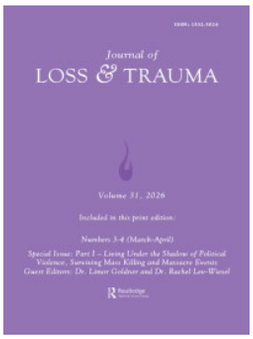

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Ambiguous Loss and Disenfranchized Grief in Adoption Breakdown: Perspectives of Adopters

Nicola Platt[a,b], Eleanor Vowles[a], Elizabeth Wrench[a] and Laura L. Machin[a,c]

[a]Lancaster Medical School, Lancaster University, Lancaster, UK; [b]Policy Forum, University of Lancashire, Preston, UK; [c]Faculty of Medicine, Imperial College London, London, UK

ABSTRACT

Adoption breakdown occurs when a child leaves the adoptive family home prematurely. Although only a minority of adoption placements end prematurely, breakdown has a profound impact on all involved and a period of grieving often follows the loss of a child from the family home. For adopters, loss and grief may be prolonged and complicated by the stigma surrounding breakdown, commonly interpreted as parental failure. Such perceptions can lead to feelings of isolation and shame, often intensified by professional scrutiny, blame, or involvement in child protection investigations. This qualitative study explored adoption breakdown from the perspective of adopters, examining the nature of loss and grief associated with breakdown, its psychological impact, and adopters' attempts to make sense of and reconstruct meaning following the experience. Nine online focus groups were conducted with 34 adopters who had experienced adoption breakdown in the UK system. Findings highlight the complex and psychologically significant nature of adopters' loss and grief, which was exacerbated by the silence and taboo surrounding adoption breakdown. Adoptive parents described experiencing anticipatory loss prior to formal placement breakdown, characterized by a sense of psychological absence despite the child's continued physical presence in the home. Participants also grieved the loss of the happy family life they had imagined. The study further illustrates how adopters sought to understand the breakdown and reconstruct meaning through processes of sense-making, benefit-finding, and identity change as they adapted to new forms of parenting post-breakdown. Finally, the paper discusses implications for policy and practice.

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Adoption breakdown; adoption disruption; ambiguous loss; disenfranchized grief; meaning-making models of grief

Introduction

Although adoption is intended to provide stability and permanence for children who cannot remain with their birth families, a minority of

CONTACT Laura L. Machin L.machin@lancaster.ac.uk Lancaster Medical School, Health Innovation Campus, Lancaster University, LA1 4YW Lancaster, UK.

placements end prematurely. Adopters' experience of loss following adoption breakdown is complex and multifaceted, often encompassing emotional, relational, and identity-related dimensions, extending beyond the loss of the parent–child relationship to include disruptions to anticipated family life, parental roles, and future expectations (Bejenaru et al., 2024; Parker et al., 2024; Selwyn et al., 2014). Despite the potential impact of these experiences, research has largely focused on the causes and predictors of placement instability, with comparatively little attention given to how adopters experience and make sense of the loss itself. Greater understanding of adopters' experiences of grief and loss following adoption breakdown is therefore needed.

Adoption breakdown and disruption represent critical challenges in the adoptive family lifecycle, often resulting in the premature separation of children from their adoptive family homes (Paniagua et al., 2019; Parker et al., 2024). Adoption disruption typically refers to the breakdown of placements prior to finalization of the legal adoption order (Child Welfare Information Gateway, 2012; Lyttle et al., 2021), while adoption breakdown encompasses any permanent parent-child separation in adoptive families, including post-order dissolutions where the child leaves the home under 18 years old (Palacios et al., 2019). This distinction is important to note as terminology varies across countries and studies, complicating comparisons. In the United Kingdom, Adoption UK (2025), an advocacy charity supporting adopted people and families nationwide, uses the term "child leaving the family home prematurely" to describe the situation when a child leaves their adoptive or permanent home earlier than would normally be expected in family life, that is before adulthood or independence, because the placement has become unsustainable. Despite differences in terminology, these terms all describe the experience of children and parents facing the premature loss of the adoptive placement, in which the intended permanence of adoption is not sustained, and the adoptive placement ends earlier than expected (Palacios et al., 2019).

Just as terminology varies, reported rates of adoption breakdown and disruption vary too, due to methodological differences, data collection inconsistencies, and differing national policies (Palacios et al. (2019) provide a useful analysis of the range of terminological and methodological challenges in determining incidences of breakdown). Official data on adoption breakdowns are not routinely collected in England and estimated incidence rates vary accordingly. However, according to Adoption UK's (2025) annual barometer survey, in 2024, 7% of responding adoptive families in England reported that their child had left the family home prematurely, an increase from 5% of respondents in 2022 and 3% in 2018. Furthermore, data obtained by Kendall et al. (2025) through Freedom of Information requests indicated that, over the previous five years, more

than 700 children across the UK were returned to care prior to finalization of an adoption order, while more than 350 children were returned after the legal adoption order had been granted. International comparisons of adoption breakdown are equally hindered by policy variations, such as higher preorder disruptions in England compared to the US, due to the predominance of non-foster adoptions in England and the prevalence of foster-to-adopt practices in the US (Palacios et al., 2019). Analogous to the UK, the US child welfare system lacks a unified published dataset tracking disruptions and dissolutions across all states in a consistent and regular format, and a range of US disruption rates are frequently cited. Accordingly, Palacios et al. (2019) highlight the need for a meta-analysis of available heterogeneous data and posit that data reported by Smith (2014) provide a 'good summary' of adoption breakdown across the US, citing rates of 9.5% for preorder adoption disruptions and 2.2% for post-order adoption dissolutions.

Reasons for placement breakdown are multifaceted, generally arising from an accumulation of child, adoptive parent, and systemic factors rather than isolated causes. Child-related factors include older age at placement, behavioral problems, emotional difficulties, multiple prior moves, being members of sibling groups, and adverse childhood experiences and associated trauma, with breakdowns often peaking in early adolescence after years of escalating issues, including child-to-parent violence and attachment difficulties (Liao, 2016; Palacios et al., 2019; Paniagua et al., 2019; Selwyn et al., 2014). Adoptive parent factors include differing motives for adopting between partners, higher incidences of breakdown in infertility-driven adoptions, adopters' unrealistic expectations, and a lack of flexibility or self-confidence in parenting approaches (Barbosa-Ducharne & Marinho, 2019; Bejenaru et al., 2024; Rennolds et al., 2025). Systemic contributors include inadequate matching, insufficient information sharing from adoption professionals, poor preparation of families, untimely or inadequate support, and social care workforce constraints (such as high caseloads) leading to adopters receiving inadequate support to maintain adoptions when challenges escalate (Adoption UK, 2022; Palacios et al., 2019; Rennolds et al., 2025; Selwyn et al., 2014).

The impact of breakdown on families is profound, often resulting in relational and residential instability for children and parents, increasing the likelihood of subsequent placements for children in alternative foster families or residential care facilities. Indeed, many children experience repeated disruptions in post-breakdown placements, increasing the risk of greater emotional distress, trauma, and long-term attachment difficulties (Cowan, 2023). Adoptive parents face family crises, sometimes involving violence or loss of parental control, impacting parents, siblings, and the

wider family dynamics (Lyttle et al., 2021; Selwyn et al., 2014). Furthermore, adoption breakdown may have broader psychosocial implications for adopters, including financial strain, social isolation, disruptions to career trajectories, and the need to renegotiate aspects of everyday life and parental identity (Parker et al., 2024; Selwyn et al., 2014).

Loss and grief dominate adopters' experiences of breakdown, and the early separation of a child from the family home is often followed by a period of grief for adopters (Lyttle et al., 2021). This may be compounded by the stigma often associated with adoption breakdown, where perceived parental failure can contribute to feelings of isolation and shame (Cowan, 2023). Such feelings are often exacerbated by professional blame or involvement in child protection investigations (Selwyn et al., 2014).

Ambiguous loss refers to situations where a loss is unclear, lacks closure, or remains unresolved, such as when a person is physically absent but psychologically present (e.g., a missing person), or physically present but psychologically absent (e.g., a person with dementia) (Boss, 2006). Consequently, ambiguous loss disrupts the normal grieving process, immobilizing individuals and effectively 'freezing' their grief (Boss, 2006; Boss & Yeats, 2014). Disenfranchized grief arises when a loss is not openly acknowledged, publicly mourned, or socially supported, often because the relationship, loss, or griever is not recognized as legitimate (e.g. death of a former partner, miscarriage, or job loss), leaving individuals to grieve in silence (Doka, 2002). Doka proposes that disenfranchized grief can intensify emotions like sadness, guilt, and hopelessness, which often endure for longer due to a lack of social support and validation. Without recognition or space to grieve, individuals may feel isolated and hold onto their grief more tightly. Accordingly, ambiguous loss or disenfranchized grief that remain unresolved are risk factors for complicated grief, more recently defined as prolonged grief disorder (ICD-11 PGD) (WHO, 2018), a diagnosable mental disorder presenting as a persistent and functionally impairing grief response that often requires structured clinical intervention to overcome (Boss, 2016; Boss & Yeats, 2014; Simon & Shear, 2024).

Research has begun to recognize the significance of ambiguous loss and disenfranchized grief in the broader family-building journey, including non-gestational losses, which are poorly recognized and understood (Goldberg & Allen, 2022). The literature explores such experiences from a range of familial attachment perspectives, including maternal loss through miscarriage (Mcgee et al., 2018); loss and grief of caregivers of transgender youth (Canitz & Haberstroh, 2022); birth mothers' grief after relinquishing children for adoption (Geddes, 2022; Robinson, 2000, 2007); adoptees grieving separation from birth families (Mitchell, 2018); and foster parents' disenfranchized grief when placements end (Lynes & Sitoe, 2019), highlighting that such relational losses generate grief responses and produce

profound feelings of loss that are not always socially recognized. Moreover, such losses may also disrupt an individual's sense of identity, particularly when a caregiving role has become central to their self-concept (Tian & Solomon, 2020). Yet, while adoption breakdown may involve psychological processes comparable to those observed in other forms of familial and relational loss, it also presents some unique challenges for grief trajectories that must be appropriately navigated to avoid further trauma to both children and adopters and prevent further exacerbating the mental health difficulties already experienced by many adopters (Agius et al., 2024; Anthony et al., 2019; Platt et al., 2025). However, existing research has yet to adequately address the distinctive characteristics of loss and grief experienced by adopters as a result of adoption breakdown, and there remains a dearth of literature exploring such experiences from the perspective of adopters.

Meaning-making models of grief provide a useful interpretive framework for exploring adopters' experiences of grief and loss. Such models suggest that to restore a sense of coherence and purpose, individuals often engage in processes of meaning-making, reconstructing personal narratives and aspects of identity as they attempt to integrate a loss into their broader understanding of self and family life. Gillies and Neimeyer's (2006) meaning reconstruction model of bereavement proposes three processes through which individuals attempt to rebuild meaning following loss: sense-making (understanding the loss), benefit-finding (identifying lessons learned or growth arising from the experience), and identity change (reconstructing one's personal narrative and sense of self). Such a framework provides a useful lens through which to consider how adopters may interpret and adapt to the experience of loss and grief as a result of adoption breakdown.

Extant research highlights the emotional toll and meaning-making individuals face in seeking to reconcile discrepancies between pre-loss beliefs and post-loss realities when experiencing familial attachment and parent-child relationship losses in other contexts (Tian & Solomon, 2020). Yet, the research fails to adequately explain the characteristics of loss and grief experienced by adopters, in particular the substantial impact of the loss on families, and the meaning-making and identity reconstruction adopters face following breakdown. Our research aims to address this gap and poses the following research questions:

- How do adopters describe their experiences of the premature separation of their child from the adoptive family home?
- What is the psychological impact of adoption breakdown on adopters?
- How do adopters make sense of their experience and reconstruct meaning in adoption breakdown?

Materials and Methods

This study is reported in accordance with the American Psychological Association's Journal *Article Reporting Standards for Qualitative Research* (Levitt et al., 2018).

Research Design Overview

The study comprised nine two-hour focus groups that explored adoptive parents' experiences of adoption breakdown in the UK adoption system, particularly in relation to: the antecedents to breakdown; the challenges adopters faced prior to, during, and post-breakdown; and the impact of breakdown on adopters' mental health and wellbeing. A qualitative methodology was chosen to gain a rich, in-depth understanding of adopters' experiences. The topic guide was loosely structured and centered on: adopters' reasons for participating; their experiences of the breakdown process; key decision-making points; the support that they had received or wished to have received; the language and terminology involved in the process; how they considered their parental identity post-breakdown; whether they remained in contact with their children; and the impact of breakdown on their mental health. Focus group questions were semi-structured to encourage open discussion among participants and allow for exploration of adjunct topics beyond those on the topic guide.

Recruitment and Participants

Focus groups were led by a single researcher and held via Microsoft Teams (an online collaboration platform) with 34 adopters, all of whom had experienced adoption disruption and breakdown, with between three-to-five participants per group. Participants were recruited through personal and professional networks, adoption agencies, and social media sites including LinkedIn and adoption-focused Facebook groups, where gatekeeper moderators were used. Focus groups took place between October-November 2024, with each lasting approximately two hours. To aid participation and inclusivity, all were held online to enable adopters from across the UK to take part, and took place at different times of the day for participant convenience. Table 1 provides demographic data for study participants.

Ethical Considerations

The study was conducted following ethical approval from Lancaster University's Faculty of Health and Medicine Research Ethics Committee

Table 1. Participant demographics.

Demographic information	Number (%)
	Overall, $n = 34$ (100%)
Age	
26–35	1 (2.9%)
36–45	7 (20.6%)
46–55	15 (44.1%)
56–65	9 (26.5%)
66+	1 (2.9%)
Prefer not to say	1 (2.9%)
Gender	
Female	28 (82.4%)
Male	5 (14.7%)
Prefer not to say	1 (2.9%)
Time since breakdown	
Less than 12 months	9 (26.5%)
1–2 years	9 (26.5%)
3–4 years	6 (17.6%)
5–8 years	5 (14.7%)
9+ years	3 (8.8%)
Prefer not to say	2 (5.9%)
Child's age at breakdown	
0–3 years	2 (5.9%)
4–7 years	4 (11.8%)
8–11 years	5 (14.7%)
12–15 years	15 (44.1%)
16+ years	6 (17.6%)
Prefer not to say	2 (5.9%)

(approval number FHM-2023-3859-RECR-1). Informed consent was collected from all participants digitally prior to participating. Identifiable participant data collection was kept to a minimal and digitally signed consent forms were stored in secure folders only accessible to the research team, within the University's secure computer servers and cloud storage facilities. Due to the sensitive nature of the focus groups, participants were asked, where possible, to display only their first name rather than their full name in their Microsoft Teams profiles. All focus groups were recorded via Microsoft Teams and professionally transcribed, with analysis conducted on pseudonymized transcripts.

The topics discussed had the potential to be distressing for participants, all of whom had experienced adoption breakdown, and all participants were informed at the start that they may say as much or as little as they felt comfortable with, and that they would only be brought into the discussion or asked for their response to a question if they had first raised their hand (physically or through the Microsoft Teams platform). Participants were reminded that they could leave at any point without need for any explanation. To foster a sense of community and help put participants at ease to facilitate exploration of some very difficult and sensitive topics, the lead researcher would share that they were also an adopter, and encouraged a relaxed data collection experience, conversational in approach with a loosely structured framework applied in terms of topic prompts.

Participants were given a break half-way through each focus group to take time away from the screen and the discussion. If a participant became emotional during a group, discussion was paused and the researcher checked in with them, asking if they wanted to continue or to take a break, stressing there was no obligation to stay for the duration – although some took a break, all returned and continued to the end. A verbal debrief was held at the end of each focus group and participants were asked how they were feeling. A list of recommended resources, such as online adoption support and mental-health services, was included in the Participant Information Sheet that participants received during the recruitment process, and all participants received a follow-up email immediately after the focus group, which included a debrief sheet, which also contained the list of recommended resources. Despite the potential for distress, feedback from participants suggested they found the focus groups to be a supportive environment and found participating alongside other adopters validating of their own experiences. In line with the literature (Platt et al., 2025), many expressed that one motivating factor to participate in the study was to meet other adopters and hear of their experiences. All participants were supportive of each other within the groups and respected each other's time to talk and recall their experiences, with no power imbalances or domination of discussion - everybody was given the opportunity to speak or not speak as they wished.

Data analysis

Pseudonymized focus group transcripts were analyzed inductively and thematically, following Braun and Clarke's (2006, 2013) six-phase framework to search for repeated themes or patterns within and across the data relating to adopters' experiences of adoption breakdown and the impact of breakdown on adopters' mental health and wellbeing. First, transcripts were read repeatedly to facilitate familiarization with the data. Initial codes were generated across the dataset to capture meaningful units of text relevant to the research questions. Coding was conducted using NVivo to help organize the data and was supported by analytic memoing by the lead author. Third, codes were collated, examined for patterns of similarity and potential themes elicited. Fourth, these potential themes were reviewed against both the coded extracts and the complete dataset to ensure fit and coherence. Finally, themes were refined and organized into a final thematic structure prior to selection of appropriate extracts for writing up.

Analysis was an iterative process led by the lead author, with codes, emerging themes, and refining of themes discussed with the research team at each stage of the process, that is after initial coding, theme searching and reviewing, and the final definition and naming of themes, to test

emerging analytical findings and enhance research validity. This collaboration supported researcher reflexivity through the critical examination of emerging findings informed by the diverse perspectives of co-researchers, some with lived adoption experience, some with research-based adoption experience, and some with other research backgrounds, to contribute to enhanced research validity.

Researcher Reflexivity

Data collection was conducted by the project lead (corresponding author), who has lived experience of adoption and was therefore closely connected to the topic of the study. While this positionality facilitated rapport building with participants and an informed understanding of the adoption context, it also had the potential for bias, as personal experiences may influence data interpretation. To mitigate this, the primary analysis was conducted by the lead author, who does not have lived experience of adoption. Furthermore, the conceptual idea and theoretical underpinning of the paper were identified by the lead author. During the analysis and paper development, the potential for bias was consciously managed through ongoing reflexive discussion among the research team. The project lead's lived experience informed the research team's understanding of UK adoption practices and processes, rather than shaping the conceptual ideas, theoretical underpinnings, and interpretation of the data.

The lead author has previous research experience in mental health and trauma-related domains, including research within the adoption field. Throughout the analysis, reflexive notes were maintained and emerging interpretations were discussed regularly with the research team, who brought different disciplinary perspectives to the analysis, to ensure that developing themes remained grounded in the data and accurately reflected participants' perspectives rather than preexisting expectations or assumptions.

Results

Through the iterative thematic analysis process described above, three overarching themes and eight sub-themes were developed, revealing the multifaceted nature of loss and grief in adoption breakdown, the profound impact of the loss on adopters, and adaptation to the 'new normal' following adoption breakdown. Table 2 provides a summary of the overarching themes and sub-themes, as detailed below.

Loss and Grief in Adoption Breakdown are Multifaceted

The first theme demonstrates the multifaceted nature of the loss and grief experienced by adopters, both pre- and post-adoption breakdown, and is

Table 2. Results of thematic analysis.

Themes	Sub-themes
Loss and grief in adoption breakdown are multifaceted	Psychological loss before physical loss
	Grieving a 'happy family life'
Profound impact of the loss	Sense-making associated with a complexity of emotions
	Loss of self-identity
	Loss of interpersonal relationships
	Exacerbated by silence and taboo
The 'new normal'	Continued commitment to their children
	Parenting at a distance

highlighted through the sub-themes of: (i) Psychological Loss Before Physical Loss and (ii) Grieving a 'Happy Family Life'.

Psychological Loss Before Physical Loss

Adopters' accounts suggest that their experience of loss frequently preceded formal placement breakdown, which initiated attempts at sense-making prior to physical separation. Although their child was still present in the family home, participants described becoming psychologically aware of the impending breakdown of the adoptive placement. Many described being acutely aware of changes in their children prior to breakdown, leading to a sense of loss for their parent-child relationship and the child 'they knew'. Adopter 19, highlights the change they experienced after their child had met with their birth mother:

> As I said to the social worker, we have a different child than the child that we sent to secondary school last September. We were on holidays at Christmas and we had a different child. You know, we had a good child, our own wee normal child on holidays at Christmas. But this whole build-up to meeting birth mum, and what has gone on in the wake of that, is a very different child.

Findings indicate that breakdown was not a singular event that simply 'happened', but rather a gradual process of increasing parent-child tensions and relational deterioration, often over an extended period of time. It typically followed prolonged stress and escalating challenges in the home, often culminating in crisis. While placements may have started positively, escalating problems fostered a growing sense of inevitability of breakdown, with adopters' psychological loss developing over time as a result of mounting challenges in the parent-child relationship, as Adopter 10 explains:

> [They'd] been a really angry child since [they] was three; Well, [they'd] been angry, but [they'd] started getting physical with us when [they] were three. [Child] has FASD (Fetal Alcohol Spectrum Disorder). And so the kind of lead-up to me saying, "I just can't do this anymore," you know, I'd had daily violence for four years… and I was a complete wreck, I was completely traumatized… And I'd been saying for many, many months, "I'm breaking, I can't cope with this, I need support, I need some respite. If I don't have respite, I will break."

However, there was uncertainty among some participants around the viability of the placement from early in the adoption due to the nature of their children's challenges. Consequently, many adopters spoke of how their awareness of their impending loss of their child from the family home endured for a substantially long period of time:

> For us, I think we always felt with my [child], the writing was always on the wall, like from the moment we met [them], within the first few months, I just knew that there were huge attachment issues there. (Adopter 4)

Despite many fearing breakdown was inevitable, participants' accounts suggest that there was a lack of professional support and recognition of adopters' challenges. Many described seeking help from professionals, often multiple times prior to adoption breakdown, but their struggles and the anticipatory psychological loss they experienced were not acknowledged by professionals, as Adopter 16 describes:

> We would ask for assessments: "Please could we have an ADHD assessment? Please could we have an FASD assessment? Please could we have some assessment?" No: all assessments were refused.

Grieving a Happy Family Life

Participant's accounts suggest that grief was shaped by not only the loss of the adoptive placement and the parent-child relationship, but also by the loss of anticipated parental identities and family life. Participants spoke overwhelmingly of the loss of hope of having a family, with many recalling their loss of the 'family dream' with great sadness. Here, Adopter 3 reflects on the loss of their dream of being a parent following their adoption breakdown:

> There are all these things that I'm missing. So, I think it will never go away… inside, you know, for me it's I will never be a mum, and I never imagined never being a mum, so I'm still dealing with this and the long-term planning, thinking, you know, that's all my life was about. (Adopter 3)

The grief associated with the loss of an anticipated and longed-for family life gave rise to a range of emotional responses. Some participants talked of their expectations being too high, with some internalizing their loss and bearing responsibility for their grief:

> I think in hindsight my expectation was too high. I had this vision of a lovely family, you know. (Adopter 32)

Equally for others, the loss of a family life was associated with a sense of disillusionment, and for some even duplicity, of a family vision they felt was not realistically achievable. Some expressed feelings of anger, cynicism, and grief at the loss of the family 'illusion', referring to their own 'naivety' in believing the narrative of a 'happy family'

promoted by social workers as a family-building method, as these adopters explain:

> I'm grieving for a family, like a fake story that I naively believed. You know, Adoption Week, there's that nice blurry background photograph of the family with the kids smiling. I'm like, "Yeah, you might get that". We do have loads of amazing memories, but every single one I'm like, "Oh, yeah, that was good. But can you remember on the car journey on the way home [child] put [their] foot through the window," or, "Can you remember? … then [child] threw the cat out the window" … Every single good memory has got this horrific experience within an hour of it either side, and then you live like that. (Adopter 28)

Profound Impact of the Loss

The second theme highlights the profound impact of the loss experienced by adopters when their child leaves the family home prematurely and is presented through the sub-themes of: (i) Sense-Making Associated with a Complexity of Emotions, (ii) Loss of Self-Identity, (iii) Loss of Interpersonal Relationships, and (iv) Exacerbated by Silence and Taboo.

Sense-Making Associated with a Complexity of Emotions

Attempts to reconstruct meaning and comprehend the loss were associated with a complex range of emotional responses. Adoption breakdown had a significant impact on all participants, with adopters' accounts demonstrating the complex and often overwhelming emotional toll they faced, which compounded their feelings of loss and grief. Some adopters appeared to engage in counterfactual thinking to make sense of their loss, expressing anger that the adoption breakdown may have been preventable had they received appropriate support:

> If I'd been provided with some appropriate support, [child] could have still been with me. (Adopter 20)

> We did need some more support, and it certainly didn't need to end in the way that it did it, you know. So, I don't think it was inevitable. (Adopter 6)

For many, the complexity of emotions as they attempted to reconstruct meaning left participants feeling overwhelmed and experiencing a combination of often contradictory emotions simultaneously:

> I think it's the thing of both being glad and sad is true. (Adopter 12)

> Regret, of course, but the guilt that I carry, the relief that I felt is enormous… you know, it was for [child's] own safety and for our safety that [they] had to leave the family home, and again, the relief, and just that bundle of guilt and shame and relief is really something I've had to work quite hard to work through. (Adopter 13)

Overwhelmingly, sense-making efforts were associated with negative emotional responses related to adopters' loss and grief, including sadness,

a sense of failure, frustration, regret, resolve, and resignation, as the accounts below demonstrate:

> It's the sadness, the grief. None of us went to adoption to have this life, you know, and it's just really sad. (Adopter 8)

> But now I feel this, like, overwhelming grief. And it's no use, and I'm trying to work through it, but what would have been? If we'd have had the right help how different would our lives have been?… How would it have been different, if the birth family had had a bit more support, if they hadn't have been adopted? (Adopter 28)

> I've worked so bloody hard for these kids, I've worked my socks off, and it was a massive, big blow when it all went. No matter how hard I tried, I couldn't fix it and I couldn't make it work any better than what it was. (Adopter 2)

Yet, despite the negative emotions, some participants were able to identify benefits or lessons learned within their meaning reconstruction, as Adopter 15 explains, "I don't believe that adoption was the right thing for [them]. So, on that front, then, yeah, I kind of wish it hadn't happened for [them]… so, I don't regret it, because it was the only thing that could have happened."

Loss of Self-Identity

Identity change and the process of identity reconstruction posed particular challenges for participants, with adoption breakdown prompting many to question their identity as a parent. Some simply no longer knew whether to identify as a parent, contributing further to their distress, while others consciously changed their parental identity depending on the context, as these adopters explain:

> So, around certain circles, I'd say a parent of four, but round other people it's no, I'm just a parent of three. (Adopter 2)

> So, it's kind of hard to know how to identify, actually, and it feels like grieving, grieving my [child], even though [they're] still alive. Because I don't know what will happen… It's quite weird because people who didn't know we've adopted, if they ask, "Do you have any children?"… So outside, I wouldn't say that "I'm a parent, I have a [child]," but inside I still feel, you know… We think about [child] nearly every day. But, you know, for the outside world, no. (Adopter 15)

Identity change appeared to extend beyond parental identity ambiguity, as participants detailed struggles with the loss of their professional identity post-breakdown. Many took extended leave or had to leave their job entirely, feeling they could no longer function, whereas others saw work as a safe space and a reminder of the person they were beyond the crisis:

> I was off work for six months following this: I couldn't function. I am on very strong antidepressants. I am back at work now, which seems I am better, however, it's not

> something that went away, it's just something I learned to deal with rather than anything else. But yeah, it's extremely hard. (Adopter 3)

> (Following allegations made by their child towards adopters) It impacted on my work: I had to take three months off… And in all honesty, if it wasn't for my work, I don't know how I would have got through it, because my work were my backbone: they were the safe support space… I've now returned to work and I'm actually really grateful that I'm back at work, because it allows a different focus, because it consumes your life. (Adopter 4)

The loss of self-identity, challenges in sense-making, and adaption to their loss had a profound and prolonged impact on adopters, with breakdown appearing to disrupt participants' personal narratives and sense of self. Highlighting the identity destabilization associated with meaning-making following such loss, many felt fundamentally changed by their experiences and described feeling isolated, lost, and 'broken' post-breakdown, not knowing how they could recover, or if they ever would:

> I've just been broken by this, you know, as a person I've been broken by this, and I don't know who I am yet. I'm not going to be the same person I was before. (Adopter 4)

> I'll never be the same is the only way I can explain it… I think the best way to describe me, really, is I used to be very passionate, I used to be very loving, very giving, and I'm numb now. (Adopter 5)

> My husband and I, we're not the people we were, and I don't know how you come back from that, and that makes me very angry and very sad. (Adopter 28)

> And for me, I'm nowhere near the person that I was… I don't feel like I'm anywhere near who I was. And I suppose for me, I don't think that I ever will be. (Adopter 23)

Loss of Interpersonal Relationships

The impact of adoption breakdown extended beyond the parent-child relationship. Many adopters detailed the wider consequences of breakdown on interpersonal relationships, often with long-term effects. Challenges with their children prior to breakdown proved too great to overcome for some adoptive couples. Adopter 21 describes differences in approaches with their spouse regarding breakdown, which ultimately led to their marriage ending: "It's one of the biggest regrets for me, that [wife] wanted [child] to be returned to the care system years before, and I was like, "No, I'm not quitting, I'm not quitting on [child], I'm not going to give up". And actually, [child] going back into the care system was the right choice: it was the right thing for [child], it was the right thing for [sibling]. Unfortunately, I didn't do it in time to rescue my marriage and that hurts."

The effects of the breakdown reached further than the immediate family unit. Relationships with family and friends often became strained as those

beyond the family home struggled with their own sense-making and adaptation to the family's loss, resulting in residual relational strain. Adopters' reports conceptualized the challenges of extended family members and friends to comprehend the problems adopters faced and, in turn, the reasons behind the breakdown. The disruption of such relationships compounded adopters' losses and added to the complexity of adopters' emotional distress:

> Our parents have been, or the whole family, have been really supportive, apart from my two sisters, who I still don't speak to this day because of what happened. (Adopter 2)

> When we were going through our disruption, my parents were not supportive… they couldn't understand. And then my dad started on this whole process of trying to stop us doing it, basically to protect my mum. And I had to cut off contact with both of them for close on two months, because I knew that I couldn't do what we had to do while getting this heavy kind of emotional guilt stuff as well… The most important people, the ones that are going to be your primary support, need to be kind of emotionally on board or, like us, it made an already awful situation 100% worse. And seven years later, the shadows of that are still in our relationship. (Adopter 29)

Silence and Taboo Exacerbate Loss and Grief

Adopters were acutely conscious of a perceived stigma and shame associated with adoption breakdown, reinforced by a wider culture of silence and taboo, as Adopter 21 articulates, "It's this dark secret, again, of the whole adoption process that is not talked about". This discouraged open discussion of the challenges inherent in adoption and adoption breakdown. When adopters did seek help from social workers, they frequently encountered invalidation in the form of silence and blame, leaving adopters feeling they had failed as parents when placements broke down, and isolated as a result. Adopter 11 explains,

> To us, we were the only ones that this had happened to. It was very much, "Well, other people manage." It was very much made that it was something wrong with us, why this was happening, not anybody else. And not that I wanted anybody else to blame, but it would be nice to know that there's other people out there that are struggling, because you feel such a failure, because it's just you, and that's how they make you feel. Rather than putting you in touch with people and supporting you with it, it's very much frowned upon, as if you're just being silly and other people manage. (Adopter 11)

Consequently, the perceived stigma led to greater reluctance to speak openly, with adopters internalizing the shame they felt, which disrupted their meaning reconstruction efforts, prolonging and exacerbating their grief and feelings of isolation:

> I think we're quite selective as to who we tell the whole story to. So, we do kind of feel that shame, even though we haven't done anything wrong, or what are people

> thinking of us and you know… It's hard, like, I'm not dishonest, I'd tell anybody my story if it makes a difference to somebody else, but at the same time, we've got to live, and it just never goes away. And I think that's the thing for me, is I just want it to go away now, but it's never-ending. (Adopter 5)

> I think it's just the ultimate shame, isn't it? I think when you meet new people, making a choice what you're going to say or not. It feeds the shame then, when you decide not to say anything. (Adopter 12)

> But when we were going through that process, the sense of aloneness and the stigma and the shame; it was absolutely overwhelming. (Adopter 29)

However, despite these challenges, some participants found alternative methods of sense-making that reinforced their meaning reconstruction. Across the focus groups, participants described finding solace in peer support networks and spoke of how spending time with other adopters helped to assuage their loss and validate their grief:

> So, I do think it's definitely easier to talk to other adopters that have been through disruption. You've got some shared experiences. You'll never know the full story and the full impact their individual journey has had on them, but I do find it a huge relief having that opportunity to speak to people that have gone through a similar journey. (Adopter 31)

The 'New Normal'

The third theme reflects the realization of the 'new normal' that adopters face during their ongoing meaning reconstruction in their adaptation to life post-breakdown, and is demonstrated through the sub-themes of: (i) Continued Commitment to Their Children and (ii) Parenting at a Distance.

Continued Commitment to Their Children

An overwhelming continued commitment to their children post-breakdown supported an ongoing process of meaning reconstruction for adopters as they sought to maintain relationships with their children and identify purpose and meaning, despite their children no longer living in the family home. This commitment was often rooted in unconditional love that many adopters expressed for their children, as highlighted by Adopter 8:

> Well, no matter what, [they] are my [child] and I love [them] and I will be there for [them]. So, family and friends may think that I should just wash my hands of [child] because of everything [they've] done, but whether [they're] adopted or not is irrelevant: [they're] my [child], I love [them] and I will always be there for [them] in the same way that they would be there for their birth children. (Adopter 8)

However, for some, the commitment stemmed from a sense of loyalty or moral obligation toward their child rather than love, as Adopter 24

explained when discussing love for their child post-breakdown, "I think the nature of the attachment disorder means… I'm not going to pretend that's [love] a genuine feeling that I have… Yeah, a very strong sense of loyalty and responsibility and everything else…" Adopter 7 echoed this sentiment, explaining:

> I did love [child] in the beginning. I don't know if I love [them] anymore. That's really hard for me to define right now because of the space we've been in the last year. So, I want to love [them], but I don't know if I could say that I do, but I do feel a very strong moral obligation. (Adopter 7)

Whether through love or loyalty, such continued commitment appeared to provide continuity of purpose, responsibility, and a relationship with their child. However, it also represented an absence of emotional closure following breakdown that complicated adaptation and identity reconstruction, instead sustaining ongoing meaning-making processes and prolonging adopters' grief, particularly when parent-child relationships remained strained, as these adopters recalled:

> I'm hugely grieving. I still have my [child] to stay with me once a month, which is slightly bonkers, because it's really traumatizing for both of us. It's kind of part of this care order that said that reunification was supposed to be a thing that we work towards and it's not worked, it's not working… so we're re-traumatizing each other all the time. (Adopter 10)

> So, at the moment [child] doesn't want us in [their] life and doesn't want anything to do with us. In my head, I'm committed to [child]. Now, I've probably got 50 years left in me, but at the moment that's where we are… I'm hoping that I will have a relationship with my [child] by the time [they're] a teenager. (Adopter 15)

Parenting at a Distance

Highlighting continued attempts to retain a sense of purpose and relational continuity, participants spoke at length of their 'new normal', post-breakdown. Adopters worked hard to establish new ways of maintaining parent-child relationships and continued to support their children after they had left, as Adopter 8 explains, "Even when my [child] refused to see me, I would still send [them] a postcard or something: I could do that… Most adopters are pretty pragmatic, sensible people, and they've got to this point because they've got no other options, but that doesn't mean to say they want to walk away from those children: it absolutely doesn't. They want to still be able to advocate and have a part in those children's lives and have contact, however that looks."

Most participants found ways to engage with their children in ways that resembled a parental relationship, and over time, participants were able to identify perceived benefits that facilitated their adaptation. Many felt the distance and time apart allowed them to understand their children's

challenges with greater clarity and believed their children's needs were more appropriately met away from a family environment:

> I see [child] three or four times a week. Our relationship is – I mean, this is the amazing thing about us, our relationship is pretty good, actually. We work much better not living together… My [child] works much better when they're living with people who are paid to look after [them]. [They] like that transactional relationship. I know [child] loves me, and I know [they're] attached to me, but [child] knows [they] can't do what [they] need to do to be in a loving family. (Adopter 8)

> So, [child] visits once a week, and comes to tea once a week with us, spends [their] birthday daytime with us, and has Christmas with us, and we do activities with [them]. [Child] went into a solo placement, so that level of intimacy with like a foster family wouldn't be there, so it felt safer for [child]… that [they] didn't have to get too close… it's been a kind of stabilizing thing for [them], so we've kept that contact… We sit on all the meetings still, so we're kind of in the background, really. (Adopter 34)

However, the journey of adaptation to the 'new normal' was not straightforward, often taking an extended length of time to establish, as this participant continues:

> [Child] went through a really rocky time when [child] was still very violent, but [they're] less violent now. [Child's] nearly 18 now. I still don't trust [them] and it's always my husband and me together when [child's] with us. It's kind of evolved, really. At first, I was too frightened, really, for a while, and I'm still quite nervy: I wouldn't say that's gone away completely. (Adopter 34)

While for some, despite maintaining a relationship, the complexity of emotions and the shame they felt appeared to complicate sense-making processes and adaptation to their loss, leaving them feeling emotionally 'stuck' and unable to move beyond their grief, as Adopter 11 explains:

> The shame, you can't never get over it. It will never go, never, ever go. And I do see [child], we see [them] regularly. We've always got telephone contact. But I can't explain. I should imagine these people (focus group participants) probably know how I feel when we go for those meetings, when I go to meet [child]. I can't explain it to anybody, you know, because as much as I want to see [them], it's just the most horrific thing. (Adopter 11)

Discussion

The aim of this article was to explore adopters' experiences of adoption breakdown, particularly the psychological impact of their loss, and adjustment to life post-breakdown through meaning-making and identity reconstruction. Study findings reveal the multifaceted nature of loss and grief experienced by adopters, highlighting the psychological absence despite the physical presence of their child prior to breakdown, the considerable psychological implications for adopters, and the transition of the loss into one characterized by physical absence but enduring psychological presence as adopters attempt to reconstruct meaning and adapt to new parenting models and identities post-breakdown.

As noted by Boss and Yeats (2014), ambiguous loss complicates traditional mourning processes, hindering psychological adjustment and preventing people from moving through their grief. Our study demonstrates that for many adopters, grief begins with a psychological loss prior to their child's departure from the family home. Adopters in this study often foresee the impending breakdown and face the loss of the future they imagined with their child, grieving the 'happy family' they had anticipated. However, despite the cessation of the adoption placement, parental involvement frequently continues in varying forms, often in very challenging circumstances. The lack of emotional closure inherently involved in adoption breakdown represents a form of unresolved loss, resulting in adopters' frozen grief and prolonged emotional distress. Consequently, adopters may experience identity disturbance, questioning their identity as a parent and as an individual, and interpersonal disruption with family members and friends. Yet due to the systemically and socially unacknowledged nature of the loss, and associated stigma of adoption breakdown, adopters' loss is not openly expressed, and their ensuing grief may become disenfranchized. As highlighted by Doka (2002), unrecognized and unsupported loss intensifies emotions, leaving individuals feeling isolated and at risk of falling deeper into their grief. This study finds that adoption breakdown, fueled by complexities of the adoption context, the culture of silence, and associated stigma, results in a lack of open acknowledgement of adopters' psychological and physical losses, leaving them isolated, lost, and 'broken', frequently internalizing the shame many feel and invoking intense grief.

The experiences described by participants may also be understood within broader psychological frameworks relating to adaptation following loss. Meaning-making models of grief (Gillies & Neimeyer, 2006) suggest that individuals often attempt to integrate loss into their broader belief systems by constructing explanations or narratives that restore a sense of coherence. In this study, the breakdown of an adoptive placement appears to challenge adopters' sense of identity as parents, necessitating processes of identity reconstruction that commonly occur following significant relational loss. Moreover, as adopters' experiences and life post-breakdown are inconsistent with their pre-loss meanings, the resulting dissonance requires them to engage in a search for meaning, as they attempt to make sense of the breakdown and reconcile their experiences with their prior expectations of adoption and family life. Participants' reflections on the causes of breakdown and their attempts to reinterpret the experience represent efforts to reconstruct meaning following such an emotionally significant loss. However, as noted by Gillies and Neimeyer (2006), while individuals may find new meaning in some aspects of their grief, they may also continue to experience distress. Supporting the findings of Parker et al. (2024), we find that adoption breakdown significantly disrupts the relational identity

of adoptive families, while extending Paker et al.'s observation that adopters often continue to perceive themselves as connected to the child despite no longer holding an active parenting role. Drawing on Gillies and Neimeyer's model, in the context of adoption breakdown, our findings suggest that adopters are able to produce new post-loss meaning structures in sense-making and even benefit-finding, yet many continue to experience distress in their identity change. The inherent role ambiguity experienced through the continuation of the parent-child relationship in alternative forms, compounded by the silence and stigma associated with adoption breakdown, creates identity-uncertainty for adopters as they attempt to make sense of, and reconstruct meaning around, their changed parental identity, contributing to the complexity and prolonged trajectory of their loss and grief.

Our findings support extant research that proposes parents grieve a family dream, lost relationships, and self-identity, experiencing a range of sometimes contradictory emotions, including feeling devastated, bereft, relieved, yet guilty (Bejenaru et al., 2024; Parker et al., 2024; Selwyn et al., 2014). Moreover, perceived systemic neglect, combined with entrenched silence and stigma, was seen by participants as intensifying the psychological impact of breakdown, as also highlighted by Cowan (2023). Our findings support those of Palacios et al. (2019) that some adopters maintain parent-child contact post-breakdown, yet for others contact is severed permanently. We extend this by demonstrating an enduring commitment, responsibility, and love many adopters have for their children post-breakdown; adopters' meaning-making through adaptation to the 'new normal' and parenting at a distance; and the impact such relationships have on adopters, which for many prolongs the unresolved nature of their loss and grief. However, interestingly, in contrast to adopters in Lyttle et al.'s (2021) study, who each articulated a strong identity as their child's lifelong parent, we find extensive identity disturbance among adopters post-breakdown, a characteristic of ambiguous loss, with many struggling with self-identity, uncertain as to how to define their parental role and identity after their child has left.

There is currently no systematically collected data to determine the scale of adoption breakdown in the UK. It is therefore necessary to collect official national figures on pre- and post-order breakdowns to establish the scale of the issue, the level of support for those affected, and develop mitigation strategies, where possible. Prior to breakdown, adopters recount similar challenges in the adoption process, their sense of preparedness for parenting children with trauma, and their experience of seeking support when problems arise. Our findings support those of Lyttle et al. (2021), demonstrating the need for greater preparation of adopters prior to placement, so they may be better equipped for their children's challenges,

alongside appropriate, timely support for adopters when challenges escalate. For some families, this may help prevent breakdown and minimize further contributions to the mental health challenges experienced by many across the adoption community (Agius et al., 2024; Anthony et al., 2019; Platt et al., 2025). However, our findings indicate that while adopters would have valued greater support through improved preparation and professional assistance, many nevertheless perceived an inevitability to the placement's breakdown.

Clinical Implications

As noted by Papa et al. (2014), grief is not a response unique to the death of loved ones, but instead a common phenomenology across different types of loss. The unresolved nature of ambiguous loss and disenfranchized grief increases vulnerability to complicated grief (recently redefined as prolonged grief disorder (PGD)), especially when grief lacks validation or ritual support (Boss, 2016). Complicated grief benefits from psychological interventions, including disorder-focused and support-focused approaches (see Boss and Yeats, 2014; Shear et al., 2005; Zisook & Shear, 2009). Adopters' responses in our study are consistent with those detailed in prolonged grief disorder (PGD), including emotional pain, such as sadness, guilt, anger, inability to feel positive emotions, emotional numbness, feeling that a part of oneself has been lost, and reduced social engagement (Simon & Shear, 2024; WHO, 2018). Although PGD in DSM-5-TR (APA, 2022) and ICD-11 is formally defined as bereavement after death, research shows that non-death losses can produce similarly debilitating symptoms (Manevich et al., 2023; Yehene et al., 2021), and thus may equally benefit from psychotherapeutic interventions, including grief-focused cognitive behavioral therapy (CBT) (Lenferink et al., 2019; Miller et al., 2014), and therapist assisted online CBT (Boelen & Smid, 2017; Eisma et al., 2015). Moreover, targeted complicated grief therapy (CGT), more recently rebranded as prolonged grief therapy (PGT), may be a useful model for therapeutic support, offering improved outcomes in reduction of symptoms over interpersonal psychotherapy, including higher response rates and faster time to response (Shear et al., 2005; Shear & Simon, 2025). Equally, meaning-centered grief therapy and interventions grounded in meaning reconstruction models have demonstrated significant efficacy for reducing symptoms (Elinger et al., 2021 ; Lichtenthal et al., 2019). Such prolonged grief responses from adopters, often grounded in ambiguous loss or disenfranchized grief, hinder mourning, extend distress, and warrant recognition alongside bereavement-related PGD. The psychological burden of loss and grief in adoption breakdown highlights the risk for adopters' mental health and wellbeing, underscoring the need for grief-informed

interventions focused on supporting adopters across the entire adoptive family lifecycle.

Implications for Policy, People, and Practice

These findings have implications for the delivery of pre- and post-adoption support within the UK legislative framework. Under the Adoption and Children Act 2002 (Adoption and Children Act 2002), local authorities have a duty to assess adoptive families' needs for support services and provide tailored support to ensure the adoption succeeds, yet participants' accounts suggest that emotional and psychological support for adopters during placement and following adoption breakdown may not always be adequately recognized. Furthermore, the paramount and justifiable emphasis on children's welfare within the Children Act 1989 (Children Act 1989) and the Adoption and Children Act 2002 highlights the importance of supporting stable caregiving relationships. However, findings of this study suggest that when adoption breakdown occurs, additional attention may be needed to address the emotional and relational consequences experienced by adopters as well as children.

As participants recalled, greater preparation of adopters prior to placement, alongside appropriate, timely support for adopters when challenges escalate may prevent breakdown for some families. Despite commonalities in accounts, we find that when breakdown occurs, it is an individualized experience, unique to each family. The complexity of adopters' loss and grief, affecting multiple areas of their lives, is such that a single solution to aid those in crisis will not suffice, and a portfolio of support resources are needed. Based on our findings, suggested solutions include open acknowledgement by adoption professionals of adopters' challenges and support to work through the separation process and the ensuing grief, which would minimize the stigma and additional trauma for all involved and achieve a viable outcome. Incorporating grief- and loss-informed frameworks into social work education may help practitioners understand breakdown as a relational loss experience, reducing interpretations of breakdown as parental failure and associated stigma. Stigma may be further reduced through presenting the possibility of breakdown as part of training and assessment processes for prospective adopters. This has the potential to shift perception of breakdown from one of failure and blame toward an understanding that in some instances, although not all, breakdown entails identifying the most suitable setting for the child that supports the child's ability to engage in positive family relationships. Indeed, those advocating for adopters have called for changes to the Children Act 1989, to incorporate a 'no blame approach' when disruption occurs by enabling a child's "complex medical and/or psychological reasons" to be included as an additional attributable

factor upon which local authorities may resume responsibility for the child, alongside the current attributable factors, which locate the cause of disruption with either the child or the adopter (Child Protection Resource, 2016). Furthermore, adoption professionals may consider establishing peer support networks, beneficial to adopters in our study, offering much needed validation of adopters' losses, reducing feelings of isolation, and lessening the emotional burden and prolonged grief. Formal psychotherapeutic support may also be made available to adopters at all stages of the breakdown process. Having such support available when caregivers experience psychological absence of their loved one while still physically present has been found to decrease caregivers' burden and distress, and prevent complicated grief following the death of their loved one (see Schulz et al., 2006). Similarly, supporting adopters experiencing or anticipating breakdown through access to therapists trained in adoption breakdown and grief-informed interventions may help reduce prolonged grief responses. Finally, given the grief response adopters experience, policy makers may consider an extension or suitable amendment to statutory bereavement leave (HM Government, 2026), to include the loss of a child through adoption breakdown to enable adopters in employment time to process their grief and lessen the impact on their professional life and identity.

Study Limitations

This study has limitations that should be acknowledged. First, although the sample included 34 adopters from across the UK, the sample size remains relatively modest. While the geographic diversity suggests that the issues identified may resonate across all regions, future research could explore experiences within specific local contexts to better understand regional variations in challenges, service provision, and therefore adopters' experiences of loss and grief post-breakdown. Second, we did not set a time limit in terms of participants' adoption experiences, nor on the number of adoption breakdowns the families had experienced, which may shape the intensity and complexity of grief responses. While this variability may limit conclusions about specific time periods, the consistency of participants' experiences highlights the enduring nature of challenges relating to adopters' mental health and wellbeing and suggests that grief and support needs may persist across the lifespan of adoptive parenting, including post-breakdown.

Conclusion

This study raises awareness and improves knowledge and understanding of adoption breakdown from the perspective of adopters. The paper explores

the characteristics of adopters' ambiguous loss and disenfranchized grief associated with breakdown, and the psychological impact of such loss and grief. Findings highlight the complex nature of adopters' loss and grief when their child leaves the family home prematurely and details the significant implications on adopters' mental health and wellbeing, particularly as they seek to reconstruct meaning, self-definition, and adaptation to new models of parenting post-breakdown. Our research contributes to a small but emerging body of literature exploring the significant challenges faced by adopters over the course of the adoption breakdown journey and the lifespan of adoptive parenting, and highlights the presence and impact of ambiguous loss and disenfranchized grief in this context. Importantly, this paper explores loss and grief from the perspective of adopters, highlighting their experiences, the challenges they face prior to, during, and post-adoption breakdown, and critically addresses the gap in the literature and presents evidence of loss and grief in adoption breakdown from the adopters' perspective.

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ORCID

Nicola Platt http://orcid.org/0000-0002-6941-1460
Eleanor Vowles http://orcid.org/0009-0005-7618-5843
Elizabeth Wrench http://orcid.org/0000-0001-7139-5079
Laura L. Machin http://orcid.org/0000-0002-6717-959X

Data availability statement

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research supporting data is not available.

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