack of knowledge about the adoption process?
- Is it because of stories sensationalized by the media rather than the thousands of adoptions annually which are not reported, yet result in loving, forever families for children?

Help her explore her beliefs, where they come from, and if they are realistic or not. You may want to help her think about reasons why other expectant parents have chosen adoption. Remind her that adoption is about planning for the *best* ways to meet a child's needs. Those needs will not wait until a parent is ready for the responsibility of parenting. The act of planning is an act of love.

Affirm her love for her child.

Help the expectant parent recognize and acknowledge her feelings of love and attachment for her unborn child. Some expectant parents may find this difficult because they deny their feelings to avoid emotional attachment to the baby, thinking that will be easier. Allowing a child to be born is one of the greatest expressions of love an expectant parent can give, especially when it would have been possible to terminate the pregnancy without anyone knowing.

Many expectant mothers are conscientious about good nutrition and good prenatal care, wanting to take good care of their unborn children. They often acknowledge talking to their babies about their love, plans, hopes, and fears. These are ways that an expectant parent protects, nourishes, and nurtures her child, and all are expressions of parental love.

Similarly, adoption reflects parental love, and an expectant parent may need your help to see that. Her love and assumption of parental responsibility is demonstrated by her decision to make her child's needs primary. In choosing adoption, she is making a decision that she is not ready to parent, *not* a decision that she neither loves nor wants her child.

Facilitate contacts.

Counselors who are working with the adoption planning, particularly in agencies, often facilitate contact between all of the persons involved in the planned adoption. This contact can include the exchange of letters and gifts, phone numbers, e-mail addresses, and face-to-face meetings. Contacts will be discussed later, but it is important to know that contact between the birth and adoptive families is very much a part of adoption today.

Myth #2

No one could love my child like I can.

Like other myths, this myth is pervasive and may reflect our discomfort with the voluntary placement of a child for adoption. It implies that no one could love a child as much as a biological parent and that love and attachment are functions of biology alone.

Unfortunately, biology is not an absolute guarantee of a parent's readiness to love and attend to her child's needs. While there is no suggestion that expectant parents considering adoption would not love and attend to their children, there are, nonetheless, parents who are biologically ready to parent who are not emotionally or physically ready.

Experience has demonstrated time and time again that thousands and thousands of adoptive parents love and cherish children just as they would if the child had been born to them.

Rather than deny the feelings of the expectant parent, exploring the basis for her fear can be the most helpful approach.

- Does she know, or has she heard of, adoptive parents who did not love, cherish, and care for their children?
- Does she know that she can select, meet, and build a relationship with a prospective adoptive family so that she is not "handing her baby to strangers?"

Our experience has been that many expectant parents want their babies to be with the prospective adoptive parents as soon as possible because they believe that early bonding is so important. Having that relationship with the prospective parents can help alleviate the fear that they would not love the child just as much as the birthparents.

Many expectant parents considering their options also benefit from the reassurance that parental love is not a function of biology and that quality parenting comes from love, consistency, and stability. Adoptive parents have demonstrated repeatedly that they can love children as fully and selflessly as any other parent.

Myth #3

People will think I'm not taking responsibility for my actions.

Some expectant parents will not consider adoption for their unborn children because they believe that parenting is the "responsible" thing to do. Even if they feel that they are not ready to parent, they feel that making an adoption plan would be escaping from their parental responsibilities.

They may see the pregnancy as a mistake but parenting, with all its responsibilities, is the "price they must pay." It is as if parenting is a "deserved punishment." Some expectant parents have even been told that they have "made their bed and must lie in it."

Of course, parenting should never be seen as a punishment or a consequence for a mistake. Parenting as punishment can be as damaging to the child as much as, if not more than, to the parent. The expectant parent made choices that resulted in the untimely pregnancy, but she now needs to make choices about the best resolution. Parenting is both rewarding and challenging and needs to be chosen, not forced.

For you, the first step is helping the expectant parent see that parenting should be something she *wants* to do, not something that she *has* to do. She may feel guilty about past decisions, but you can guide her in making good decisions now.

You can begin the discussion by identifying what kind of parent the client wants to be or what she feels is in the best interest of her child. For the client who continues to feel that parenting is the responsible response to an unplanned pregnancy, you may help her pinpoint just what she feels was a mistake: Is the child the mistake or was the behavior that resulted in the pregnancy the mistake?

Clarification can help the client separate what she needs to accept responsibility for in the past and how she can now act responsibly in the future.

The following questions may help your client sort out how she can best accept responsibility for her behavior.

- Does she feel irresponsible?

- Does she feel guilty about past decision making?
- Does she feel that by becoming a parent she will show her maturity?
- Does she see her pregnancy as a mistake that can be “corrected” by parenting?
- Is she thinking about how she can be the best possible parent, or is she trying to please someone else?
- Does she think that past choices will be forgiven if she does what someone wants her to do now?

Sorting through the myriad of emotions and their origins can help your client separate her feelings from the central question, which is whether she is ready to be a parent or not. She may regret past decision making, but her challenge becomes leaving the past in the past and now making good decisions for herself and her child.

What would be responsible behavior now that she is pregnant?

This question can help your client define just what represents responsible behavior to her, especially if she considers her past behavior irresponsible, and she now wants to act responsibly. As her counselor, you may be able to help her explore this with gently probing questions.

- Is it responsible to think about your readiness to take on the tasks of parenting?
- Is it responsible to think about what best meets your child’s needs?
- Is it responsible to think about how to provide stability for your child?

Some clients may have many needs of their own and may have difficulty thinking about their children’s needs separately. You can help guide your client to consider how she can best meet her needs and those of her child.

There are situations in which choosing to parent may not be the most responsible choice, such as when your client realizes that she is not ready to parent or not ready to parent another child. You can then explore with her other responsible alternatives, including making an adoption plan.

Your client can learn from others, who have chosen to relinquish a child that making an adoption plan is a responsible option. Often, birthmothers are willing to share their experiences, and there are books and videos that discuss the emotions associated with an adoption decision.

Counseling is vital to help the expectant mother anticipate and prepare for the loss and grief that will accompany relinquishment. Patricia Roles, a birthmother, professional counselor, and the author of *Saying Goodbye to a Baby*, carefully guides expectant parents through the grief process they will experience and explains anticipatory grief, all of which helps mothers begin to emotionally prepare to say goodbye.

Expectant parents might also benefit by watching and discussing with you the *Letting Go* video, which is an honest account of seven birthparents as they experienced adoption planning, birth, and eventual relinquishment.

If you refer your client to an adoption agency, you will want to be sure that the agency works with expectant parents not only *before* the adoption but also *after*, when the grieving is most intense.

What should birthmothers consider themselves responsible for?

This question closely follows the previous one, given that parenting may not be the most responsible decision for all concerned. Your client may ask herself, “What are my greatest responsibilities?”

It is important for your client to be responsible in her decision making as she plans for her child’s future. Making decisions impulsively or based only on emotions is not responsible decision making. Fully informed decision making occurs when she is knowledgeable about all of the options, recognizes the consequences of each choice, and makes a plan in the child’s best interest. The expectant parent who makes an adoption plan is assured that she is actively taking responsibility for the future of her child.

A final thought for expectant mothers who feel they must parent as punishment for their pregnancy....

When one is not ready, eighteen years of parenting is a severe punishment. The demands of parenting may create painful situations for both the mother and the child. Realizing that an expectant parent feels obligated to parent as punishment, you have the opportunity to talk about forgiveness. You can remind your client about God’s forgiveness and His desire for the best for both her and her child.

Although you are most likely to discuss these issues with expectant *mothers*—because they most frequently seek counseling—*both* expectant parents face similar issues. When an expectant *father* is also involved in counseling, these same issues should be addressed.

Myth #4

I should just move on and forget about my child.

This fourth myth suggests that the child is unloved and can be forgotten, or that the best way to deal with grief is to bury it. Neither is accurate. A birthmother does not forget the child she carried and placed for adoption nor should she want to. That child will always be a part of her, and she will always be a mother whether she is parenting or not.

What is important to the mother who has placed her child for adoption is to be able to remember her child, believe in the wisdom of her decision, and experience the full range of her emotions without being told what she should or should not do. She wants to remember her pregnancy, the birth, and those

precious hours or days in the hospital with her child. As she remembers, she wants to feel assured that she has made the best decision she could possibly have made at that point in her life, given her unique circumstances.

When birthparents are expected to forget and deny their loss, adoption continues to be cast in secrecy and shame. They are denied the very support that can help them grieve and move forward.

Many years ago, an unmarried expectant mother had little choice, if any, about relinquishing her child for adoption. At that time, a child was often whisked away after birth, without the mother being able to hold, spend time with, or even see her child.

Some birthmothers report never having been told the baby's gender or health status. They were expected to forget and continue with their lives, as if the child never existed, often never to speak of it again. These women suffered in silence, without the opportunity to express their loss, and their grief was seldom acknowledged or shared.

Given this environment, birthmothers were often left feeling shame and despair. For them, relinquishment was a very painful and lonely experience. It is no wonder that many of us have heard stories about the pain and tragedy of adoption and continue to view adoption as both unnatural and damaging.

Counselors facing this myth have two primary tasks. It is essential that you know the policies and resources of the adoption agencies to which you refer clients. Expectant parents need to understand the relinquishment process and that, while they may plan adoption, they do not make their final decision until they decide to sign the relinquishment papers. Expectant parents need to know what post-relinquishment counseling and support will be available. Agencies that are not fully committed to post-birth counseling should *not* be recommended. Your clients should only be referred to agencies that are as concerned about the expectant parent as they are about the prospective adoptive family.

The second task you face is to be aware of and sensitive to the tremendous loss that birthparents experience with relinquishment. Rather than trying to avoid or deny the pain, you need to be willing to walk beside your client during this time. Every client will experience a range of emotions and will grieve in individual ways. It may help to assure your client that the intensity of her emotions does not mean that she made a bad decision but that the intensity reflects her love for and attachment to her child. Adoption agencies should acknowledge the loss involved with adoption and provide professional social workers to assist with grief counseling.

Even without an extensive knowledge of the grief process, there are a number of steps that you can take to help the grieving birthparent.

Acknowledge the pain of loss.

When an expectant parent decides to make an adoption plan for her child, you can begin to educate her about the feelings that she will experience during the pregnancy and after the birth.

Some expectant parents anticipate that the completion of pregnancy will bring relief and a return to “normal.” They may be surprised and unsettled by the tears and sadness that come with even the thought of separation from their children. If they don’t know that these feelings are natural and normal, they will be unprepared and may interpret them as an indication that adoption is the wrong plan.

It is vital for the expectant mother to know that she will experience pain and grief with the loss of relinquishment. These emotions cannot and should not be denied or hidden. But the feelings cannot be proscribed, either. The intensity of her loss and subsequent grief will be deeply personal and may be affected by other, past losses. Again, the pain does not make adoption a wrong decision; it may be the right decision if it is the best plan to meet the needs of her and her child both now and in the future.

She should also be aware of the fluctuation of hormones during the post-partum period, along with the possibility of post-partum depression. Depression is different from grief and requires a different intervention. While intense emotions are normal, you can reassure her that she will heal emotionally and will be happy again, even as she remembers her child.

Show you care.

It is important for you to be available to birthmothers during the most vulnerable times, particularly during the hospital stay and in the first days and weeks after she goes home. Visits and phone calls are usually appreciated, and flowers, cards, and other reminders are ways that you can show you continue to think about her. Also, remembering events such as birthdays and Mother’s Day are generally very much appreciated, letting your client know that she continues to be important to you.

After the birth, clients need your support more than ever. While some clients may want to distance themselves from you or the agency, most have reported that they appreciate knowing that you cared about them.

Focus on her needs.

Take cues from the birthmother about what she needs. Some counselors are unable to deal with the intensity of emotions and, rather than letting their clients’ concerns guide them, have their own agenda. Such counselors may be inclined to try to give a “pep talk” rather than sitting quietly with the birthmother. Sometimes the most appropriate response can be touch or a hug, particularly when words are inadequate.

Accept her grieving.

Never try to “cheer up” a birthmother or tell her what a wonderful sacrifice she is making for the sake of her child. Comments such as “think of how wonderful it is to make a childless couple happy” discredits her sense of loss and can even convey that she is somehow selfish in her grief.

The adoptive family’s happiness is not her responsibility. Similarly, emphasis on your client’s sacrifice can undermine her ability to be proactive about having her needs met. Rather than avoiding the pain and appearing uncomfortable with it, the best counselors acknowledge the loss and the grief that accompanies it. While they don’t know how this birthmother feels, they empathize with her emotions, whatever they are.

Encourage bonding.

Be supportive of the birthmother who wants to see or spend time with her child. Some counselors fear that after seeing or spending time with the child, a mother will change her mind and choose to parent. Actually, time with her child is helpful and facilitates the decision-making and grief process.

It is when she connects to her baby and accepts that this is her child that she is able to “let go” and relinquish her parental rights if that is her ultimate choice. Seeing her child as a separate human being can emphasize the enormous responsibility that comes with parenting.

Counselors and hospital staff can help reassure your client that she has taken good care of her baby by sharing with her that her baby is healthy. Sometimes pointing out physical similarities helps her to accept the baby as her own—to make the birth and loss real.

Occasionally, your client will not want to see her child. While she should be encouraged to have that special time, she ultimately knows when it will be best for her. She needs to control the timing. Allow her to direct you and tell you when she is ready. If it is not at the hospital, make sure that photos are taken for her to view later: if and when she is ready, arrangements can be made for her to see her child when she feels the time is right.

Birthmothers repeatedly talk about the very special time in the hospital when they were their child’s only mother. For many, it is an important part of the letting-go process and one that they treasure in the future. Your client will never forget her child and these experiences. Mementoes can be helpful—encourage your client to collect and keep reminders of her child’s birth.

Myth #5

I will never know how my child is doing or that I made a good decision.

Some expectant parents do not even consider adoption because they fear they will never know anything more about their children. The idea of carrying a child for nine months, giving birth, and then relinquishing the child to unknown parents is too painful and frightening to even consider. Many birthparents can’t even

explore the reality of parenting and whether they are ready for that option because of this misunderstanding of adoption.

Given the history of adoption before the latter part of the twentieth century, it is easy to see how such a misunderstanding developed. At that time, it was thought that secrecy was best for everyone involved in adoption. The child joined the new family as if he or she had been born into it. The slate was blank.

It was believed that secrecy allowed birth and relinquishment to be an experience that birthmothers could “forget” and move past. It was thought that if no one knew, then birthmothers could “move on with their lives.” Birthfathers were often ignored and certainly not included in the planning.

It was also thought that children could best become members of a new family by denying their birth history and genetic origin. Such denial would relieve children of having to deal with the idea of two sets of parents or the stigma of illegitimate birth.

For adoptive parents, secrecy was intended to allow them to accept the child as if it had been born to them. By denying the circumstances of the birth, it was presumed that adoptive parents would feel more entitled to parent. Understanding of grief and loss was limited as was the realization that adoption reflects loss for *everyone* involved.

However, over time, personal accounts and case histories made it apparent that secrecy contributed to the sense of loss for each part of the adoption triad.

Birthparents grieved the loss of their children and were denied any type of support for their grieving. They had no way of knowing that they had made a good decision. They felt powerless in the adoption process and didn't know who was parenting their children or how their children were growing.

Adoptees had natural questions about their biological histories, but information was often very limited or even nonexistent. Adoptees reported feeling that part of their history—and therefore, they themselves—had been lost.

Rather than feeling entitled, adoptive parents often felt insecure as parents and at times feared any future contact with birthparents.

Today, openness in adoption is common, and experience has demonstrated that it has many benefits for children, birthparents, and adoptive parents. Children have access to their biological family histories and often to the families themselves, whether through letters and phone calls or face-to-face visits. Children can be reassured that an adoption decision was made out of love, not rejection.

Similarly, birthfamilies know how their children are growing and developing and can be reassured that they made a good decision. They can know that their children are loved and cared for.

Adoptive families are not only able to have a more complete knowledge about their children, but they can have ongoing and updated information about their children's genetic history. They feel entitled to parent, knowing that they were selected for that role.

It is important for counselors to understand the basic concepts of openness. Openness can be thought of as a continuum, with each birth and adoptive family determining what is best for them and, ultimately, for the child.

While most adoptions today include some level of openness, the kind of information shared covers a broad spectrum. These days, all of the information that is available about the child and the child's history is shared with adoptive parents. In many states, birthparents have the opportunity to select the prospective adoptive parents, and the type of adoption that they envision can become central to that process.

Today there are adoption plans that include full disclosure of all information as well as having planned, direct contact between the birth and adoptive families. There are other plans where the child's social or medical history is shared but not identifying information, such as names, addresses, and other contact information. And, there are adoptions where information is shared but contact is maintained through a third party, such as an agency.

In the best interest of your client, it is important for you to know the policies of particular adoption agencies and what options they offer to expectant parents in terms of adoption planning. Before making a referral, you may want to ask the following questions:

- Does the agency have counselors dedicated to expectant and birthparents, with a focus on the expectant parent and the best decision that she can make, rather than just on making an adoption decision?
- What are the laws in your state regarding open adoption and the enforceability of any agreements?

It is also important for you to know how practices have changed, such as the ability to choose and meet prospective adoptive parents. It is the well-informed counselor who can best meet the client's need for accurate information.

Myth #6

I'll never get over the pain of giving up my child.

The reality is that adoption is both life-affirming *and* full of loss. Grief is the natural response to loss, and healing from loss is a process. Parents who make adoption decisions have to face the pain and experience it before they can start to heal and find a sense of peace. They will still remember their children and experience the loss at particular times.

Anticipating the pain of that loss can be frightening to the expectant mother who is considering all of her options, especially if she has heard heart-wrenching stories of birthmothers in the past who grieved in silence. Yet, research demonstrates that most birthmothers have gone on after relinquishment to achieve their goals, testimony to the belief that hearts do heal (Namerow, et.al.).

Exploring what underlies this perception is a helpful technique for the counselor. For some clients, their general lack of understanding about current adoption policies can fuel their fears and belief in this myth.

For example, a client may fear never knowing how her child is or never knowing if she has made the best possible decision. She may fear not knowing who is raising her child or that her child will hate her for her choices. Education, including hearing from or talking with birthparents, can help allay her fears with facts, not stereotypes.

Another helpful counseling technique is to reframe each of her options in terms of the loss they might entail, since each outcome represents both loss and gain. For the client focused on the loss, it can empower her to identify other losses in her life, how she has coped with them, and how she has healed. While she will experience and grieve the loss in her own way, as one birthmother put it, her heart will heal.

Myth #7

A child really doesn't need a father.

While there are many single parents who have successfully raised happy and healthy children, there is, nonetheless, a particular role that fathers play in the lives of children. For the client considering her options, exploring her values regarding the role of fathers can be helpful.

For some women, their fathers played an important role in their lives, and they want that for their children. For other women, the absence of a father was significant, and they want something different for their children. Still others may not have had a father figure and may not view it as a loss. How your client views family affects how she will view this myth.

Research indicates that fathers play important roles in children's development, but quoting statistics will not ease the emotional response of an expectant mother struggling with the best interests of her child. A more helpful exercise would be to explore the role of fathers and what they give to children that mothers do not.

Rutgers University sociologist David Popenoe, in his book *Life Without Father*, discusses the different strengths that mothers and fathers bring to the family. He points out that mothers stress emotional security and relationships, while fathers stress competition and risk-taking. Mothers typically are more focused on the immediate well-being, whereas fathers typically concentrate on a child's long-

term well-being. An expectant mother can explore what she thinks mothers are best at, what fathers are best at, and how each affects the child.

As your client identifies what she feels a father brings to his child, she can begin to identify how those needs will be met if she parents versus placing her child with an adoptive family.

Myth #8:

Adopted kids have more emotional problems than kids who aren't adopted.

Thousands of children join their forever families through adoption each year, and yet sensationalized stories of troubled children or troubled placements sometimes overshadow their experiences. There are an estimated 6 million people in the United States who joined their families through adoption. To suggest that they all have emotional problems because of their adoption would be unfair and inaccurate, at best.

That is not to deny that children who join their families through adoption have different and additional challenges and experiences than children who are born into their families. Like birth and adoptive parents who experience both joy and loss with adoption, children experience joy and loss with their adoption. They lose family, history, and connection even as they gain a family and new connections and make a new history. One does not invalidate the other.

Loss alone does not appear to sentence a child to a life of emotional difficulties, although it may contribute to additional challenges when children are old enough to understand what adoption means for them or during adolescence when the adoptee has additional layers to work through in forging his or her identity.

It is significant that the research about the emotional health of adoptees both suggests that a higher percentage of adoptees receive mental health care during adolescence and that adolescent adoptees have demonstrated comparable or slightly higher scores on measures of emotional health, attachment to parents, and adjustments than their non-adopted peers (Search Institute, 1995, McRoy & Groetevant, 2000).

Research also shows that adopted children have better outcomes than children who remain in orphanages or in foster care long-term, children who remain in families where they experience abuse or neglect, and children whose parents are unsure whether they want to raise them (from the Brodzinsky training).

A related bias, and one vital to understanding this myth, views everything through the lens of adoption. If a child struggles in school, it must be because of the adoption. If a child challenges parents as an adolescent, it must be because of the adoption.

Adoption is a factor that affects the life of every adoptee, but the danger lies in assuming that difference always leads to difficulty or that challenges in growing up can be attributed only to one factor. There is also danger in viewing everything through the lens of adoption—as though the adoption is the cause of every issue, problem, or concern.

For your client, help her identify her concerns and explore their origins. For example, if she has a friend who does not get along with a parent, you can help her consider whether that strained relationship is related to having been adopted and whether her other, non-adopted friends may have similar issues. This will help your client see the experience more realistically.

Education about the adoption process—knowing what goes into the Home Study and your client’s ability to select and/or meet the adoptive parents—can empower her as she plans for her child’s future.

Presenting Adoption as a Viable, Life-Affirming Option

You want to provide the best possible service to each client. That is why it is essential that she receive information and have time to consider all of her options, even those that she may think she wouldn’t choose. It is hard work to explore all of her choices and what each means to her, but it is a worthwhile investment as she makes one of the most significant decisions of her life.

A Counselor’s Perception of Adoption

As noted in the beginning of this booklet, it is important for you to be aware of *your* feelings about adoption, whether positive or negative. If your client senses that you question how anyone could consider adoption, she will not feel free to explore this option or even to ask questions. Similarly, if you are openly in favor of adoption, your client may think that you will fail to listen to her concerns and fears, and she may shut down rather than genuinely and fully consider all of her choices.

The best decision is one that is made with all of the available information and is one that the client then can “own.” If you are not conscious of your personal values about adoption, you may unintentionally steer a client toward the choice with which you are most comfortable.

To explore your feelings about adoption, ask yourself the following questions:

- How do I feel when I hear that someone has placed a baby for adoption?
- How do I feel when I hear that someone has adopted a baby?
- Are my reactions different for each circumstance above?
- What do I *really* think about adoption?
- Do I view making an adoption plan as life-affirming or irresponsible?
- What personal experiences have I had with adoption or single parenting that may affect my perceptions?

By asking and responding to these questions, you can become aware of your biases. Everyone has biases; what matters is our awareness of them. Once you recognize your bias, you can then be sensitive to helping the expectant mother do the hard work of examining her options without your feelings influencing her.

Accurate Information about Adoption

While this booklet has focused on providing you with accurate information, it only provides an overview. Laws regarding termination of parental rights and adoptive placement vary from state to state, as do policies regarding openness and financial assistance with medical and housing expenses.

Pre- and post-release counseling and support, as well as a host of other issues, vary widely from agency to agency. One of your best resources can be to identify and make referrals to an agency that you know and trust.

Inaccurate Adoption Language

Language is a powerful tool in counseling. As you discuss the myths of adoption, your choice of language can reinforce or challenge each myth.

“Giving up” or “putting up” a child for adoption vs. making an adoption plan

Saying that a mother is giving up her child implies that the child is something to be possessed or owned. Our children are gifts that we are charged to nurture and love, not possessions. Parenting includes both rights and responsibilities, and the expectant parent considering adoption is planning for someone to assume both parental rights and responsibilities.

Unwanted pregnancy vs. unplanned, untimely pregnancy

Most, if not all, birthparents not only want their children, but they want the best for them. It is that deep desire to do what is best that motivates an expectant parent to consider whether she is ready to be a parent. Hearing her child referred to as unwanted reinforces the belief that she is abandoning her child or being irresponsible. It also makes the child feel as if they were not loved or wanted by their birthparent(s). Adopted children are loved dearly by their birthparents and adoptive parents. They should never be considered unwanted.

Natural or real parents vs. biological parents

If one parent is real or natural, then is the other unreal or unnatural? It doesn't take much to see what is wrong with referring to either set of parents as “real” or “natural.”

What is real and natural is the love that both sets of parents have for the child and the love that is demonstrated with every parental act, whether it is the act of relinquishment or staying up with a sick child or waiting for a teenager who has a

curfew. It is more accurate to use terms such as biological or birthparents and adoptive parents.

Presenting Adoption

Style

It is important for you to present information about adoption to help your client see that adoption is one of her choices and can be an expression of love. Before you can even begin to work on decision making, it is important to engage your client in the counseling process and help her feel respected and cared about.

To engage her in the process, it is vital that you listen carefully and express genuine interest. You must be able to listen in a way that communicates your interest in your client and helps her to clarify her thoughts and feelings about her pregnancy. For some clients, the pregnancy will represent a problem or a crisis; for others, it will not.

Whether your client views the pregnancy as a problem or not, you can offer to help her make the best possible decision by sharing information about all of her options. Even the client who assumes that she will parent can benefit from exploring what parenting means to her and whether she is ready to assume that role.

Relating the facts about adoption, without pressure, is the most helpful approach. The counselor's role is to listen to myths and fears, explore the origins of those myths, and then share accurate information about today's adoption practices.

Timing

The timing of when to provide information about adoption will vary depending on the client and the particular situation. For some clients, having all of the information right away is best; for others, it is overwhelming or even unwelcome. Listening to your client's questions and need for information is your best guide for determining the timing.

Some clients appear to have their decision made when they first meet with a counselor. They may not be interested in any other information and prefer to stay with the plan they have made. While you want to follow the lead of your client, you also want to offer to help your client explore all of her options so that her decision is an informed one.

Explaining your desire to assure that she is making an informed decision can be one way to introduce adoption. Asking if she has ever considered adoption as a way to meet her child's needs can be a non-threatening way to introduce the concept as she begins to see herself in a new role as a parent. Giving her facts about adoption—and asking what she thinks about it or if she has any questions—can also be effective in introducing the topic.

Some clients may decline the information; others may listen politely but indicate that they are not interested. For the parenting-minded client, exploring what it takes to be a parent and what kind of parent she wants to be can be an ongoing process. Doing so can help her to be better prepared and access any needed resources so that her child can thrive. If she begins to see that she is not ready for all of the responsibilities of parenting or to be the kind of parent that she wants to be, you can introduce the option of adoption again.

Similarly, the client who meets with you and intends to make an adoption plan can benefit from exploring her plan from the perspective of her readiness for parenting. Doing the hard work of considering what parenting might be like can help her later when her emotions are intense and she questions if she made the right decision.

Experiential Learning

Many expectant mothers who are exploring their options and trying to make the best decision for their children benefit from structured contact with other birthmothers, adoptive parents, and adoptees. Such contact can help them sort through the pros and cons of each option and provide the real-life stories that are effective teaching tools.

Meeting with other expectant mothers who are facing similar decisions can also provide a supportive environment. Hearing from birthmothers who have chosen adoption, as well as those who have chosen parenting, can provide a realistic look into the consequences of choices. Meeting adoptive parents and adopted children can demonstrate the positive aspects of adoption in a credible fashion.

Adoption Planning Options

This booklet has focused on educating you about the myths that all too often surround adoption, some of which are grounded in adoption practices of the past. Counselors who serve young women facing unplanned, untimely pregnancies need to be educated about today's adoption practices because the best decision is an informed decision.

One of the most significant changes in adoption practice has been the movement toward an open relationship between birth and adoptive families. Openness in adoption allows for various forms of communication, including the exchange of pictures and letters, e-mails, or customized websites. It is now a very common practice for expectant mothers planning adoption to select the prospective adoptive family and to meet them on one or multiple occasions. This opportunity to meet allows the expectant mother to confirm the decision to place her child with those parents and begin to develop their relationship.

Some adoptions today are totally open, with identifying information exchanged and ongoing contact between the parties. Other adoptions have a level of openness determined by all parties, often without the exchange of identifying information but with indirect contact through an intermediary. For personal

reasons, some birthmothers still choose a confidential (closed) adoption plan, in which no identifying information is exchanged and the families do not meet. This booklet does *not* explore the pros and cons of the various options available in adoption planning.

Because expectant mothers have choices when it comes to adoption planning, you should know the philosophy and practice of adoption agencies to which you refer clients. You do not want to refer a woman who wants an open adoption to an agency that only promotes semi-open or confidential adoptions.

The Role of the Birthfather

Birthfathers have definite rights regarding their children and adoption planning, although those rights vary according to state law. While their rights are not the same as those of birthmothers in many states, birthfathers still need to be involved in the legal aspects of adoption.

Most states require the agency or attorney working with the expectant mother to make efforts to contact, inform, and secure the release from the expectant father if he agrees with an adoption plan. Counselors who do not work for a placing agency should consult an attorney or agency they trust to give them accurate information about birthfathers' rights in their state.

You should also speak with your client about the identity of the baby's father and his knowledge of her adoption planning. Bringing him into the counseling process and the emotional aspect of adoption should be encouraged whenever possible. This can result in better decision making and a better outcome for all involved. Involving the birthfather in the process also increases the probability that there will be accurate information for the child about paternal social and medical history.

The expectant mother's relationship with the expectant father can affect the options that she considers. The relationship can be so emotionally charged that it can be a distraction to the pregnancy counseling process. If you find that this is the case, it is best if you refer that client to a separate counselor to address those relationship issues.

The expectant mother may feel that parenting will solidify her relationship with the father or provide a link for a faltering relationship. She may be angry with the father or feel rejected and view adoption planning as a way to "get back" at him.

Identifying your client's feelings and separating them from the child's needs will be important for the counseling process, especially as you help an expectant mother evaluate how her feelings toward the child's father are affecting her decision making and shifting the focus from the needs of her child. Whatever the nature of the relationship, it is important for you to listen to your client without judgment and engage the expectant father whenever possible and appropriate.

Post-Adoption Services

Adoption support services should not end at the time of relinquishment or at the time the adoption is finalized. While it is not true that all adopted children have serious psychological problems or that birthmothers grieve forever, relationships formed through adoption may need support at various times.

Reputable adoption practitioners are trained to understand the grief process and provide ongoing support for birthfamilies. You need to know the services that adoption practitioners provide relating to post-adoption, so that families are not left without support.

Conclusion

Facing an unplanned, untimely pregnancy can be a frightening, stressful time. While many people in a woman's life may have opinions about her choices, it is her choice to make and one that she will live with.

In the end, it is your job to provide your client with the most accurate information available about all of her options so that she is able to make a fully-informed decision. When your client has all of the information available, she will be able to make the best possible decision for that particular time in her life, and she will be able to "own" her decision, leading to a healthier resolution.

Adoption is not an easy choice, but there are no easy choices for a woman or couple experiencing an unplanned, untimely pregnancy. Each choice offers gains and losses, and it is ultimately an assessment of one's values that determines the final choice.

The role of the counselor is to facilitate the exploration of the options and the assessment of core values. The counselor listens to, educates, and walks beside the expectant mother as she makes her choice. To do that, the counselor must know their own values and bring knowledge and skill to the counseling relationship. When they do that, then they'll know that they gave the best possible service to their client.

Bibliography

Centers for Disease Control & Prevention (2009). Unmarried Childbearing. <http://www.cdc.gov/nchs/FASTATS/unmarry.htm>

Child Welfare Information Gateway, (2005). Voluntary Relinquishment for Adoption: Numbers and Trends. http://www.childwelfare.gov/pubs/s_place.cfm

Gritter, James L., 1997. *The Spirit of Open Adoption*. Washington D.C.: Child Welfare League of America.

Juffer, Femmie, PhD; van Ijzendoorn, Marinus H., PhD. Behavior Problems and Mental Health Referrals of International Adoptees. *JAMA*. 2005; 293:2501-2515. <http://jama.ama-assn.org/cgi/content/full/293/20/2501>

Marquis, Kathlyn & Detweiler, Richard (1985). Does Adopted Mean Different? An Attributional Analysis. *Journal of Personality and Social Psychology* Vol. 48, No. 4. 1054-1066.

McRoy, R. & Grotevant, H. (2000). *Minnesota/Texas Adoption Research Project: Outcomes for Adopted Children and Adolescents*.
<http://cehd.umn.edu/fsos/Centers/mtarp/keyfindings/>

Namerow, Pearila, Kalmuss, Debra, Cushman, Linda (1997). The Consequences of Placing versus Parenting Among Young Unmarried Women *Marriage and Family Review* (Hayworth Press) Vol. 25 No. ¾ 1997, Pp. 175-197.

National Council for Adoption, (2001). Infant Adoption Awareness Training Program: Consider the Possibilities. Washington, D.C.

Pertman, Adam. *Adoption Nation*.

Roles, Patricia, 1989. *Saying Goodbye to a Baby*. Washington, D.C.: Child Welfare League of America.

Ruskai Melina, Lois & Kaplan Roszia, Sharon, 1993. *The Open Adoption Experience*. New York, New York: Harper Collins Publishers, Inc.

Search Institute (1994). New Study Identified Strengths of Adoptive Families.
<http://www.search-institute.org/strengths-adoptive-families>

The National Campaign. *One in Three: The Case for Wanted and Welcome Pregnancy* (2007). Washington, D.C. National Campaign to Prevent Teen Pregnancy.

BCS logo

CORPORATE HEADQUARTERS
901 Eastern Ave NE
PO Box 294
Grand Rapids, MI 49501-0294

www.impregnant.org
www.bethany.org/UChoose
1.800.BETHANY (238.4269)

accreditation logos

