

Chapter 12

Ensuring the Rights of Birthmothers to Place Their Children for Adoption

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Placing a child for adoption is one of the most shocking decisions a mother can make, and it can have numerous consequences for her physical and mental health, as well as for her future relationships. This chapter aims to discuss the placement of a child for adoption, from different perspectives, showing how this phenomenon has taken place in Brazil. There are countless studies on adoption that focus on the perspective of the adoptee and/or adopters (Baptista, Soares, & Henriques, 2013; Brodzinsky & Roberts, 2011; Costa & Kemmelmeier, 2013; Huber & Siqueira, 2010; Jones & Hackett, 2012; Logan, 2010; Macdonald & Mcsherry, 2011; Machado, Féres-Carneiro, & Magalhães, 2015; Mozzi & Nuernberg, 2016; Reinoso, Juffer, & Tieman, 2013; Sequeira & Stella, 2014). However, despite the significant scientific literature on the triad of adoption – the adoptee, the birth family, and the adoptive family – an aspect has been underrepresented: the birthmother (Brodzinsky & Smith, 2014; Carr, 2000; DeSimone, 1996; Janus, 1997; Kim & Davis, 2003; Sobol & Daly, 1992; Wiley & Baden, 2005).

The phenomenon placing a child for adoption, whether legally or illegally, is a complex issue and one that is permeated by individual, familial, financial, cultural, and physical and mental health factors. The aforementioned aspects, when understood in the light of the bioecological theory, make up the PPCT (Person, Process, Context, Time) model, which considers that the development takes place through processes of reciprocal interaction between the person and their context over time (Bronfenbrenner, 1979/1996; Bronfenbrenner & Morris, 1998). Therefore, individual aspects such as temperament, physical and mental health, age, marital status, occupation, and life experience of birthmothers who give their children up for adoption correspond to the Person component. The proximal processes are characterized

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by reciprocal and progressively more complex interactions that mothers, for example, may establish with the child's father, the nuclear and extended family, friends, health professionals, and guardianship counselors. The familial and financial aspects as well as the healthcare and social assistance network correspond to the microsystem (marked by face-to-face interactions) of the Context these mothers are inserted in. In addition, cultural aspects and beliefs are part of the Context, specifically the macrosystem. Finally, Time refers to changes and continuities that occur in the course of history in certain cultures.

This chapter focuses on the aspects of the Person, Time, and Context, as the legal placement of a child for adoption and the implementation of public policies in this area are related to both the personal and contextual aspects of the birthmothers who surrender their children and the historical aspects experienced by each culture and the conception of childhood and motherhood shared in it (Leão, Martins, Siqueira, & Santos, 2014; Roby & Matsumura, 2002). Historically, motherhood has been portrayed as a natural process. The woman constitutes her identity by becoming a mother, devoting herself to the raising of the children and family care. This social legacy refers to an obligation of women to occupy this role, which sometimes restricts the choice of motherhood and characterizes women as mothers, regardless of their life history (Barbosa & Rocha-Coutinho, 2012). Therefore, women who renounce motherhood and voluntarily surrender a child tend to be stigmatized and exposed to social judgment (Faraj, Machado, Campeol, & Siqueira, no prelo; Menezes & Dias, 2011; Motta, 2008; Siqueira, Santos, Leão, Faraj, Martins, & Campeol, 2015).

Considering the social changes regarding motherhood, it is fundamental to understand the trajectory of the phenomenon in its temporal aspects, as proposed by Bronfenbrenner (1979/1996). In the Middle Ages, the family was only considered a social institution, and the feeling of maternal love, in the sense of affection, seemed to be nonexistent. During this period, there was a relationship of submission of women and children to husband and father, respectively (Gradvohl, Osis, & Makuch, 2014). The necessary cares that a baby required to develop were not performed by mothers but by poor peasants or wet nurses. The babies were under the care of third parties until the age of eight, at which point they were considered mini adults, taking part in domestic activities and in the workforce (Ariès, 1981).

With the development of capitalism and the rise of the bourgeoisie in the twentieth century, children become the responsibility of the parents, influencing a process of differentiation of the social roles assigned to men, responsible for the sustenance of the house, and the woman as caretaker of the family (Scavone, 2001). Maternal care gained notoriety in the nineteenth and twentieth centuries when women were assigned the obligation to assume the role of caregiver and educator of their children, being responsible for the emotional development of the young (Ariès, 1981). This period consists of a social framework for women, for motherhood is valued and becomes specific to the mother, such as breastfeeding and caring for children in a loving relationship (Correia, 1998; Gradvohl, Osis, & Makuch, 2014). Furthermore, the health sciences began to legitimize the discourse that the mother should take care of her baby, attributing breastfeeding as an obligation and stating good mothers

should love their children unconditionally (Gradwohl, Osis, & Makuch, 2014). It was centuries of building a social image of women dedicated to motherhood and the natural and innate existence of the “mother love” (Badinter, 1985). In this sense, it is possible to see the influence of macrosystemic aspects over time, as the roots of these social conceptions can still be found today.

The conception of motherhood as something instinctual composed of innate maternal feelings common to all women was considered by Badinter (1985) as the myth of maternal love. For the author, maternal love is constructed, and this feeling can be expressed in various ways, including through surrendering the child for adoption. In the other hand, the historical analysis has showed there are continuous and discontinuous aspects regarding maternal aptitudes which evidence two antagonistic positions in which the predominant discourse has focused on the recognition of the woman fully engaged in motherhood (Barbosa & Rocha-Coutinho, 2012).

For society, women who place their children for adoption are seen as “women-monsters,” because the renunciation of being a mother is seen as unacceptable, regardless of the situation that justifies such an act (Barbosa, 2011). Although Brazilian legislation distinguishes placement and abandonment, these derogatory comments and laden with value judgments directed at women who surrender their child legally or illegally consist of a form of violence, though not explicit (Barbosa, 2011; Menezes, 2007; Motta, 2008). Therefore, the historical roots of the phenomenon are evidenced in macrosystemic terms and Time. In this sense, the abandonment of the helpless and violence are considered crimes by the Brazilian Penal Code (Brasil, 1940) and by the Statute of the Child and Adolescent (*Estatuto da Criança e do Adolescente, ECA*, Brasil, 1990), respectively, because they are situations that put a child’s life at risk, as they are unable to survive alone. On the other hand, the legal placement of a child for adoption refers to the voluntary act of the mother consenting to surrender custody and entrust the child to the care of others (Barbosa, 2011; Motta, 2008; Santos & Weber, 2005). This is an act foreseen by the Statute of the Child and Adolescent, a woman’s right, and it represents a mother’s desire to preserve the child’s life by envisaging the possibility of a better future for the child (Menezes, 2007). There is still direct placement, also called “Brazilian-style adoption,” which consists of registering a nonbiological child as your own. It is deemed illegal, because it does not go through legal procedures of adoption and may constitute a risk to the safety of the child (Menezes, 2007; Menezes & Dias, 2011; Villalta, 2011). In general, the social judgment present in the acts of legal and voluntary placement, illegal and direct placement or abandonment, as well as the naturalization and idealization of motherhood tends to make it difficult to understand the rupture of the bond between mother and child (Menezes & Dias, 2011; Villalta, 2011).

Scientific studies (predominantly international) refer to different contexts and countries and provide valuable data on the phenomenon (Brodzinsky & Smith, 2014; Faraj et al., no prelo; Freston & Freston, 1994; Janus, 1997; Leão et al., 2014; Mariano & Rossetti-Ferreira, 2008; Menezes & Dias, 2011; Motta, 2008; Najman, Morrison, Keeping, Andersen, & Williams, 1990; Santos & Weber, 2005; Souza & Casanova, 2012; Wiley & Baden, 2005). However, even in countries such as in the

United States, where this phenomenon has been scientifically discussed since the 1950s, the statistics do not represent it, because it is difficult to reach the birthmothers (Brodzinsky & Smith, 2014).

The reasons that lead to the decision to surrender a child for adoption can be numerous, portraying the complexity of the phenomenon and referring to macrosystemic elements present in each culture. In South Korea, Kim and Davis (2003) emphasize that one of the most vulnerable population groups is unmarried mothers, many of whom surrender their children for adoption because of the country's social structure and the lack of support from the child's father and her own family. In this country, a child that is not recognized by the father has their right to education hindered, because single motherhood is seen as unacceptable. Roby and Matsumura (2002), from a study conducted in the Marshall Islands with 73 birthmothers who surrendered their children for international adoption, stressed that the main reasons for this decision were the lack of financial resources and family and government support. As for the reasons reported by 264 North American women in the study by DeSimone (1996) were being single, having a precarious financial situation, being very young, and having emotional problems. However, recent studies show that the phenomenon is changing (Brodzinsky & Smith, 2014; Leão et al., 2014), as they are young adults and many of whom already have other children. The role of other family members is addressed, as in the study by Brodzinsky and Smith (2014), in which approximately 37% of the biological fathers and 58% of the maternal grandmothers of the 235 birthmothers interviewed supported the adoption process. These data corroborate the study by Chippendale-Bakker and Foster (1996), who found the influence of the maternal grandmother and conflicting relationship with the child's father among the predictors for surrendering.

Despite the lack of Brazilian studies on the subject, the existing ones have emphasized the factors that permeate the decision of women for the placement of a child. Among the reasons behind the renunciation of motherhood and surrendering a child for adoption are economic and housing troubles, unemployment (Freston & Freston, 1994; Leão et al., 2014), lack of support from the biological father, the family and the community (Mariano & Rosseti-Ferreira, 2008; Menezes & Dias, 2011), unplanned pregnancy, domestic violence, sexual abuse, and experiences of suffering, among others (Santos & Weber, 2005; Siqueira et al., 2015; Souza & Casanova, 2012). Some mothers realize that surrendering is the only alternative in their current circumstance (Motta, 2008; Santos & Weber, 2005). The lack of family support and the experience of abuse in their own childhood may contribute to their failure to develop an adequate model of motherhood, as a matter of transgenerationality (Menezes & Dias, 2011; Santos & Weber, 2005; Soejima & Weber, 2008). In Brazilian studies, the biological father is rarely mentioned, often unknown in legal proceedings and unaware or not involved in the placement process (Leão et al., 2014).

Literature is unanimous in stating that this experience has an intense impact on birthmothers and may lead to mental and physical health problems. There is evidence that even years after the event, the women suffer high levels of anxiety, self-esteem problems (Aloi, 2009; Brodzinsky & Smith, 2014; Condon, 1986;

Cushman, Kalmuss, & Namerow, 1993; Namerow, Kalmuss, & Cushman, 1997; Weinreb & Konstam, 1995), feelings of guilt, shame (Brodzinsky & Smith, 2014, Carr, 2000; DeSimone, 1996), isolation, difficulties to build future relationships (Wiley & Baden, 2005), even intrusive thoughts about the child, and flashbacks of the moment of the signing of the documents (Namerow, Kalmuss, & Cushman, 1997).

As for the experience of suffering, Cushman, Kalmuss, and Namerow (1993) found high levels of suffering in a period of 6 months after placement and the experience of negative feelings after many years, as well as difficulties in future relationships with both partner and subsequent child, suggesting that it causes profound disorders (Carr, 2000; Cushman, Kalmuss, & Namerow, 1993). The impact is greater when there is a perception that they have been coerced, either by the father of the child, the family, or the adoption agency staff (Carr, 2000; Cushman, Kalmuss, & Namerow, 1993; DeSimone, 1996; Roby & Matsumura, 2002).

Research also highlights the perceptions and feelings in the different forms of placement for adoption. Women who opted for open adoption (when the birthmother has access to the child by getting frequent updates) were more satisfied with the placement than those with less information and no contact with the adoptive family, and they presented better physical and mental health in the first year after the placement (Brodzinsky & Smith, 2014). On the other hand, the study by Lauderdale and Boyle (1994) reported that women who chose open adoption showed greater attachment to the child and more prenatal care but also greater suffering in the period after placing the child for adoption. In addition, many of these women have a desire to find the child again, idealizing the child benefitting from a good education and living conditions (Roby & Matsumura, 2002).

Faced with the question of whether or not to keep the child, the woman can seek guidance from the health professionals and the Council of Guardianship (Brasil, 2012; Leão et al., 2014; Siqueira et al., 2015). It is during pregnancy that health professionals should approach and invest in education and healthcare strategies that aim at the well-being of the woman and baby (Brasil, 2012). The work of these professionals is essential, because they may constitute a support figure for mothers, not only being limited to theoretical knowledge and technical procedures (Pozzo, Brusati, & Cetin, 2010; Souza & Gualda, 2016). However, these professionals are not always prepared to manage the intensity of feelings that the phenomenon causes (Janus, 1997; Sobol & Daly, 1992). In addition to technical care, health professionals need to allow the pregnant woman to expose her anxieties and concerns, since it is their duty to understand the multiple meanings of pregnancy for the woman and her family (Brasil, 2012). Similarly, their life history and the context of the pregnancy must be considered throughout the care. Thus, the role of these professionals in the follow-up of the women opting to place the child for adoption is essential. In this sense, the study by Leão, Silva, and Serrano (2012) points to the need to create spaces for communication and support for mothers who express desire to surrender, so that these women feel understood in their decision.

As regards the guidelines of Law no. 12,010, whose determinations were incorporated into the Statute of the Child and Adolescent (*ECA*, Brasil, 1990), legal sup-

port and psychological counseling are afforded to expectant women or mothers who express interest in placing the child for adoption, thus ensuring the child's right to be in a family (Brasil, 2009). The placement of a child for adoption has become a right of women and children. Furthermore, in addition to the regard with the rights of children and adolescents, attention to the women who choose to surrender their child is necessary. Thus, both mother and child are protected by legislation, given the complexity of this decision and the consequences that may arise in the development of the mother and the child. The follow-up can help women develop their feelings and understand that their choice was made in a safe manner and not as an act of desperation (Faraj, Martins, Santos, Arpini, & Siqueira, 2016).

The Council of Guardianship, which can be considered part of the mesosystem of women and children, is a defense body whose function is to ensure the rights of children and adolescents (Law no. 8,069, Brasil, 1990). It is responsible for ensuring the follow-up of these pregnant women, providing support and guidance. Once these prerogatives are put into practice, proximal processes may take shape, assuring the development of women and children is favored in a reciprocal, loving interaction where there is a balance of power (Bronfenbrenner, 1979/1996). If the woman does not receive the legal and psychological care this law foresees, she may keep the child, offering precarious emotional and physical care or even putting the child at risk by committing the crime of abandonment. Women who surrender their children should legally consent the adoption and sign the dismissal of family power/rights with the authorities (Brasil, 2009) by informing the Council of Guardianship or the maternity staff at delivery, who will call the Council of Guardianship. Once put into motion, the Council of Guardianship should ensure that the baby has appropriate protective measures.

Therefore, the procedure of child placement causes highly complex intra- and extrapsychic elements and involves different legal and support instances (Menezes & Dias, 2011). It is necessary to discuss the phenomenon in question in the Brazilian context, because this knowledge can help professionals involved in these situations. Furthermore, it is essential that a space for communication and guidance be provided for these women, as well as the implementation of public policies that ensure dignity, legal assistance, and emotional support (Leão, Silva, & Serrano, 2012).

Considering the Brazilian scenario, the importance of attending to the issue of ensuring the rights of women who surrender their children for adoption is evident. Although studies are being carried out in Brazil, they are incipient and reflect individual specificities by presenting predominantly qualitative design (Freston & Freston, 1994; Leão et al., 2014; Menezes & Dias, 2011; Santos & Weber, 2005), and quantitative studies such as the one by Mariano and Rossetti-Ferreira (2008), which analyzed 110 adoption proceedings, are rare. In order to move forward, we need to continue to study this phenomenon. In addition, research focused on the work of health professionals and the rights assurance system is scarce, even in international studies, which focus predominantly on birthmothers. There have been no national or international studies that have gathered sources with significant singularity on the subject of the placement of a child for adoption. Therefore, the

triangulation achieved by conducting three different studies is significant and innovative, and the studies are complementary to one another.

Dedication to producing knowledge on adoption and the process of renunciation of motherhood is to provide relevant information not only for psychology but also for human rights. Many children have remained with their birth families, because the families do not fully comprehend the possibility of placement or even for fearing social judgment. Discussing through scientific evidence how women have been informed and supported in their decision to renounce motherhood, based on the bioecological theory of human development (BTHD) (Bronfenbrenner, 1979/1996), represents an innovative aspect for the area, as it may lead to the reflection and the implementation of strategies to ensure the rights of children and women from a unique theoretical approach. Therefore, this chapter aims to provide a comprehensive overview on the phenomenon that is the placement of a child for adoption, based on the integration of three studies that examined how placement has been managed from the perspective of health professionals, guardianship counselors, and birthmothers. More specifically, the first study, which analyzes the perception of the health professionals on legal placement, refers to the understanding of the phenomenon as regards the macrosystem, which is regarded as the set of values, social conceptions, and concepts related to this decision. The second study, which focuses on how the placement is managed by the guardianship counselors, relates to the functioning of the mesosystem as the Council of Guardianship intermediates contact with other microsystems of the woman who places the child for adoption. Finally, the last study gives voice to the women who surrendered a child for adoption and is based on the birthmothers' perceptions of how the placement was managed by the health professionals, the counselors, and the rights assurance system, as well as their feelings and reasons for the placement. The study presents data on the birthmothers' microsystems of interaction, as well as their experiences and personal characteristics, which refer to the Person component of the bioecological model. The Time and Process components are inherent in each analysis, because the development takes place through proximal processes occurring over a period of time.

The Research Context

Three qualitative and exploratory studies were conducted. The purpose of study 1 was to understand the perception of health professionals on the phenomenon that is the placement of child for adoption by women who expressed their decision while under care in the maternity unit and how these professionals managed the process. We interviewed seven health professionals (three nursing assistants, three nurses, a gynecologist, and an obstetrician), who were employees of two public hospitals in a city of the state of Rio Grande do Sul (RS). As inclusion criteria, we considered nursing assistants, nurses, and doctors of public hospitals. The only exclusion criterion was the health professionals having any adopted children, as the research team evaluated this aspect would influence their perception on the mother surrendering

the child for adoption. All the participants were women, the time of professional experience ranged from 2 to 23 years, and time working in the maternity unit ranged from 5 months to 23 years. Semi-structured interviews were conducted with participants. The macrosystem as a component of the ecological environment described by Bronfenbrenner (1979/1996, 2004) was the focus of the interview. The macrosystemic aspects present in the responses were investigated, and an attempt was made to understand how the cases of birthmothers who decided to place the child for adoption were conducted. The awareness of the health professionals regarding the laws that protect pregnant women and their children was also investigated.

Study 2 aimed to examine the perceptions of the guardianship counselors on the placement for adoption and how these professionals conducted such cases. Seven guardianship counselors of a city in RS participated in the study. The inclusion criteria were having at least 6 months experience in the Council of Guardianship and having followed-up birthmothers who had decided to place their child for adoption. For data collection, we conducted semi-structured interviews with the following guiding principles: perception on the subject and on the women who place their child for adoption, as well as on the procedures of Council of Guardianship in such cases.

Finally, the third study was conducted with three birthmothers who had placed their newborn child for adoption. The inclusion criteria were having surrendered at least one child for adoption and it having taken place at least 6 months prior to the study. The search period for participants lasted 2 years, during which many professionals were contacted (Child and Youth Court personnel, guardianship counselors, community agents, public hospitals). The women were appointed by the Council of Guardianship. A semi-structured interview script was used, and in addition to the biosociodemographic aspects, it included topics related to the pregnancy, the decision to surrender, the underlying feelings and consequences, and the support network, among other issues. Data from the three studies were analyzed using the content analysis method proposed by Bardin (2011). Codes were used for the systematization of the data, and the participants are mentioned by means of the abbreviations P1 to P17. All ethical principles were respected, as approved by the Human Research Ethics Committee, via *Plataforma Brasil* (protocol no. CAAE 20284913.2.0000.5346). Participants signed the voluntary and informed consent form after reading and clarification. The identity of the participants and the confidentiality of information were preserved in accordance with Resolution 510/16 of the National Health Council ([Conselho Nacional de Saúde](#)).

Study 1 “How can a mother give up her child like this...”: The perception of health professionals

This study focused on the health professionals of the maternal-child sector of a public hospital in RS, who were responsible for the care and assistance of pregnant women. The results show both the values and social conceptions of these professionals, which correspond to the macrosystemic aspects, as well as the management of the situations involving the placement of a child in the maternity unit, often permeated by proximal processes. Although the qualitative methodological approach

is not innovative, the proposal to focus on the hospital microsystem, the analysis grounded in assumptions of the BTHD, and the discussion guided by human rights are innovative aspects of the study. In addition, the results demonstrate the impact of receiving the news of the placement for adoption on the health professionals and on their work.

From the interviews with the health professionals, we found there was no consensus among the participants about the meaning of the placement of the child for adoption. In this sense, the phenomenon seems to be understood by the professionals from two points of view. The first viewpoint sees the placement as synonymous with abandonment and an act that does not involve love and care, both of which are necessary for the survival of the child. Moreover, these participants did not demonstrate awareness about the difference between surrender and abandonment, assigning negative and derogatory aspects to both acts. This perception about the act of placement can be perceived in the account, “she abandoned (the child), she left that child there (at the hospital)” (P1, nurse). The abandonment of the helpless is a crime under the Brazilian Penal Code (1940), leaving the baby exposed to risks. Legal placement for adoption is foreseen in legislation since 2009 (Brasil, 2009), and there is care and protection as the adoption will be conducted by the Justice System (Barbosa, 2011; Menezes & Dias, 2011; Motta, 2008). Although with differing meanings, the act of legal placement was perceived negatively, which contributes to the maintenance of beliefs, social perceptions, and stigmas still present in the macrosystem of many health professionals.

The other viewpoint sees the phenomenon of placement for adoption as an act of care and concern for the survival and well-being of the child. The respondents believe adoption represents the chance of a better future for the child, as is evident in the response of P4 “if you are giving up for adoption, in a conscious act, for having no financial means to care for the child, for (the child) not having a father, you’re thinking about the well-being of the child” (P4, doctor). In this sense, the study by Leão et al. (2014), carried out with legal proceedings of adoption, also found a favorable interpretation of the mothers who voluntarily placed their child for adoption, being understood as an act of love.

However, according to the perception of the health professionals, most of the women who decided to give up their child legally for adoption were young, had more than one child, were in disadvantaged socioeconomic conditions, and had not undergone adequate prenatal care. This can be seen in these accounts: “(these women) are young, sometimes in a socio-cultural, economic context that causes them to surrender (their child)” (P1, nurse); “I think most (cases) are really because of their financial situation, of having no means of keeping (the child), you know, financial means or family structure, you know...” (P2, nurse). This profile is in line with international studies that indicate that being young and having unfavorable financial conditions are characteristics found in women who place their child for adoption (Aloi, 2009; Brodzinsky & Smith, 2014; Wiley & Baden, 2005).

The health professionals associated the decision for placement with the lack of economic and emotional conditions and support from the family and the child’s father. The reasons mentioned by the respondents were no different from those

revealed in studies on the subject, which indicate socioeconomic conditions, absence or lack of an effective family support network, a conflicting relationship between the birthmother and her own mother, unplanned pregnancy (Aloi, 2009; Condon, 1986; Freston & Freston, 1994; Leão, Silva, & Serrano, 2012; Menezes & Dias, 2011; Motta, 2008; Najman et al., 1990; Soejima & Weber, 2008; Souza & Casanova, 2012), and mental illness, especially depressive and psychosomatic symptoms (Condon, 1986).

Regarding the work of the health professionals interviewed in this study, we found there was the attempt to make women reevaluate their decision, although they noted the importance of respecting the mothers' decision and offering them support, "we try to talk (about it), try to approach (them), you know, make a connection, but some (women) are adamant, they do not want (the child) and that's it" (P3, nursing assistant); "we try everything to change their mind, you know. We do everything, you know, to convince the mother to the contrary" (P7, nursing assistant). The reports show that in the day to day, the professionals' personal beliefs are implicated, especially beliefs about the impossibility of renouncing motherhood, and that all women should care, love, and keep their children. These beliefs led health professionals to try to change the patient's decision. It should be noted that this attempt to persuade mothers is in disagreement with legislation and is a violation of the rights of women and children (Brasil, 2009). Furthermore, it is known that communication and guidance before a placement is necessary, but health professionals should be impartial in order not to interfere with the mother's decision and to attempt to promote the mother's interest for the baby (Diniz, 1994).

In addition to the attempt to reverse the decision of placement, the lack of technical preparation and theoretical basis for dealing with such cases was identified. The following account illustrates this: "I remember how very difficult it was, because she was (at the hospital) for two days, she even breastfed. We didn't know what to do, take the baby away, place the baby in the nursery, what do we do and then she wanted to surrender the baby, place the baby..." (P5, nurse). On the other hand, the participants stated having communicated social services and psychology sectors when faced with a placement situation. Therefore, these professionals prompted the defense bodies, the Council of Guardianship and the Child and Youth Court. Communication to the competent bodies in the case of mothers or pregnant women who decide to place their children for adoption is foreseen in Law no. 12,010/09 (Brasil, 2009), which also established a fine to the doctor, nurse, or manager of a healthcare establishment who do not make the referral to the legal authority, in the cases in which they were aware of (Brasil, 2009).

Study 2 "She suffers greatly with it": The perceptions of the guardianship counselors

This study focused on the guardianship counselors, the professionals responsible for ensuring the rights of children and adolescents in Brazil. Their conceptions on the phenomenon represent the macrosystemic aspects integrated over Time but also the concepts and actions resulting from proximal processes that take place in the professional day to day (in face-to-face interaction and the emotional exchanges)

and in their own professional development (research, reflective supervision, and training). Studies on the role of guardianship counselors in the field of adoption are limited, and those focused on the management of the birthmothers prior to placement, at placement, and after the adoption are scarce in the Brazilian context, thus constituting the innovation of this study.

The predominant understanding of the guardianship counselors on the placement of a child for adoption appears to be associated with an act of love, aimed at the well-being of the child and the chance of a better future. However, some participants pointed out that society still condemned the women who placed their child for adoption, because there was prejudice, lack of information, and knowledge regarding the placement, as if it were something unacceptable and not a right foreseen by legislation, demonstrating macrosystemic aspects of the phenomenon. This understanding corroborates Brazilian literature, which shows that many women who renounce motherhood tend to be discriminated against and judged socially as “women-monsters,” as the renunciation of motherhood is considered inadmissible, regardless of the reasons for the decision (Barbosa, 2011; Leão et al., 2014; Menezes & Dias, 2011). On the other hand, international studies do not present this perspective (Bachrach, Stolly, & London, 1992; Janus, 1997; Roby & Matsumura, 2002; Willey & Baden, 2005), which suggests advancements in some countries regarding the mother’s right not to keep the child.

The guardianship counselors believe the reasons that lead women to surrender their child are sexual violence, unwanted pregnancies, disadvantaged socioeconomic status, and lack of support from the family and the child’s father. In the view of respondents, the women who give their child up for adoption are suffering and are not prepared to make the decision. According to an account of a guardianship counselor, “however, emotionally, no woman, no mother is prepared for it. She suffers greatly with it. I understand it’s a cliché, they are leaving a piece of themselves behind. But I think that this is exactly what a mother feels, what a woman feels” (P8, guardianship counselor). Considering the bioecological perspective, specifically the Person component, it is clear that women are in a fragile state when placing the child for adoption. Still, this aspect is closely related to the personal characteristics of the woman such as age, social status, marital status, occupation, and life experience as reported by Bronfenbrenner (1979/1996). As for the context, it is also possible to verify that microsystems are fragile. Women do not have a solid support network that can provide safeguard and support at the moment of making a decision. International studies also found that birthmothers suffer in the face of the decision, which is often experienced in silence, as they are not accepted by society nor by public policies (Aloi, 2009; Cushman et al., 1993; Najman et al., 1990; Namerow, Kalmuss, & Cushman, 1997; Villeneuve-Gokalp & Jacob, 2011; Willey & Baden 2005).

The respondents pointed out that cases of mothers who decide to place their child for adoption make it to the Council of Guardianship most often through the hospital referral and also by a complaint made by the community or spontaneously by the mother. When faced with a placement situation, the procedure of the guardianship counselors was to listen to the mother, analyze the decision, and investigate the

woman's extended family and socioeconomic context. After hearing about the mother's life story and the reasons involved in the decision, the guardianship counselors stated that they guide the birthmothers about the legal procedures in order to enable them to reflect on the act of placing their child for adoption. This is evident in this account: "we ask her if she's sure she wants to place the child for adoption. Are you aware that it is an irrevocable act, there's no turning back, it's forever, the child will no longer be yours, (and) that you may not meet the couple who will adopt the child?" (P8, guardianship counselor). "We are going to have to ask a few questions, explain the procedures, you know, that although this mother has this baby, she must first have a birth certificate" (P10, guardianship counselor). If the decision is maintained by the mother and her family has no means and/or desire to keep the child, the guardianship counselors stressed that they communicate the situation to the Child and Youth Court. The counselors also reported that they accompanied the mother to register the birth of the child and to the court hearing, which is the moment when the mother has to verbalize her decision before a judge and is therefore deprived of custody. These aspects can be viewed as follows: "so the mother registers the child and at the same time she files a request in Child Court, this child is destitute and goes to adoption" (P14, guardianship counselor). In this sense, it seems that the counselors are aware of and fulfill their duties in their day to day. However, the search for information about the extended family represents an interpretation of the Brazilian law that advocates living/coexisting in the family and community of the birth family before living with a foster family (Brazil, 1990). On the other hand, seeking the extended family may disconcert the mother who has decided for the placement and has already evaluated this option. According to Law no. 12,010/09, a mother's decision is sufficient for the relinquishment, because Brazilian law does not mention the child's biological father.

At the moment of the placement of the child, the counselors suggest the care services of the city, such as social assistance of low and medium complexity. In these institutions, there are social workers and psychologists who can look after the birthmothers, as they presented suffering as regards to the placement. However, they stated that women did not adhere to referrals, "they do not accept psychological treatment. So after we do all the legal procedures, referrals, everything related to the adoption, they do not want to be taken care of and there's no way to make them, you know" (P9, guardian counselor). It can be understood that the counselors' actions are promoting proximal processes, as they provided support to the mothers, especially when these women are feeling so much helplessness. Although the counselors were alert to the mental health of these mothers and made the referral to psychological care, as is foreseen by the law, there was no adherence of the birthmothers to the services offered, reinforcing a situation of isolation and suffering, as seen in other studies (Brodzinsky & Smith, 2014; Menezes & Dias, 2011).

After placement, the mothers did not receive any follow-up from the Council of Guardianship. In the view of guardianship counselors, women no longer wish to speak on the subject, for the placement is an intense and traumatic decision. It is a woman's right not to want to be followed up by the protection body and not to accept psychological treatment: "the moment she places the child for adoption, she

says ‘I do not want to come here anymore’ and that right has to be respected, you know?’” (P11, guardianship counselor). Therefore, the guardianship counselor is willing to act and prioritizes their duties as recommended in the Statute of Child and Adolescent (ECA – Brasil, 1990).

If, on the one hand, the guardianship counselors have demonstrated that they act according to the procedures established in Brazilian law, on the other, they stated that society is not aware of the rights of the child and the woman who decides to place the child for adoption, including the women themselves. This finding was verified based on the complaints received by the community, informing in a negative and derogatory tone that there is a woman wanting to “give away” a child, as well due to the fact that the birthmothers did not accept social and psychological care, as if they wanted to forget their decision. The macrosystemic aspects of the phenomenon are present in the social conceptions of the women themselves, who feel guilty and seek isolation and anonymity. Studies reinforce the need to give more attention to these women, as the placement of a child for adoption impacts the physical and psychological health of a woman (Aloi, 2009; Menezes & Dias, 2011; Wiley & Baden, 2005).

Study 3 “I did it out of love”: The perspective of the birthmothers

The aim of this study was to give voice to women who placed at least one child for adoption, legally or illegally. Therefore, we focus on aspects of the components of Person, Context, Process, and Time of the bioecological model. In the Person component, we will examine the characteristics of the woman, her feelings about the placement, and the reasons that lead to her decision. In Context, we will focus on the woman’s microsystems, especially her family, health institutions, and social assistance. The Proximal processes are inherent in each established relationship and in the exchanges made by the woman with the people in the different microsystems. Finally, Time refers to the continuities and discontinuities of relationships, feelings, and unique experiences.

The three birthmothers were middle-aged women (39-, 40-, and 46-year-olds). Two of the women were single, and one was in a stable relationship. They had four, four, and nine children, respectively, of whom two children, one child, and four children were placed for adoption. With regard to their occupation, two were cleaners, and the other was self-employed. Two of them legally placed their children for adoption through the Justice System, and the other birthmother placed her children with known people, also known as “Brazilian-style adoption.” The placements had taken place 1, 17, and 13 years previous to the study, respectively, so they are considered past experiences. The main reason for the placement was the lack of financial resources and a family support network, information that corroborates Brazilian studies, and those from other less developed countries (Kim & Davis, 2003; Leão et al., 2014; Menezes & Dias, 2011; Roby & Matsumura, 2002; Santos & Weber, 2005). Their decision to place for adoption implied the desire to protect and provide the child with a better life: “for her (the child) to have a better life, you know” (P17, birthmother); “I’m going to place (the child) for adoption so she will have a loving family to take care for her” (P15, birthmother). In this sense, the placement was

identified by the participants as an act of love and courage: “I wasn’t sure about what I was doing, because it’s one thing for you to say ‘how brave am I’ and keep another child to make things harder and to suffer with you. It’s another thing for you to have the courage and say ‘I’ll look for someone else because I have no means (of raising a child)’” (P16, birthmother). These data corroborate the studies on the subject, which indicated the presence of affectionate bonds and maternal love, because there is a concern to protect the child’s life by allowing them to be in the care of another person or family (Freston & Freston, 1994; Motta, 2008), and when there is evidence of emotional attachment, suffering from the experience tends to be stronger, intense, and perennial (Castle, 2010; DeSimone, 1996; Lauderdale & Boule, 1994).

According to the birthmothers, the decision to place the newborn child for adoption took place during pregnancy. All the participants reported that their decision was the result of an unplanned pregnancy. However, we observed that the birthmothers were concerned with the child during pregnancy, because they all got prenatal care, attending medical consultations and carrying out the necessary tests. The birthmother who placed four of her nine children said she had frequent information of three of them but had no more updates of the child who was adopted by a family that left town soon after the placement. According to the birthmother, she chose families that she understood would care for her children and that if she had to place them with someone unknown (legal placement), she would not have placed any of her children. This type of placement is a crime in Brazil, but the story of this mother is known to the authorities, and she has never been criminalized. Although it is common in communities with financial struggles and it is a way for the mother to play an active role in choosing her child’s caregivers (Fonseca, 2006; Landrine & Klonoff, 1996, Lauderdale & Boule, 1994; Villalta, 2011), direct illegal placement may endanger the well-being of the child, as they take place without the follow-up of the Justice System.

The birthmothers reported the presence of psychological factors involved in the renunciation of motherhood, such as feelings of guilt and inability to care for and provide the child with a proper environment for their development, as observed in this account: “I felt guilty knowing that I did not have the means and I didn’t have persistence, you know, the determination and responsibility of caring for (the child)” (P16, birthmother). It can be understood that this perception of inability is present in the mother as a Person, resulting from unhealthy relationships and personal weaknesses and from their main microsystems of interaction, which did not allow the occurrence of proximal processes. The feeling of helplessness, fear, and inability to care for the child was pointed out in the study by Menezes and Dias (2011) on birthmothers who place their child for adoption in Brazil.

Only one birthmother had a stable companion, and the decision of the placement was shared with the child’s father. The other mothers had reported the pregnancy to the child’s father, but they were not consulted regarding the decision to place the child for adoption. This data is consistent with the literature, which pointed out that in the legal proceedings of the placement of a child for adoption, there was no information about the child’s father, nor was he heard, emphasizing that the fathers were

excluded from the decision of the placement, even if they were able to care for the child, as the law foresees (Leão et al., 2014).

As for the analysis of the Context component, we found that the birthmothers did not have a strong family network, as this microsystem was not called upon to provide support. With regard to hospital care, the lack of qualified support and the attempt by health professionals to reverse the decision were mentioned by the birthmothers. According to one of the mothers, “they would say, you know, ‘Oh what a pity, she’s cute, she’s a princess and really healthy, why are you going to do this? If it’s because of a layette set or anything else, we can get it for you.’ One of them almost made me change my mind, and they really got it for me, when I left, they gave me a big layette set, I got diapers, a lot of little things, bottles, a bag full” (P15, birthmother). This way of conducting the placement process is not in line with the law, as it constrains the mother and limits her rights. Theoretically, it is understood that this action does not support nor promote proximal processes capable of mitigating the suffering present in this decision.

Mothers stated that they were questioned, exposed, and discriminated by the health professionals, causing them to experience more suffering and negative feelings, as in this account: “a lot of prejudice, prejudice and intent on punishing me with any possible words and attitudes” (P16, birthmother). The work of the health professionals was based on judgments of moral value on the act of placement, conceptions linked to the macrosystem.

As for the work of the Council of Guardianship, the birthmothers reported that the counselors directed them at all times, guiding them in the necessary moments. This can be seen in this response: “(they) guided me, guided me as to how it was going to be at the hospital. If I didn’t want to see the baby, I wouldn’t have to. But I preferred to see it (the baby), I chose to breastfeed...” (P15, birthmother); “they guided me and referred me to whatever was needed. They did everything in their power” (P16, birthmother). In the perception of the mothers, the counselors understood their decision as regards the placement and conducted the follow-up in a sensible manner, making themselves available to talk and to make necessary referrals, including psychological care. According to the mothers, these professionals were a source of support and an essential microsystem.

In the court hearing, the birthmothers reported objectivity and excessive emotionlessness by the legal body, feeling no support. According to them, the judge did not consider the issues involved in the decision and was concerned about carrying out the necessary procedures for the adoption of the child. In the following account, this aspect can be seen: “the judge asked me about my mother, my family and I said ‘they can’t even support themselves’. And I think the judge had already dealt with a very (similar) situation, I don’t know, he didn’t ask me much more. And impatiently he said, ‘OK then, so if this is it, that’s it’” (P16, birthmother). Furthermore, although foreseen in Law no. 12,010/2009, the Child and Youth Court did not offer any psychological and social assistance to these women (Brasil, 2009). Therefore, it seems that in this microsystem there was also no promotion of proximal processes that help them overcome their decision or at least minimize its negative impact.

Implications for Research and Practice

Scientific development can promote the well-being of individuals and qualitative changes in society. Promoting research on adoption, especially on the perspective of the professionals and the birthmothers placing their child for adoption, is to look at individuals in a situation of personal and social vulnerability and believing in the possibility of improvement. The three studies carried out in the Brazilian context present relevant data on the phenomenon of child placement, such as the intense presence of idealized conceptions of motherhood and maternal love evident in the work of the health professionals of public hospitals and in society as a whole. The data seem to indicate that the placement of a child can be interpreted as an act of love or as a crime, depending on shared social conceptions. In this case, it seems that the health professionals interviewed in this study see no difference between how a child is placed, safely and under protection or abandoned in a life-threatening manner. Attempting to reverse the mother's decision and offering to provide a layette set seem to be actions that violate women's rights and are not legally admissible. Such conduct seems to show that these health professionals were not technically and theoretically prepared to intervene in these cases. The interactions and experiences in this microsystem were not able to promote proximal processes. On the contrary, they caused more suffering and anguish to the birthmothers.

The guardianship counselors seemed to conduct the cases that were brought to the Council of Guardianship adequately, providing support to the birthmothers. However, seeking the extended family may be considered a disregard to the mother's decision and assessment that it is better to place the child for adoption. However, after the birth of the child and signing the consent to relinquish parental rights, in some cases the birthmothers did not accept social and psychological care and, consequently, were no longer followed-up by the counselor, becoming isolated and anonymous. The study with the birthmothers corroborates many of the findings of studies 1 and 2, especially regarding the work of the health professionals and guardianship counselors, the experience of suffering caused by child placement and social stigma, and the guilt and feeling of inability. Therefore, this shows that this study presented a comprehensive overview of the phenomenon as it set out to do.

Although the Law no. 12,010/2009 (Brasil, 2009) represents a legal instrument for the promotion and protection of the rights of mothers, children, and adolescents from which many changes were implemented, major advancements are still needed for the realization of these rights. Among them, we highlight the services and the work provided by health professionals in hospitals. It is understood that for the adoption process to occur in a healthy way, it is necessary to guarantee these birthmothers ethical care and their rights as citizens. Psychological counseling services also need to be able to accommodate birthmothers in order for them to feel safe and minimize the guilt and negative feelings arising from the decision for the placement, as well as the experience of personal and social vulnerability. Training should be conducted in public hospitals in order to improve the work of the health

professionals, and there should be campaigns on legal adoption aimed at the population supported by the Child and Youth Court.

Scientific development in this area should also be promoted. There is no data on the rate of voluntary placement in Brazil or on the physical and mental health of the birthmothers after the placement process. Studies that consider the perspective of the various professionals involved in the placement process and the children who were given up for adoption must be conducted so that the phenomenon is discussed and old concepts may be reviewed and modified. Therefore, we highlight the innovative nature of conducting three qualitative, integrated, and complementary studies, each of which has their specificity and complexity. Likewise, the understanding of the phenomenon from the perspective of the bioecological theory allowed for a more comprehensive understanding of the factors that act in the violation of women's rights. Also, integrating three distinct spheres of informants (health professionals, guardianship counselors, and birthmothers) had not been done, enabling a broader view of the phenomenon. Among the limitations of this study is that it refers to a specific context. Therefore, as we are dealing with a service and professionals with different roles and training backgrounds, the results may not be extended to other realities. However, it is possible to understand the Brazilian context in depth and propose strategies to assist mothers and improve services. In addition, only semi-structured interviews were used, and it is important to highlight the relevance of using other instruments in order to understand the phenomenon.

The complementary nature of the studies provides support for practice. It is necessary to introduce a specialized service that provides guidance and care for pregnant women, a place free of prejudice and judgment, where they can talk about adoption and feel supported, thus helping them avoid the situation of anonymity and isolation in which they put themselves in. Only with a full scientific development of the phenomenon and with professionals trained about the rights of the mother and child can the social outlook be changed and the violations of rights minimized.

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