social sciences

MDPI

Article

Long-Term Mental Health Effects of Mother–Child Separation Due to Adoption

Lynn Roche Zubov

Department of Education, Winston-Salem State University, 601 S. Martin Luther King, Jr. Drive, Winston-Salem, NC 27110, USA; lzubov@triad.rr.com; Tel.: +1-336-437-3811

Abstract

The Preliminary Exploration into Adoption Reunions (PEAR) survey examined the mental health issues faced by adoptees and first mothers. Data were collected from 1313 adoptees, first mothers, and first fathers. Study results indicate that adoption has lasting adverse effects on both adoptees and first mothers. Adoptees and first mothers are significantly more likely to attempt suicide (35 times and 37.7 times, respectively), abuse alcohol, display hypersexual behaviors, and restrict their eating compared to their peers: While first mothers have a lower life expectancy and are more likely to die by suicide than women who did not lose their children to adoption, adoptees frequently struggle with their identity and sense of belonging. They expressed experiencing trauma from their separation from their first mothers, regardless of the quality of their adoptive parents. The findings also highlight the negative impact of the secrecy surrounding adoption. Themes of secrecy and shame were prevalent in the responses from both adoptees and first mothers. The findings highlight the importance of listening to and validating the experiences of adoptees and first mothers and that there needs to be transparency in adoption practices, which may reduce the stigma associated with adoption, and facilitate healing.

Keywords: adoption; adoptee; adopted people; first mother; birth mother; biological mother; adoption reunions; mother-child separation; adoptee experience; first mother experience

1. Introduction

1.1. Changing Perspectives on Adoption in Society

The stereotype persists that women who lost their children to adoption either did not want their children or were too unstable to raise them and that only a small number of adoptees are interested in knowing about their family of origin. However, many of those who have explored the ramifications of adoption view it differently. They state that many adoptees not only desire but have a deep-rooted need to connect with their families of origin (Georgia Alliance for Adoptee Rights 2026; Verrier 1993; Wrobel et al. 2013), and women who have lost their children to adoption often report that their relinquishment of their children was due to lack of control, coercion, and/or a lack of emotional or financial resources rather than their lack of desire or that they were too unstable to raise their children (Fessler 2006; Sisson 2024).

Traditionally, adoption is portrayed favorably and seen as having positive outcomes for all involved. The film industry has a long history of romanticizing adoption, as seen in movies like *Annie* (Huston 1982; Gluck 2014), *Juno* (Reitman 2007), and *The Blind Side* (Hancock 2009), as well as TV shows such as *Murphy Brown* (Bergen et al. 1988–2018), *Grey's Anatomy* (Rhimes et al. 2005–present), and *Modern Family* (Levitan et al. 2009–2020).

Check for updates

Academic Editor: Scott D. Ryan

Received: 20 January 2026
Revised: 20 February 2026
Accepted: 24 February 2026
Published: 5 March 2026

Copyright: © 2026 by the author. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license.

This portrayal can be seen as recently as the "The Girl in the Middle" advertisement (Adoption.is 2026), which aired during the 2026 Super Bowl Turning Point USA alternative halftime show. The ad suggested that adoption is simply a loving option for women facing unplanned pregnancies.

However, other media sources are beginning to offer alternative perspectives, highlighting the complexities and emotional impact of adoption. Films such as *Lion* (Davis 2016), *Found: A Documentary Journey of Self-Discovery* (Lipitz 2021), and *Into the Fire: The Lost Daughter* (White 2024), along with the TV show *This Is Us* (Fogelman et al. 2016–2022), are just a few that explore the darker side of adoption.

Arguably, Nancy Verrier's book, *The Primal Wound: Understanding the Adopted Child* (Verrier 1993); Ann Fessler's book, *The Girls Who Went Away: The Hidden History of Women Who Surrendered Children for Adoption in the Decades Before Roe v. Wade* (Fessler 2006); and Betty Jean Lifton's book *Journey of the Adopted Self* (Lifton 1995) are three of the most significant books that explore the consequences of adoption. Verrier discusses the long-term psychological effects of adoption on adoptees, Fessler highlights the coercion and societal pressures that were placed on many women to relinquish their children, and Lifton discusses the lifelong struggles adopted individuals may experience in developing an "authentic sense of self."

Current authors are also contradicting adoption's win–win–win perspective. For example, in the book *Relinquished: The Politics of Adoption and the Privilege of American Motherhood*, Sisson (2024) challenges the notion that children, especially infants, can simply be transferred from one mother (first mother) to another mother (adoptive mother). She states that individuals'/adoptees' ties to their kinship relatives are deeply rooted and cannot be severed. Moreover, the results of her longitudinal study refute the notion that women who relinquish their children to adoption do so as a "choice."

Additionally, an increasing number of adopted individuals are sharing their experiences. For example, in Damon Davis's autobiography, *Who Am I Really*? (Davis 2019), he discusses his life as an adoptee, including his desire to find his first family and the emotions he experienced when his son was born. In the book *Pulled by Root* (Marble and Zalma 2024), Heidi Marble discusses the struggles she experienced with her identity, while psychiatrist Alysa Zalma explains how Heidi's separation from her first mother affected her psychological development. In addition to media and print, adoption-related social media, podcasts and other organizations such as Adoption Mosaic have exploded, which seem to explore every aspect of adoption.

"Adoption is portrayed as such a beautiful, loving experience. But it is trauma for the child. If my parents had died there would have been counseling and efforts to share information about them. If parents divorce, the stepparent does not come in and change the name and identity of the child and erase the birth parent. Why society thinks it is not an issue to erase the identity of adoptees and treat them as if they are property is infuriating. . ."
"As an adoptee, yes, I feel like I won the parent lottery and was adopted by an amazing family AND I also feel the loss, pain, grief, and anger from the reality that things could've be different. Both can coexist. There is room in the human heart for so much love AND other emotions. Also—people often think that adopting an infant means they aren't dealing with trauma. That's 100% wrong. Adoption is a beautiful thing born from trauma on all sides. No matter the age."

1.2. Mental Health Issues Among Adoptees and First Mothers

Only recently has the importance of mental health become part of our social conscience. Society often views adoption as a success if the adopted person obtains the "tangible things of life," such as an education, a good job, friends, and family. However, the intangible aspects of adoptees' well-being, particularly their mental and emotional health, are often overlooked. Furthermore, the "success" of the adoption is rarely assessed from the per-

spective of the first mother, whose experiences and long-term outcomes have largely been unexplored (Madden et al. 2018; Wiley and Baden 2005).

1.3. Suicide and Attempt Suicide Rates of Adoptees and First Mothers

There are inconsistencies regarding the data reported about the US national rate of attempted suicide. The American Foundation for Suicide Prevention (2024) and the HealthyPlace (2008) go as far as stating that data regarding suicide attempts are not available. Nonetheless, according to the 2022 National Survey of Drug Use and Mental Health, 0.6% of adults have attempted suicide, while the Centers for Disease Control and Prevention (CDC) report the attempted suicide rate as 0.48%, and Lawrence et al. (2021) reported the lifetime rate as 1.26%.

The US Centers for Disease Control and Prevention (CDC) (2026) reported that the overall suicide rate in the US was 0.014% (14 out of 100,000 people) with men committing suicide at a higher rate than women, with a gender ratio of approximately 4 to 1. Specifically, the reported rates for men are 0.23% and 0.0057% for women. Lawrence et al. (2021) reported that the lifetime prevalence of suicide in the general US population was 0.79 per 1 million (0.00008%).

> "Suffered adoption trauma before I knew I was adopted. Suicide attempts before and after I found out I was adopted. All related to rejection and abandonment."

The conventional wisdom regarding attempted suicide among adoptees is that they are four times more likely to attempt suicide than their non-adopted peers. This statistic can be traced to a Keyes et al. (2013) study. Keyes and her colleagues compared the rate of attempted suicide of individuals (ages 11 to 21) who were adopted (n = 672) to those who were not (n = 515). The study gathered data by asking the rearing parent (or the individual directly if they were over the age of 18) if their child (adopted or non-adopted) had attempted suicide. They then compared the reported rates of the two groups, which found that adoptees were four times more likely to attempt suicide than their non-adopted peers.

The results of the Keyes et al. study have been supported by Swedish research (Hjern et al. 2002, 2023), which also found that adoptees are more likely to attempt suicide than their non-adopted peers.

While there are a few studies that found that mothers who lost custody of their children to child protection services are more likely to attempt or commit suicide than those who did not (Wall-Wieller et al. 2017; Kenny 2015), no data were found on the rates of suicide or attempted suicide among first mothers.

1.4. Purpose of This Study

The purpose of this study was multifaceted: first, to investigate factors related to the long-term effects of the separation of (first) mother and child, including mental health issues; second, to identify common themes that might contribute to more satisfying and fulfilling adoption reunions; and finally, to gather information regarding the conditions under which the original adoption occurred. However, this article focuses only on the findings of the Preliminary Exploration in Adoption Reunions (PEAR) Survey that explored long-term mental health effects of the separation of mother and child, as well as what first mothers and adopted individuals shared about their lived experiences.

2. Methods

2.1. Research Design

This study was approved under an Exempt Review by Winston-Salem State University's Institutional Review Board (IRB). It employed a survey research design, utilizing the

Preliminary Exploration in Adoption Reunions (PEAR) survey. The survey was distributed online through the Qualtrics platform between 12 February 2024, and 1 July 2024. The participants accessed the survey via either a QR code or an online link. No matter how the survey was accessed, individuals proceeded to the survey after providing informed consent. The collected data were analyzed using both quantitative and qualitative methods. To encourage participants to complete the survey, completers were entered into a raffle to win one of ten adoption-related books.

2.2. Definition of Terms and Use of Direct Comments on the Preliminary Exploration in Adoption Reunions (PEAR) Survey

Every effort was made to use sensitive language; however, the words we use often arouse different emotions in different people. The terminology around adoption is no exception. While the terms "birth mother" or "biological mother" are often used to refer to a woman whose child was placed for adoption, there are those who find those terms offensive. Therefore, throughout this paper, the term first will be used as the adjective to describe the genetic relatives of the adoptee, e.g., First Mother, First Father, First Family. The term other has been used in the literature to refer to the members of the first mother–child dyad. If you are an adoptee, your first mother is your other; if you are a first mother, your child is your other.

Adoption reunions can vary widely, from adoptees and their first mother or father having regular contact to individuals who have met their other only once. Therefore, in this paper, the term reunion is used broadly to refer to a member of the adoption dyad having at least one contact or communication with their other or other member(s) of their first family.

Direct survey comments are shared throughout this paper. When used, they are placed within a dialog box and are used to illustrate a concept. When shared, they are written "as is," with only minor edits to correct spelling errors, verb/noun agreements, or other minor syntax corrections, if needed.

2.3. Study Sample

The study sample consisted of a total of 1313 responses from adoptees (***n*** = 898), first mothers (***n*** = 408), and first fathers (***n*** = 7). Among these individuals, 57 identified themselves as both an adoptee and first mother, and one identified himself as both an adoptee and a first father. While the sample was overwhelmingly female (***n*** = 1139) and primarily living in the US (***n*** = 1122), Antarctica was the only continent without at least one representative in the study's sample. The complete demographic breakdown is presented in Tables 1–4.

Table 1. Survey Sample by Role.

Role	*n*	%
Adoptee	898	68.39%
First Mother	408	31.07%
First Father	7	0.53%
Total	1313	

Table 2. Adoptee gender at birth.

Gender	*n*	%
Male	79	8.82%
Female	817	91.18%
Total	896	

Table 3. Racial Breakdown of Survey Population.

Racial Identifier	*n*	%
American Indian or Alaska Native	13	1.0%
Asian	35	2.7%
Black/African American	13	1.0%
Hispanic/Latino	30	2.3%
Native Hawaiian or Other Pacific Islander	2	0.2%
White/Caucasian	1146	87.4%
Mixed race	55	4.2%
Other	17	1.3%
Total	1311	100%

Table 4. Location of the study population.

Location/Continent	*n*	%
Africa	3	0.23%
Asia	5	0.38%
Europe	78	5.96%
Canada	61	4.66%
United States	1122	85.71%
Other North American Country	1	0.08%
Oceania or Australia	38	2.90%
South America	1	0.08%
Total	1309	100%

2.4. Data Collection

Data were collected using the Preliminary Exploration in Adoption Reunions Survey (PEAR), developed for this study. The PEAR survey includes both quantitative and qualitative questions designed to gather data on the long-term effects of adoption, adoption reunions, the circumstances under which the adoption occurred, and other related topics.

Initially, the PEAR survey intended to focus only on adoption reunions. To that end, in October 2023, a list of potential questions targeting adoption reunions was created. Then, in November and December of 2023, the questions were shared with individuals who had lived adoption experiences for feedback. Based on the feedback received, in December 2023, the first draft of the PEAR survey was created. Once the draft was completed, it was vetted by adoption professionals between January and February 2024. As a result of this vetting, the scope of the survey expanded. It not only explored adoption reunions but expanded its range to include additional topics, such as mental health issues related to adoption, identifying variables that might contribute to more satisfying and fulfilling reunions, gathering information regarding the conditions under which the original adoption occurred, and international and transcultural adoptions.

The PEAR survey employed an if–then structure in which one question determined which subsequent questions the participant would receive. For instance, participants who identified as adoptees were given one set of questions, while mothers or fathers received a different set. Additionally, except for a few key questions, individuals were permitted to skip any questions they chose not to answer.

Many of the quantitative questions utilized a 4-point Likert scale with two affirmative choices and two negative choices or a 5-point scale that added an "I don't know" or "N/A" option.

An example of this structure is as follows: Question 3.14 asked adoptees, "Do you feel you have pain due to the loss of your first family?" with possible choices of "Definitely not," "Probably not," "Probably yes," "Definitely yes," and "I don't know." Those who

selected "Definitely not," "Probably not," or "I don't know" (***n*** = 59) were skipped to either Question 3.17 or 3.18, depending on their response to an earlier prompt. Individuals (***n*** = 742) who chose "Probably yes" or "Definitely yes" were presented with Question 3.15: "Do you think you developed any unhealthy coping mechanism(s) to deal with the pain from your adoption loss?"

Individuals who selected "Definitely not," "Probably not," or "I don't know" (***n*** = 42) moved ahead to Question 3.17 or 3.18. Those who chose "Probably yes" or "Definitely yes" were presented with Question 3.16, where they were asked to identify what kinds of unhealthy coping mechanisms they had developed.

Then, to avoid skewing the results when calculating the percentage of adoptees who identified as having each of the unhealthy behaviors, the number of individuals who reported developing each unhealthy behavior was divided by 801, which included both the number of individuals who responded to question 3.16 (***n*** = 700) and those who were forwarded to questions 3.17 or 3.18 (***n*** = 101).

Circulation of the PEAR Survey

The PEAR was circulated via Facebook and outreach to adoption-related organizations. Initially, Facebook marketing was used to recruit participants. However, advertising on Facebook did not yield the desired results. Therefore, the recruitment strategy shifted to direct outreach to adoption-related organizations and regular Facebook posts hoping to increase the survey participation. As of 1 July 2024, the study's Facebook page had over 400 followers, and its posts had reached 23,686 individuals. There were 27,320 post impressions, 4966 clicks, 457 post reactions, 302 comments, and its posts were shared 151 times.

2.5. Data Analysis

Data were collected using Qualtrics. To maintain data integrity, responses were screened for their appropriateness for inclusion in the study sample. Excluded from the data analysis were responses from women whose children were adopted due to their termination of parental rights through social services (***n*** = 8), a first mother whose child was under a year old (***n*** = 1), and an adoptee raised by her first mother but adopted by her stepfather (***n*** = 1). Responses from individuals who completed less than 20% of the survey were also excluded. Finally, duplicate responses from individuals were removed, except for those in which the respondent identified as both an adoptee and a first parent. As previously mentioned, this process yielded 1313 individual responses.

Descriptive statistics were used to summarize the quantitative findings, while generative AI was used to assist in the analysis of the qualitative data. Daiichi Sankyo (2024), a proprietary program developed by Daiichi Sankyo, Inc., was used to help identify common themes across various open-ended qualitative questions. The raw data from the qualitative questions were uploaded to ChatDSI. Then the program was prompted to identify key themes for each question. Afterwards, the prompts were rephrased, and ChatDSI was once again asked to identify common themes. Next, the various themes identified were compared. Additionally, once the themes were identified, the participants' responses were reviewed to validate the AI-assisted themes and to uncover potential subthemes.

For example, individual responses to the question, "What do you want people to know about your experience as an adopted person?" were uploaded to ChatDSI. Then, the program was prompted to identify the common themes in the responses. Afterwards, using the same data, the prompt was changed to, "What do adoptees want people to know about their experience as an adopted person?"

3. Results

3.1. What Adoptees Want People to Know About Their Experience as an Adopted Person

The narratives shared by adoptees revealed that adoption has a profound and long-lasting effect on their mental health, ability to form relationships with others, and their sense of identity. Adopted individuals expressed their desire for society to understand that terms such as "Gotcha Day," "Chosen," and "Special" are hurtful and reinforced their feelings that they were simply a commodity. Moreover, many adoptees expressed feelings of anger when they uncovered the coercion placed on, or the lack of support provided to, their first mothers.

> "Despite having a loving, adoptive family and a lovely life with them, it has been highly traumatic to be born. A child that I have been told nothing about. It's as if I have two different identities . . . (that are) not at all connected. I don't love having an alias. . ."
> "I don't think that "non-adopted" people can really grasp what it's like. Whilst my adoptive parents undoubtedly had to work hard to achieve their goal of adopting, and did their best to provide a loving, caring home, the older I got the more it became clear that I simply wasn't like them in any respect. I'm certain that I shocked them at times (I'm an Oxford graduate whilst they barely have any education) (and) I also disappointed (them). For example, my adopted dad's idea of a fantastic day out when I was a kid was to go to a football ("soccer" in the US) match with him and enjoy the shared experience. I hated it. I'm pretty aspirational; they are not. I'm a committed Christian; they are not. The list goes on . . .. I don't want to sound ungrateful but it's like being a cuckoo in the nest. Now, as my adoptive parents are ageing rapidly, and I'm the only child, I'm confronted with looking out for/after them . . . when no real familial bond exists. At the same time, they don't see it that way. . .."
> "I'm not one of those "adoption is always trauma" people, but it is always significant. As a kid, you're always aware that there's this collection of forbidden topics at the core of who you are and how you came to be. People want to impose their narratives on how you should and shouldn't feel. People in day-to-day life assume genetic connectedness as the default but also trivialize its potential absence (e.g., "get over it," "be grateful," "you can always adopt," etc.)."

While each adoptee's experience is unique, their responses to the question "What would you like people to know about your experiences as an adoptee?" had six common overarching themes: (1) Trauma and Loss, (2) Identity and belonging, (3) Secrecy and Information, (4) Adoption Narrative and Society's Perception, (5) Need for Support and Counseling, and (6) Call for Adoption Reform. The themes are discussed below.

3.1.1. Trauma and Loss

> There is trauma anytime a child is separated from their mother. This has nothing to do with the raising parents' love or ability to parent. It's just a fact of adoption. . ."
>
> "As an adoptee, I want people to know that adoption is trauma. All the love my adoptive parents gave me couldn't repair the pain from my birth mother ignoring me."

Many adoptees reported that adoption begins with a traumatic event, removing them from their first mothers, which caused a sense of loss and trauma. They state that their trauma often has long-lasting effects on their mental and emotional well-being and often causes them feelings of abandonment and rejection.

In support of their narratives, when asked if they experienced pain due to their adoption, 82% of adoptees reported that they "definitely" feel pain due to the loss of their first family, with another 10.7% stating that they "probably did." Only 2.2% of adoptees indicated that they "definitely did not" experience pain. See Table 5.

Participants who reported that they felt pain due to the loss of their first family were then asked, "Do you think you developed any unhealthy coping mechanism(s) to deal with the pain from your adoption loss?" Of the 742 adoptees who answered the

question, 94.3% responded that they definitely or probably developed unhealthy coping mechanisms/behaviors; see Table 6.

Table 5. Does adoption cause pain?

Do You Feel You Have Pain Due to the Loss of Your First Family/Child?	Adoptee %	Adoptee *n*	1st Mother %	1st Mother *n*
Definitely Yes	82.7%	739	64.7%	236
Probably Yes	10.7%	96	21.4%	78
Probably Not	2.3%	21	4.4%	16
Definitely Not	2.2%	20	5.5%	20
I Don't Know	2%	18	4.1%	15
Total	100%	894	100%	365

Table 6. Do you think you developed any unhealthy coping mechanism(s) to deal with the pain from your adoption loss?

Develop Any Unhealthy Coping Mechanism(s)	Adoptee %	Adoptee *n*	1st Mother %	1st Mother *n*
Definitely Yes	79.9%%	593	64.7%	236
Probably Yes	14.4%	107	21.4%	78
Probably Not	2.8%	21	4.4%	16
Definitely Not	0.5%	4	5.5%	20
I Don't Know	2.3%	17	4.1%	15
Total	100%	742	100%	365

The number one unhealthy coping behavior reported by adoptees was avoidance behaviors (60.8%), followed by being emotionally distant (59.7%) and developing unhealthy personal relationships (48.3%). In addition to a predefined list of possible unhealthy behaviors, individuals were given the opportunity to write in "other" behaviors. These other behaviors mainly involved people-pleasing, low self-worth or self-esteem, relationship issues, suicidal thoughts and self-harm, gambling, and other addictive behaviors.

As mentioned earlier, conventional wisdom states that adoptees are four times more likely to attempt suicide. However, the data collected from the PEAR survey found that 21.0% of adoptees reported attempting suicide, which makes them 35 times (21% divided by 0.60%) more likely to attempt suicide than their non-adopted peers.

Table 7 presents the responses of the adoptees and first mothers to the question, "(If you developed unhealthy behaviors) what kinds of unhealthy coping mechanisms (did you develop)?" The table reports the rates of the self-identified unhealthy behaviors that adoptees and first mothers developed, along with the U.S. national rates, when available, along with each behavior, and the increased risk ratio adoptees and first mothers face in comparison to the US national average. For example, adoptees are 5 times more likely to have avoidance behaviors than the national average.

Table 7. Reported Unhealthy Behaviors of Adoptees (801) * and First Mothers (365).

Behaviors	Adoptee *n*	Adoptee %	1st Mother *n*	1st Mother %	National %	Adoptee Risk Ration	1st Mother Risk Ratio
Avoidance Behaviors	487	60.8%	193	52.9%	12%	5x	4.4x
Emotionally Distant	478	59.7%	192	52.6%			
Need for Control	402	50.2%	133	36.4%			
Unhealthy personal relationship	387	48.3%	180	49.3%			
Isolation	364	45.4%	162	44.4%	25%	1.8x	1.75x
Alcohol abuse	256	32.0%	124	34.0%	11.0%	3.13x	3.09x
Hyper-sexuality	204	25.5%	90	24.7%	6.0% **	4.58x	4.16x

Table 7. *Cont.*

Behaviors	Adoptee *n*	Adoptee %	1st Mother *n*	1st Mother %	National %	Adoptee Risk Ration	1st Mother Risk Ratio
Attempted Suicide	168	21.0%	83	22.7%	0.6%	35.0x	37.83x
Self-harm	133	16.6%	41	11.2%	5% ***	3.32x	2.25x
Restrictive Eating	120	15.0%	62	17.0%	5.0%	3.24x	3.4x
Other	98	12.2%	34	9.3%			

* 700 adoptees were asked what kind of unhealthy behaviors they developed. However, 101 adoptees reported that they either did not feel pain or did not develop unhealthy behaviors. Therefore, an *n* of 801 was used to calculate the percentages of unhealthy behaviors among adoptees. ** Långström and Hanson (2006), *** DeAngelis (2015).

3.1.2. Identity and Belonging

> "Being an adoptee has left me feeling "outside looking in," never quite feeling like I fit in."

Many adoptees discussed struggling with issues of their own identity and sense of belonging. Some discussed the negative consequences of not having genetic mirroring or of not knowing one's origins. They stated that they often feel that they do not truly fit in with either their adoptive families or with their first families after reunion. In fact, when asked, "Where do you feel the strongest sense of belonging," 55.7% of adoptees reported that "(they) don't feel (they) belong anywhere." See Table 8.

Table 8. Where adoptees feel they belong.

Environment	*n*	%
Adoptive Family	126	19.7%
Maternal First Family	92	14.4%
Paternal First	65	10.2%
I don't feel I belong anywhere	356	55.7%
Total	639	100%

3.1.3. Secrecy and Information

Adoptees report that the secrecy and shame surrounding adoption are a heavy burden to carry. In addition, those whose adoptions were closed stated that closed adoptions often erased their cultural heritage and identity, leaving them feeling disconnected and incomplete. Many adoptees expressed frustration at not having access to their original birth certificates and medical histories and expressed that they have the right to know their origins.

3.1.4. Adoption Narrative and Society's Perception

Many adoptees mentioned how society romanticizes adoption, portraying it as a win–win situation. However, they stated that this portrayal invalidates their experiences, adding to their trauma. They state that their adoptive families and society need to listen to and validate their lived experiences. They urge society to move beyond the simplistic and romanticized view of adoption and to understand that adoption is not the solution to infertility or an unplanned pregnancy, but it has a profound and lifelong effect on those who are adopted. Moreover, they reported that there is an expectation that they feel grateful for being adopted, which they report added insult to injury.

3.1.5. Need for Support and Counseling

Many adoptees discussed the need for better support, including the need for specialized, adoptee-focused trauma-informed therapy. For those who reported having such therapy, discussed it as a life-changing experience. Adoptees also addressed a need for open and honest discussions about the consequences of adoption. They stressed the importance

of having accurate medical records. They point out that the lack of this information can lead to critical health issues.

In addition to their own need for support, many reported that their adoptive parents are also in need of counseling. They stated that their adoptive parents were neither prepared for nor informed of the complexities of adoption.

3.1.6. Call for Adoption Reform

Many of the adoptees discussed the need for adoption reform, including better support for family preservation, improved screening of potential adoptive parents, and the elimination of closed adoptions. Some even went as far as suggesting the total elimination of adoption, suggesting a legal guardianship instead. They contend that guardianship would preserve the child's identity and connection to their birth family.

3.2. What First Mothers Want People to Know About Their Experience

Like adoptees', first mothers' responses were multifaceted and reflected a wide range of emotions. The experiences shared by these women highlighted a profound, long-lasting, painful experience. In their narratives, they discussed a series of emotions, such as grief, regret, anger, and a sense of betrayal, that they endured. They called for greater awareness, urged increased support for women in need, and emphasized the need for systemic change in adoption.

> "I very much loved my daughter and wanted to raise her. I was poor and had no support and was made to feel like my love was not enough. My past traumas were used against me. They convinced me that if I raised her, I was doomed to ruin her life . . .. I gave into my fear, doubt, and self-hatred and made the worst decision of my life. I was the farthest thing from brave—I was weak and worn down. I've come to realize the inhumanity of separating a mother from her child and hold great contempt for the adoption industry that supports it."
>
> "DON'T BECOME A BIRTH MOM! It is a permanent fix to a temporary problem. It will affect you negatively for the rest of your life."
> "I lived silently in shame and guilt for 38 years, my daughter found me, and I crashed and felt I could not cope with what was done to her and the shambles of my less than a life. . ."

The responses of first mothers can be summarized into six overarching themes: (1) Lifelong trauma & grief, (2) Regret and coercion, (3) Desire for family preservation, (4) Impact on their other relationships, (5) Criticism of the adoption industry, (6) Need for counseling and reunion complexities.

3.2.1. Lifelong Trauma and Grief

Many first mothers expressed that the pain and trauma of losing their child to adoption is lifelong and deeply impactful. They often describe it as a wound that never heals, permanently affecting their mental and emotional health. For one example, one first mother states that "even after 41 years in reunion, (she) still gets angry at (herself) for losing (her) daughter to adoption."

The data presented in Table 6 highlight that first mothers (86.1%) often develop unhealthy behaviors to cope with their post-adoption pain. In addition to self-reported data regarding first mothers' pain and unhealthy behaviors, data from adoptees reveal that first mothers' pain affects their physical and mental well-being. According to the data collected from adoptees whose mothers were deceased, first mothers have a shorter life expectancy and higher suicide rates than women who do not lose a child to adoption.

According to the US National Center for Health Statistics of the US Centers for Disease Control and Prevention (CDC) (2024), the average life expectancy for women in the US is 81.1 years. However, according to adoptees who reported that their first mothers were

deceased, only 18% of these women lived beyond 80 years, with their average life span ranging from 65 to 70 years. See Table 9.

Table 9. Age of first mother at time of death.

Age of First Mother at Her Death	*n*	%	Age of First Mother	*n*	%
Older than 80	45	18.83%	Between 50 and 55	14	5.86%
Between 75 and 80	24	10.04%	Between 45 and 50	12	5.02%
Between 70 and 75	39	16.32%	Between 40 and 45	9	3.77%
Between 65 and 70	34	14.23%	Between 35 and 40	6	2.51%
Between 60 and 65	30	12.55%	Between 30 and 35	4	1.67%
Between 55 and 60	18	7.53%	Between 25 and 30	2	0.84%
			Under 25	2	0.84%
		Total			100%

Moreover, according to the PEAR data, 3.83% (9 out of 235) of first mothers whose children reported a reason for their death died by suicide; see Table 10. This is in contrast to the US national suicide rate of 0.0057% (5.7 out of 100,000) (US Centers for Disease Control and Prevention (CDC) (2026)) for women. While these data represent a correlation, not causation, they strongly suggest that women who lose their children to adoption are significantly more likely (3.83% vs. 0.0057%) to die by suicide than those who do not.

Table 10. Cause of first mothers' death.

What Was the Cause of Her Death?	*n*	%			
Health-related issue	126	53.62%	Suicide	9	3.83%
Unhealthy life choices	48	20.43%	Accident	8	3.40%
Natural causes	22	9.36%	Other	6	2.55%
Inherited chronic disease	16	6.81%			
			Total	235	100%

3.2.2. Regret and Coercion

Regret and feelings of coercion, lack of control, or manipulation by the adoption system or society were also common themes these women discussed. Many mothers reported feeling pressured or misled into relinquishing their children and said they were not given adequate support or information to make an informed decision. Many were not informed of the long-term consequences of adoption that both they and their children would suffer, leading them to feel betrayed by those they trusted.

Nearly 81% of the first mothers who completed the PEAR survey said they were not or probably not in control of their child's adoption, and almost 90% stated that if given a chance to change the past, they would raise their children; see Tables 11 and 12.

Table 11. First mothers' sense of control at the time of their child's adoption.

Were You in Control	*n*	%
Definitely Not	221	60.4%
Probably Not	75	20.5%
Probably Not	36	9.8%
Definitely Yes	34	9.3%
Total	356	

Table 12. First mothers' sense of regret.

If You Could "Do It Over," Would You Have Raised Your Child?	*n*	%
Definitely Yes	275	77.7%
Probably Yes	42	11.9%
Probably Not	27	7.6%
Definitely Not	10	2.8%
Total	354	100%

3.2.3. Desire for Family Preservation

Many first mothers expressed that more should be done to preserve families and to keep children with their first parents unless absolutely necessary to place them elsewhere. They state that they would have raised their children if they had adequate financial, emotional, and/or social support. There was a common sentiment that adoption was used as a long-term solution to a short-term problem.

These women often call for policies and programs to provide adequate resources and assistance to pregnant women in need. Many first mothers believe that if they had had proper support, they would have raised their children.

3.2.4. The Impact It Had on Their Other Relationships

Many first mothers reported that their separation from their children affected their ability to have healthy relationships with others. For example, one woman stated, "It is the tragedy of my life. It ruined my ability to have personal relationships due to trust issues, and I trust no one. I hated my mother my whole life because she forced me to do it. She's dead, and I still hate her."

Some of the first mothers expressed a sense of incompleteness, questioning their worthiness, and being full of self-doubt. They reported they often internalized society's judgment, leaving them with a sense that they were not good enough to be either a mother or a partner. As a result, some women reported self-sabotaging new relationships or settling for less.

Moreover, they report that the loss of their child to adoption affected how they parented their other children. Some mothers reported being overly protective or anxious, while others struggled with feelings of guilt and inadequacy. They stated that these emotions affected their ability to form healthy mother–child relationships with the children they raised, which, in turn, impacted their other children's emotional well-being.

3.2.5. Criticism of the Adoption Industry

One mother stated, "Adoption is a heinous institution meant to punish mothers, separate families, and provide babies for buyers." Like the responses from adoptees, first mothers also had significant criticism of the adoption industry. Many first mothers advocated for changes in adoption practices, including more ethical guidelines, better support for first families, and legal reforms to protect the rights of first mothers and adoptees. Many described the adoption industry as exploitative and profit-driven, stating that they felt the adoption industry prioritizes the desires of adoptive parents over the well-being of the first mothers or children. Some mothers go as far as comparing adoption to human trafficking and the exploitation of vulnerable mothers. As exemplified by one woman's statement, "Adoption is human trafficking and should be illegal. It exploits vulnerable mothers and treats babies as commodities to be bought and sold."

3.2.6. Need for Counseling and Support

First mothers frequently mention the need for post-adoption counseling and support. Many felt abandoned by the system once the adoption was finalized and struggled with their grief and trauma. One mother stated that "When I finally sought emotional support for our separation, I was informed that I was eligible for one free phone counseling session."

They stated that without adequate support, their unresolved grief can continue to impact their relationships for years, if not decades. However, some also discussed how therapy and support groups provided them with the tools they needed to heal and build healthier relationships.

3.2.7. Reunion Complexities

First mothers also wanted people to understand the complexities of reunions. One woman stated, "Quite frankly, reunion trauma has been harder to deal with than the trauma of relinquishing. At least before, I had hope. It is hard to have hope now."

Many described their reunions with their others as both healing and challenging. They spoke about the joy of being reconnected with their others but also discussed that it brought up their unresolved trauma and complex emotions, and some expressed concerns regarding the negative impact that adoption had on their children. For example, as one participant stated, "Reunions can be both healing and disruptive, especially for the other children in the family. The resurfacing of past trauma and the complexities of new relationships can affect everyone involved. It's crucial to recognize that the emotions stirred by reunion can ripple through the entire family, influencing dynamics and bringing up unresolved feelings for siblings who were raised by the first mother."

3.3. Initial Secrecy and Secrecy in Reunions

Below are responses from first mothers on why they did not tell people about their child that was placed for adoption, followed by the responses from first mothers and then adoptees on why there is secrecy in their reunion.

3.3.1. Why First Mothers Do Not Tell People About Their Child That Was Placed for Adoption

Eighty-eight women provided narratives in response to the question, "Can you explain why you did not tell anyone about your child who was placed for adoption?" Their common themes often involved feelings of shame, guilt, fear, judgment, a need for secrecy, and the pain associated with the adoption experience, with shame being mentioned by 43% (38 out of 88) of these women.

3.3.2. Shame and Guilt, and the Fear of Judgement

Many of these women shared their deep sense of shame and guilt surrounding their pregnancies and the adoption of their children. They feared that if they discussed that they had a child who had been placed for adoption, others would have a negative perception of them. This fear was often rooted in the societal attitudes prevalent at the time of their pregnancies, where unwed mothers were harshly judged and shamed.

Furthermore, they stated their shame was often compounded by pressures from their families and society. They expressed a fear of being judged and stigmatized. This sense of shame, guilt, and fear often led them to live in silence and secrecy.

3.3.3. Pain and Emotional Trauma/Denial and Suppression

First mothers shared the depth of their emotional pain and trauma, describing the experience of losing their child as simply too painful to discuss. Several women mentioned that to cope with their overwhelming pain, they went into a state of deep denial or blocked out the experience to cope with their pain, which in turn made it difficult for them to acknowledge or discuss the adoption with others.

For other first mothers, simply discussing the adoption brought up too many painful memories and emotions. This pain made it difficult for them to talk about their experience. Therefore, they chose to keep it a secret to avoid reliving the trauma and grief.

3.3.4. Societal Pressures and Stigma

Another recurring theme that arose from the data was pressure from their families, society, and others, including religious institutions, to keep the adoption a secret and to "move on as if it never happened." Additionally, many discussed the stigma of unwed

pregnancy, especially for women who were part of the Baby Scoop era. The baby scoop era has been characterized as the time between the 1940s and the early 1970s, where the widespread practice of placing the babies of unwed mothers for adoption, often due to societal pressure, occurred. They state that these pressures often led to feelings of isolation and the need for secrecy.

3.3.5. Lack of Understanding and Support

Many women felt a lack of empathy from others and that they did not have the support or understanding from others, including from therapists and social workers, which they stated added to their feelings of isolation and added to their trauma.

3.3.6. Privacy and Personal Pain

Some women reported that they chose to keep their experiences private, stating that it was their personal pain and that they did not wish to share with others. They simply said that they preferred not to share it with others, either to avoid reliving the trauma or to maintain control over their emotions.

3.4. Why First Mothers Keep Their Reunions a Secret

Many of the reported reasons why mothers keep their reunions secret are similar to the reasons why they were reticent to discuss their children prior to their reunions, such as pain, shame, guilt, and fear of judgment. One mother wrote, "Some people know. Revealing my experience was excruciating. . . (and was like) . . . the first time I (told people). I still feel shame. I'm guarded—because even now people can be very judgmental." Additionally, some first mothers reported keeping their reunion a secret out of concern/respect for their child's wishes or because of their uncertainty in their relationship with their children.

3.4.1. Shame, Guilt, and the Fear of Judgement and Rejection

Several mothers stated that they still carried feelings of shame related to their pregnancies and the adoption process. They fear being judged by society, family, friends, and colleagues. As one mother stated, "The shame and guilt of relinquishing my child for adoption are burdens I've carried for decades. Even now, I struggle with the fear of judgment and rejection, revealing my experience only to those closest to me."

A few mothers mentioned a fear that their child would reject them. They reported feeling a level of uncertainty in their relationship with their children, and that this uncertainty influenced their decision to keep the reunion private. One mother expressed this fear, stating, "(I'm) always afraid (that) making an announcement would jinx things, and she'd cut me off, and then it would be like I'd been a liar." Yet others expressed fear that discussing their experiences would lead to rejection or harm their current relationships.

3.4.2. Societal Pressures and Stigma Felt by First Mothers to Keep Their Reunion a Secret

Several women mentioned feeling pressure from family members to keep the adoption a secret, even after reunion, or simply to avoid discussing it. As one mother recounted, "Years of being told to forget about it and get on with your life" created a long-lasting impact. These women still report that they feel a stigma surrounding teen pregnancy and adoption, which led many to keep their experiences private, even years later. Additionally, some noted that societal attitudes in the '60s and '70s, especially in certain cultural or religious contexts, influenced their feelings and actions.

3.4.3. Secrecy, Privacy, and Respect for Their Others

Even in reunion, some mothers reported that the initial pain and grief associated with the loss of their child to adoption made it difficult for them to talk about their experiences.

Many of these women reported that they only shared their experiences with a few trusted people, expressing a desire to set personal boundaries and control who knew about their experiences. One mother shared that this was "The saddest tragedy of my life. (It) is not something I have to feel obliged to share with EVERYONE. . ."

In addition to respecting their own privacy, some first mothers are not open regarding their reunion status out of respect/concern for their others. One mother reported that she remains somewhat secretive: "Out of respect for him, (her child) . . . I'm very selective with who I share that information with. He still hasn't told all of his family."

3.5. Why Some Adoptees Need to Keep Their Reunions a Secret

Responses provided by adoptees reflected a set of complex emotions that they navigate when considering whether to share their reunion experiences with others. Although based on the narratives provided, many adoptees keep their reunions with their first mothers/families a secret due to concerns with their adoptive families. Fifty-four percent (85 of 157) of adoptees who responded to the question, "Why do you feel a need to keep your reunion a secret?" mentioned they kept their reunions, at least in part, a secret because of concerns about how their adoptive families would respond.

In addition to the reasons surrounding their adoptive families, adoptees also express that they are secretive about their reunions for personal and emotional reasons, to honor their first mother's/family's wishes, and due to outside pressures.

3.5.1. Adoptive Family Issues

Based on the provided narratives, it is evident that a significant number of adoptees keep their reunions with their first mothers/families a secret due to concerns with their adoptive families. Their reasons can be grouped into 5 subthemes or concerns. First, adoptees expressed the desire to protect their adoptive parents' feelings, fearing that their adoptive parents may feel threatened or rejected by their reunion. Many adoptees worried their adoptive parents would be jealous, hurt, or feel betrayed. They expressed a sense of loyalty and obligation to their adoptive families, for example, ". . . (I keep my reunion a secret) So my adoptive parents don't find out, as I feel like I am betraying them."

Next, some adoptees expressed that their adoptive families lacked the ability to deal with the dynamics of adoption or were unable to deal with complex emotions. Unfortunately, some adoptees reported that their adoptive parents had been abusive or displayed possessive behaviors in response to their reunion. One person noted, "My adoptive mother, in particular, cannot handle hearing about my reunion. She is too emotionally fragile and never worked through the grief of her infertility. So, she sees me reuniting with my bio relatives as a rejection of her (even though I've explained to her that it's not. . ..) . . ." Reactions like this may create an environment where adoptees feel compelled to remain silent to protect their adoptive parents' feelings, even though it is often at the expense of their own feeling.

Another reason why some adoptees expressed why they are not open about their reunion is that they lack support and understanding from their adoptive families. ("My adoptive parents are not supportive, they would not say this directly but would withhold information, cry and redirect when I would ask for information, . . .)" They fear their adoptive parents' judgment or negative reactions to their reunions. Some even expressed a fear that discussing their reunion could sever the relationship with their adoptive families. ("My adoptive parents would/did disown me if they found out."). For many, it seems that their need to maintain harmony within their adoptive families outweighs their desire to openly share their reunion experiences.

And finally, some adoptees discussed the impact of past trauma/abuse within their adoptive family that made them feel unsafe or limited their desire to share their reunion. One adoptee reported that "Adopter threw a tantrum and started in with claims that my reunion was offensive to her. Adoptive father wanted me to declare love and loyalty to adopters, minimize my reasons for searching (just needed to know my medical history)."

3.5.2. Personal and Emotional Reasons

Some adoptees choose to keep their reunions private for personal and emotional reasons. As with first mothers, reunions can prompt adoptees to process complex emotions that they may not have explored previously. Therefore, some adoptees stated that they needed time to process their emotions and understand their reunion before sharing with others. While others wanted to explore their relationships with their others first and to see how their reunions would affect their lives before discussing it to others. Yet others expressed fear of emotional fallout or disappointment if the reunion does not go as hoped.

3.5.3. First Mother/Family's Wishes

As with first mothers, in some cases, adoptees stated that they were keeping their reunion a secret because of their others' wishes. A few adoptees stated that their first mothers, even after reunion, kept them a secret. Adoptees hypothesize that this desire for secrecy could be due to the first mother's emotional issues, social concerns, or concerns about how an open reunion might disrupt their current lives or relationships.

3.5.4. Outside Pressures

Several adoptees mentioned that they felt that society had preconceived notions about adoption and reunions, which led to judgment or misunderstanding.

"I get shamed for looking for my first parents. I get told I should just be thankful for what I got."

Therefore, to avoid being misunderstood or judged, some adoptees choose to keep their reunions private to avoid the questions and opinions of those who do not understand the complexities of adoption.

4. Discussion

4.1. Trauma and Mental Health

The data collected from the PEAR survey revealed that adoption causes significant mental health challenges for both adoptees and first mothers. The high rates of reported trauma, feelings of abandonment, and the identity struggles of adoptees indicate that these challenges are far-reaching and often lifelong. Moreover, responses like, "Even though I have loving adoptive parents and an adoptive extended family that accepted me, I still felt like a square peg trying to fit into a round hole. I never really fit in with the family. . .I was ashamed of being adopted . . ." or "A good adoptive experience does not erase the loss of not knowing or growing up with genetic family" suggests that adoptees feel the trauma of their separation from their others, even if they had loving adoptive parents.

The findings also suggest that this trauma is lifelong. One first mother reported, ". . .I spent 49 years wanting to know about him, crying on his birthdays, wishing I knew where he was. He was a product of rape, but that did not change my love for him. . ."

The data collected suggests that 21% and 22% (see Table 8) of adoptees and first mothers have attempted suicide, making them 35 and 37.7 times more likely to attempt suicide than non-adopted individuals or women who did not lose a child to adoption. These figures are alarming and call for urgent attention to the mental health needs of both

mother and child separated by adoption. This data should serve as a wake-up call to everyone.

The effects of lifelong trauma on the body have been discussed by authors such as Maté and Maté (2003) and van der Kolk (2014). The increased risk of death by suicide and reduced life expectancy of first mothers (see Tables 9 and 10) underscore the enduring grief and trauma these women face and are tangible signs of these women suffering.

The life expectancy of first mothers could be particularly important to adoptees, as it has been anecdotally reported that many adoptees wait until their adoptive parents have passed before searching for their others or first families. This data suggests a real possibility that their first mother might already be deceased by the time they begin their search.

4.2. Adoptees' Identity and Belonging

Many adoptees reported that they struggle with issues of identity and a sense of belonging. In fact, when asked where they feel they belong, 55.7% of adoptees reported that they don't feel that they belong anywhere.

Additionally, they stated that the lack of genetic mirroring and the sense of secrecy often leave them feeling isolated and confused. Their emotions are compounded when society expects them to feel grateful and happy with their adoptive families. They state these expectations often invalidate their feelings and experiences.

4.3. Societal Perception and Adoption Narratives

The findings of this study challenge the traditional narrative of adoption as a win–win situation for all [first mother, adoptee, and adoptive parent(s)], as can still be seen in the Adoption.is (2026) advertisement. Similar to the expectation that adoptees should feel grateful, many first mothers and adoptees report that this win–win perspective on adoption invalidates their experiences and intensifying their pain. They call on society to listen to and validate their experiences, rather than accepting the romanticized portrayal of adoption.

4.4. Secrecy and Shame

As mentioned earlier, adoption has long been marred in secrecy. It starts with the first mother hiding her pregnancy, followed by some adoptive mothers pretending to be pregnant before bringing home their adoptive child and it continues with adoptees who do not share with others that they were adopted.

The study's findings highlight the negative effect of the secrecy surrounding adoption. Secrecy and shame were commonly discussed in the responses from both adoptees and first mothers. According to their feedback, there secrecy is rooted in shame, guilt, and a fear of judgment. Nearly 50% of first mothers reported that their sense of shame was the primary reason why they kept their experience a secret. Furthermore, both adoptees and first mothers stated that societal pressures and a lack of support amplified their feelings of shame and guilt, which creates a culture of silence and isolation. Therefore, to address the stigma associated with adoption, there needs to be greater openness and transparency in adoption practices, which in turn may help to reduce the stigma of adoption and facilitate healing.

4.5. Reunion Experiences

The narratives provided by both adoptees and first mothers highlight the need for better support and counseling during reunions. The PEAR results suggest that reunions can be both healing and challenging. While reunions can be healing and give individuals an opportunity to reconnect with their others, they can also often bring up unresolved trauma and a plethora of emotions. Participants emphasized the importance of addressing the emotional and psychological needs of all involved.

4.6. Need for Systemic Adoption Reform

Criticism of the adoption industry and calls for systemic reform are prominent in the responses from both adoptees and first mothers, as illustrated in the quote, "I feel the adoption industry preys on poor women and promises the world to childless couples while ignoring the trauma caused by adoption," or "I was 15. I wasn't old enough to take aspirin in school without a doctor's note. But I was old enough to sign adoption papers."

Many described the adoption industry as exploitative and profit-driven, which underscores the need for changes that would prioritize the well-being of adoptees and first mothers over the desires of adoptive parents.

Both adoptees and first mothers advocate for family preservation, more ethical adoption practices, and the end of closed adoptions, with some suggesting replacing adoption with a legal guardianship that would allow the child to keep their identity and connection to their first family.

5. Conclusions

5.1. Summary

The results of the PEAR survey indicate that adoption, at least within this sample, has a profound and lasting negative impact on both adoptees and first mothers. Additionally, adoptees experience trauma from being separated from their first mothers, regardless of the quality of their adoptive parents. The study's findings challenge the popular positive view of adoption by highlighting some serious mental health challenges faced by adopted individuals and first mothers. Additionally, the findings underscore the importance of addressing the complex emotions, trauma, and need for connection between adoptees and first mothers. Moreover, the study highlights the importance of listening to and validating the experiences of those most affected by adoption. It is time for society to have an informed conversation about the long-term effects of adoption.

5.2. Implications

While the results of this study must be considered within its limitations, the PEAR survey concluded that there is a long-term negative impact on individuals who are separated from their others due to adoption. The study's findings highlight the profound and lasting effects that adoption has on both adoptees and first mothers, challenging the traditionally positive societal narrative surrounding adoption.

The PEAR survey highlighted several significant areas of concern, including trauma and mental health, the adoptee's sense of belonging and identity, societal perceptions and adoption narratives, secrecy and stigma, the reunion experience, and a sense of the need for systemic adoption reform. It is essential to address the complex emotions, trauma, and need for connection among adoptees and first mothers.

Moreover, the study highlights the importance of listening to and validating the experiences of those most affected by adoption.

5.3. Limitations

While the PEAR survey provides insights into the long-term effects of adoption, it is important to acknowledge its limitations. Despite attempts to circulate the survey widely, the study's reach was limited. The reliance on Facebook and outreach to adoption-related organizations may have limited the pool of potential participants. Additionally, the survey was distributed online, which may have excluded individuals without reliable internet access or those who are less comfortable with technology, limiting the representativeness of the sample.

As with any research utilizing a survey, there are concerns about the sample that completes it. The study's sample was overwhelmingly white, female, and from the United States, raising questions about the generalizability of the results. Another significant concern is the self-selection and self-reporting nature of the participants. While there was an attempt to utilize recruitment strategies that were inclusive, ultimately, participation in the study was voluntary, which may have produced a non-representative sample. This self-selection has the potential of creating a biased sample. It is possible that individuals who have or have had strong negative feelings or experiences related to adoption were more motivated to participate in the survey than those who had positive experiences, potentially skewing the results.

Moreover, self-reported data is inherently subjective. Individuals may have unintentionally exaggerated or minimized their experiences, and their recollections of events can be influenced by the passage of time and their current emotional state. Consequently, the findings of the PEAR survey should be interpreted as reflecting the experiences of those who completed it, which may not reflect the experiences of all adoptees and first mothers. This limitation may impact the generalizability of the findings.

Another limitation of this study was the lack of interrater reliability of the open-ended questions. Since a single researcher conducted this study, there is significant concern regarding the interpretation of the data. To mitigate this threat, AI was used to assist in analyzing the qualitative data. Nonetheless, this lack of interrater reliability may affect the study's validity.

5.4. Future Research, and a Point to Ponder

5.4.1. Future Research

From the outset, there was an awareness of the limitations of the study's scope. This acknowledgment is evident in the initial naming of the PEAR survey, with the "P" standing for "preliminary."

While this study highlighted several substantial concerns, its findings are based on a small, self-selected sample of adoptees and first mothers. Therefore, future research is needed to collect data from a larger, more representative sample, potentially employing a controlled sampling framework to yield more generalizable results.

Throughout this project, other individuals affected by adoption (e.g., children of adoptees, siblings, and aunts) reached out to the researcher seeking to be included in the discussion. It was clear they wanted their voices to be heard. Therefore, there is a need to understand how adoption impacts the lives of all those who have been touched by adoption.

This study did not examine the effects of adoption over time. However, Sisson (2024) found that first mothers became increasingly dissatisfied with their adoption experience as time passed. Therefore, longitudinal research is needed to examine adoption outcomes across the life spans of those involved in adoption.

5.4.2. A Point to Ponder

The 2022 Nobel Prize in Physics was awarded to Alain Aspect, John F. Clauser, and Anton Zeilinger for their work on the reality of quantum entanglement. Quantum entanglement describes the relationship between two or more particles, where knowing something about one particle allows you to know something about the other. Schrödinger (of Schrödinger's Cat) coined the term "entanglement" to describe this relationship. Additionally, this relationship is dynamic. It allows you to predict the behavior of one particle based on the behavior of its entangled counterpart. Moreover, "an action taken on one of the particles can instantaneously ripple through the entangled (counterpart). . .predicting the other particles' behavior, even if they are far apart . . ..whether they are in the same room

. . . or in a galaxy on the opposite side of the universe." (Billing 2022). This instantaneous connection between the particles appears to violate a fundamental law of the universe. And even though Einstein was one of the first to discuss this concept, he referred to it as the "Spooky Action at a Distance."

NASA (2025) describes quantum entanglement as "One of the most far-out phenomena of quantum theory. . . that particles of the same origin, which were once connected, always stay connected. Even if they separate and move far apart in time and space, they continue to share something beyond a mere bond."

If quantum entanglement occurs within particles light-years away, could it be possible that a similar form of entanglement exists between the DNA connections of mother and child?

Funding: This research was funded by Winston-Salem State University grant number 211404 and the APC was funded by Winston-Salem State University.

Institutional Review Board Statement: The WSSU Institutional Review Board has rendered the decision below for A Preliminary Exploration into Adoption Reunions. Decision: Exempt—Limited IRB Approval: 5 December 2023. Study Administrative Check In Date: 4 December 2024. Selected Category: Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7). This submission has been reviewed by the IRB and was determined to be exempt according to the regulatory category cited above under 45 CFR 46.101(b).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The original contributions presented in this study are included in the article. Further inquiries can be directed to the corresponding author.

Conflicts of Interest: The authors declare no conflicts of interest.

References

Adoption.is. 2026. The Girl in the Middle. *YouTube*. Available online: https://www.youtube.com/watch?v=k2m6TcS3DxM (accessed on 12 February 2026).

American Foundation for Suicide Prevention. 2024. Suicide Statistics. May. Available online: https://afsp.org/suicide-statistics/ (accessed on 15 October 2024).

Bergen, Candice, Michael Saltzman, Rob Bragin, Bill Diamond, Marc Flanagan, Joel Shukovsky, Diane English, Eric Schotz, Korby Siamis, John Bowman, and et al. 1988–2018. *Murphy Brown* [TV Series]. Burbank: Warner Bros Television.

Billing, Lee. 2022. Explorers of Quantum Entanglement Win Nobel Prize in Physics. Available online: https://www.scientificamerican.com/article/explorers-of-quantum-entanglement-win-2022-nobel-prize-in-physics1/ (accessed on 17 November 2024).

Daiichi Sankyo. 2024. *ChatDSI (Azure OpenAI-Based Conversational AI Tool)* [Large language model]. *Internal enterprise system*.

Davis, Damon. 2019. *Who Am I Really?* St. Louis: Damon Davis Vocal and Visual, LLC.

Davis, Garth, dir. 2016. *Lion* [Film]. Sydney: Transmission Film, Entertainment Film Distributors.

DeAngelis, Tori. 2015. Who self-injures? *Monitor on Psychology* 46: 7–8.

Fessler, Ann. 2006. *The Girls Who Went Away: The Hidden History of Women Who Surrendered Children for Adoption in the Decades Before Roe v. Wade.*. London: Penguin Press.

Fogelman, Dan, Jess Rosenthal, Donald Todd, Ken Olin, Charlie Gogolak, John Requa, Glenn Ficarra, Isaac Aptaker, Elizabeth Berger, and Kay Oyegun. 2016–2022. *This is Us* [TV Series]. Los Angeles: 20th Century Fox Television.

Georgia Alliance for Adoptee Rights. 2026. Myths About Adoptees Obtaining Original Birth Certificates. Available online: https://gaallianceforadopteerights.org/myths/ (accessed on 12 February 2026).

Gluck, Will, dir. 2014. *Annie* [Film]. Culver City: Columbia Pictures.

Hancock, John Lee, dir. 2009. *The blind side.* [Film]. Burbank: Warner Bros Pictures.

HealthyPlace. 2008. Suicide Statistics for Completed Suicides and Attempted Suicides, HealthyPlace. December 12. Available online: https://www.healthyplace.com/depression/articles/suicide-statistics-for-completed-suicides-and-attempted-suicides (accessed on 10 April 2025).

Hjern, Anders, Frank Lindblad, and Bo Vinnerljung. 2002. Suicide, psychiatric illness, and social maladjustment in intercountry adoptees in Sweden: A cohort study. *Lancet* 360: 443–48. [CrossRef] [PubMed]

Hjern, Anders, Jesús Palacios, and Bo Vinnerljung. 2023. Early childhood adversity and non-affective psychosis: A study of refugees and international adoptees in Sweden. *Psychological Medicine* 53: 1914–23. [CrossRef] [PubMed]

Huston, John, dir. 1982. *Annie* [Film]. Culver City: Columbia Pictures.

Kenny, Kathleen. 2015. "I felt for a long time like everything beautiful in me had been taken out": Women's suffering, remembering, and survival following the loss of child custody. *International Journal of Drug Policy* 26: 1158–66. [CrossRef] [PubMed]

Keyes, Margaret A., Stephen M. Malone, Anu Sharma, William G. Iacono, and Matt McGue. 2013. Risk of suicide attempt in adopted and non-adopted offspring. *Pediatrics* 132: 639–46. [CrossRef] [PubMed]

Lawrence, Hannah R., Taylor A. Burke, Ana E. Sheehan, Brianna Pastro, Rachel Y. Levin, Rachel F. L. Walsh, Alexandra H. Bettis, and Richard T. Liu. 2021. Prevalence and correlates of suicidal ideation and suicide attempts in preadolescent children: A US population-based study. *Translational Psychiatry* 11: 489. [CrossRef] [PubMed]

Långström, Niklas, and R. Karl Hanson. 2006. High rate of sexual behavior in the general population: Correlates and predictors. *Arch Sex Behavior* 35: 37–52. [CrossRef] [PubMed]

Levitan, Steven, Christopher Lloyd, Jeffrey Morton, Paul Corrigan, Dan O'Shannon, Brad Walsh, Danny Zuker, Bill Wrubel, Jeffrey Richman, Abraham Higginbotham, and et al. 2009–2020. *Modern family* [TV Series]. Lloyd-Levitan (2009–12) Picador Productions (2012–20) Steven Levitan Productions (2012–20). Burbank: 20th Century Fox Television.

Lifton, Betty Jean. 1995. *Journey of the Adopted Self*. New York: Basic Books.

Lipitz, Amanda, dir. 2021. *Found* [Film]. Washington, DC: Netflix.

Madden, Elissa E., Scott Ryan, Donna M. Aguiniga, Michael Killian, and Brenda Romanchik. 2018. The Relationship Between Time and Birth Mother Satisfaction with Relinquishment. *Families in Society* 99: 170–83. [CrossRef]

Marble, Heidi, and Alysa Zalma. 2024. *Pulled by the Root.*. Virginia Beach: Koehler Books.

Maté, Gabor, and Daniel Maté. 2003. *When the Body Says No: The Cost of Hidden Stress*. Toronto: Knopf Canada.

NASA. 2025. What Is the Spooky Science of Quantum Entanglement? Available online: https://science.nasa.gov/what-is-the-spooky-science-of-quantum-entanglement/ (accessed on 12 February 2026).

Reitman, Jason, dir. 2007. *Juno* [Film]. Burbank: Fox Searchlight Pictures.

Rhimes, Shonda., James Parriott, Krista Vernoff, Mark Wilding, Joan Rater, Tony Phelan, William Harper, Stacy McKee, Meg Marinis, Aleksandra Bessonova, and et al. 2005–present. *Grey's Anatomy* [TV Series]. Los Angeles: Shondaland Lionsgate Television, 20th Television.

Sisson, Gretchen. 2024. *Relinquished: The Politics of Adoption and the Privilege of American Motherhood*. New York: St. Martin's Press.

US Centers for Disease Control and Prevention (CDC). 2024. *National Center for Health Statistics*. Available online: https://www.cdc.gov/nchs/fastats/life-expectancy.htm (accessed on 23 February 2026).

US Centers for Disease Control and Prevention (CDC). 2026. Suicide Prevention: Suicide Data and Statistics. Available online: https://www.cdc.gov/suicide/facts/data.html (accessed on 23 February 2026).

van der Kolk, Bessel. 2014. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Viking Press.

Verrier, Nancy. 1993. *The Primal Wound: Understanding the Adopted Child.*. Louisville: Gateway Press.

Wall-Wieller, Elizabeth, Leslie L. Roos, Marni Brownell, Nathan Nickel, Dan Chateau, and Deepa Singal. 2017. Suicide attempts and completions among mothers whose children were taken into care by Child Protection Services: A cohort study using linkable administrative data. *The Canadian Journal of Psychiatry* 63: 170–77. [CrossRef] [PubMed]

White, Ryan, dir. 2024. *Into the Fire: The Lost Daughter.* [Film]. Washington, DC: Netflix.

Wiley, Mary O'Leary, and Amanda L. Baden. 2005. Birth Parents in Adoption: Research, Practice, and Counseling Psychology. *The Counseling Psychologist* 33: 13–50. [CrossRef]

Wrobel, Gretchen Miller, Harold D. Grotevant, Diana R. Samek, and Lynn Von Korff. 2013. Adoptees' curiosity and information-seeking about birth parents in emerging adulthood: Context, motivation, and behavior: Context, motivation, and behavior. *International Journal of Behavioral Development* 37: 441–50. [CrossRef] [PubMed]

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.