

# EXPLODING ADOPTION MYTHS: A GUIDE FOR CLINICIANS AND COUNSELORS

Given society's negative messages about adoption, it's not surprising that only five percent of women facing untimely pregnancy choose to find adoptive families for their children. The attitudinal odds are already stacked against a young woman who unintentionally becomes pregnant; she's labeled "promiscuous" by some and "stupid" by others who fault her apparent failure to use contraception. If she decides to form an adoption plan in response to her predicament, she's "compounding her mistake" by "abandoning" her child and must be maladjusted. Because her decision is so likely to be misunderstood, individual and family counseling coupled with birthparent peer support may be all that stands to prevent her from carrying out her loving, heart-wrenching plan in emotional isolation.

Clearly, we can't change societal attitudes single-handedly. However, we who provide services to women can make an important difference in the lives of our clients. We can do so by making sure we are not only aware of the various forms of adoption available to clients but even more importantly, we can be comfortable in sharing the information. In order to achieve this latter goal, it's important to recognize the widely-held myths about adoption that permeate our society and that can undermine our ability to effectively counsel clients.

## MYTH #1

*"A baby should be with its 'real' mother. There's something unnatural about a mother who would give away her own flesh and blood."*

This myth is based on the belief that parenthood is primarily a biological function. All parties involved in adoption lose when this myth is at work; birthparents are treated with contempt, adopted children are pitied for having been "abandoned," and both adoptees and their parents are shamed if they don't display an extraordinary gratitude for the same family life that biological families are permitted to take for granted. Moreover, adoptive families are scrutinized; every mundane family disagreement is magnified into a bonding dysfunction that must stem from the participant's lack of shared DNA. Upon examination, this myth, like most adoption myths, is truly believed by very few people. Yet, how much more healthy our society will be when parenthood is viscerally understood to be a function not of biology but of commitment, hard work, love and the myriad of daily experiences that cloak parent and child in an intricate tapestry of shared memories.

Affected by negative messages about adoption, some clients are afraid that there may be something wrong with them if they even consider adoption. "I couldn't carry a child for nine months and give her up," they protest. Indeed, the entrustment of a child to new parents is the most wrenching aspect of carrying out an adoption plan – even when the birthmother has chosen the parents, has come to care for them as friends and is sure of her decision. In some cases such a protest simply means that adoption is the wrong option for her. In other cases the client may be looking for reassurance that it's acceptable

to consider adoption. There are two ways in which we can respond to her objection: we can point out that there is a distinction between bearing a child and rearing one, and give her permission to be ready for one but not the other... or, we can fall silent and assent to her protest, thus confirming the myth that nine months of carrying a child is equivalent to twenty-plus years of raising one.

## MYTH #2

*"Adoption is rich couples victimizing poor young women."*

While people seeking to adopt aren't usually poverty-stricken they aren't jetting to Monte Carlo for the weekend either. They tend to be middle-income families, no wealthier than their non-adopting peers. Similarly, a profile of an "average" birthparent working with us at the Independent Adoption Center (IAC), would show a well-educated intelligent woman, about 22 years old, who comes from a middle- or upper-middle-class family and has high expectations for herself and for the parents she'll choose to raise her child.

The basic premise of this myth – that women who form adoption plans do so primarily for financial reasons – is false. While financial considerations are almost always a factor, there are always deeper, more fundamental reasons. Birthparents may have goals that they can't realize while raising a child or they may want to give their child mature parents who can share a wealth of life experience. Often a birthmother has a very clear, but at present, unattainable vision of how she wants to raise children. She holds strongly to this vision in order to cope with the immediate pain of deciding "Yes, someday I'll make a great parent but not right now."

### MYTH #3

*“Adoption is so one-sided. The birthmother gives, the adoptive parents take. How can I, in good conscience, counsel a woman to consider such an option?”*

This is the misconception that I struggled with most. I felt I had no right to ask a birthmother for her child. Only after listening to a variety of birthmothers’ points of view did I begin to fully understand that the adoptive parents are as much a gift to the birthmother as she and her child are to them. A birthmother feels a parental responsibility for the future of her child. Once she decides that arranging for adoption is the best way she can parent her child, she is as anxious to find just the right parents for her child as the parents are to begin their family. A birthmother usually completes an adoption feeling that it is not only the most important, if painful, experience she’s ever had – it’s also the most fulfilling.

When we keep this perspective in mind, talking to the client about adoption no longer feels like an unjust request but rather a sharing of the diverse options available to her. In order to share complete information about pregnancy options but avoid pressuring a client toward one option over another, it helps to speak in the third person (i.e. “birthparents choose the adoptive parents” rather than “you could choose the parents”) and to share anecdotal information about the option you’re discussing: “One woman arranged for an adoption because she was afraid that, between work and school, she wouldn’t be able to spend the kind of time with her child she felt they’d both need.” One birthmother, writing to her son, put best the sense of empowerment that birthmothers feel when they receive quality counseling and when they are in control of their adoption plans.

“I started looking into the world of adoption. I hated it. It was too much like a business. If I was going to have someone else raise you. I wanted to meet them, get to know them. I wanted to love them before I let them love you...I’m not giving you up, Cody. I’m not giving you to them. I’m giving them to you.”

~Rhonda, IAC Birthmother

### MYTH #4

*“There may be women who choose adoption but we never see them in our practice.”*

One OB/GYN nurse practitioner who shared her experience at an IAC inservice had never expected to need adoption information because she provided prenatal care, not options counseling.

Nevertheless, one afternoon when she was providing routine prenatal care for a sixteen-year-old who was in her third trimester, she casually asked, “So, are you ready to be a mom?” The patient broke into tears and confessed her panic over becoming a parent. The clinician didn’t know how to respond. In retrospect, she wished she had explored both the client’s support system for parenting and her adoption options. At another IAC inservice, clinicians and counselors from a family planning clinic reported that they had referred only one patient to adoption resources in the previous five years. Following the inservice, they referred seven clients in three months. Clearly their clientele hadn’t changed, they had.

The providers at both of these inservices, as most providers do, routinely offered adoption and shared up-to-date information with clients. However, during the inservices they began to identify their specific resistances to adoption and found that their fears were common. They discovered practical ways to demystify adoption; more effectively than ever, they provide a safe atmosphere in which clients can explore adoption as an empowering option to an untimely pregnancy.

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