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PART IV

CONSTRUCTION

Mothering Across the Adoption Life Cycle

Introduction

According to Denzin (1989), while *Bracketing* (analysis) takes apart the data, *Construction* orders and reassembles it back into its coherent whole (Denzin 1989,58,59). In Chapters Eight, Nine, Ten and Eleven, new concepts, theories and constructs emerging from the data are developed and discussed from a broad range of adoptive mothering experiences across the adoption lifecycle.

In Chapter Eight, "In the Beginning", issues faced by adoptive mothers prior to the adoption are presented. Also considered are many of the significant players in the adoption circle at this time, including the birth mother, the foster mother and the social workers. In Chapter Nine, "Negotiating Motherhood: the Early Years", many of the experiences, and the circumstances existing during the early post adoption period are examined. Included in Chapter Nine is an exploration of the data produced as a result of the presentation of the Edinburgh Postnatal Depression Scale to adoptive mothers mothering young adopted babies and infants. In Chapter Ten, "Along the Way: Coping Strategies and Events", a discussion concerned with adoptive mothers' perceptions of differences and similarities between mothering adopted and biological children, and the concept of goodness-of-fit, is developed. Adoptive mothers' perceptions of adoption as a life event are also detailed. In Chapter Eleven "Facing the Later Years", issues arising for adoptive mothers across their children's teenage and adult years, particularly the possibility or the reality of contact with birth family members, are examined and discussed.

As outlined in Chapter Six, Rosenberg's developmental tasks model (a life-span development perspective) was found to align well with identified topics on the interview guide, to make a contribution to the plan used in the first stages of the data analysis, and to offer a developmental perspective on adoption across the life cycle. Rosenberg's model now offers some guidance to the categories used in the presentation of this qualitative data. The previous theoretical exploration of relevant adoption and new motherhood theories examined in chapters Four and Five, now facilitates

the theoretical analysis of the data which is incorporated and discussed throughout these chapters. Chapter Eight opens with a summary of relevant demographic data.

CHAPTER EIGHT

IN THE BEGINNING

Introduction

In this chapter, *In the Beginning*, the pre adoption experiences of adoptive mothers are examined, including their experiences of the grief and losses involved in infertility, miscarriage or the death of a child. Adoptive mothers' experiences of the adoption application process are detailed. Also examined in this chapter are adoptive mother's attitudes toward significant others relevant to the adoption process, including birth parents, foster mothers and social workers. Preceding this, demographic information is presented.

A Brief Description of Participants

The participants in this study were all adoptive mothers. The sample consisted of fifty women, nineteen who at the time of the interview were mothering at least one adopted baby or young child (children aged five or under five), and thirty one with one or more older adopted children who were entering the teenage years, or who were nearing, or were at an age at which they are able to receive, or have received identifying information concerning their origins.

A number of mothers in this study (seven) have adopted children whose cultural background differs from their own. This represents 14% of the sample. Three of these adoptive mothers of children from a different cultural background are mothers of older children (10% of this group of 31), and four are mothers of younger children (21% of this group of 19). In 1993-94 in Queensland, the adoption of children from a different cultural background than adopters represented approximately 25% of non-relative Queensland adoptions.

A number of women adopted under the legislation of another country, or another Australian state before relocating with their family to Queensland (five women, representing 10% of the sample, and including two of those who have a different cultural background from their children). The majority of women adopted under Queensland legislation (90%), and all of the

mothers in this study are adoptive mothers living permanently in centres throughout Queensland.

Ages of Adoptive Mothers at the Commencement of Research

The ages of the fifty participants at the time of the first interview ranged between thirty and seventy years, with the majority ranging from thirty to forty nine years.

Table 1. Current ages of participants

20-29	30-39	40-49	50-59	60+	Total
0	16	13	11	10	50

Ages of Adoptive Mothers at the Time of Adoption

The age of participants at the adoption of their first adopted child, differed for mothers of younger children as compared to mothers of older children. Mothers of older adopted children ranged in age from 26-45 at the time of the adoption, with the majority of these mothers aged between 26-40, (93%, n=31). For mothers of younger children (under five), the majority were aged between 31-40 (94%, n=19). Only one mother of a younger child was aged 26-30 at the time of her first adoption, as compared with eighteen mothers of older children who were aged 26-30 at the time of their first adoption.

Table 2-1. Ages of mothers of older children at the time of the adoption

20-25	26-30	31-35	36-40	41-45	45+	Total
0	18	6	5	2	0	31

Table 2.-2. Ages of mothers of younger children at the time of the adoption

20-25	26-30	31-35	36-40	41-45	45+	Total
0	1	11	7	0	0	19

Possible reasons for this apparent increase in age at which younger adoptive mothers first adopted may include the emerging trend for women

to delay having a first child, and the increased waiting period for adopted children, this closely related to the number of children available for adoption.

Ages of Children at the Commencement of the Research

There is a total of eighty four children of the fifty adoptive mothers in this study, comprising sixty two children aged over five years of age and twenty two children aged five years or under five years. The ages of the children of mothers in this study ranged from less than six months to over 30 years at the time of the first interview. The majority of older children were aged 19-29 years and the majority of younger children were aged under twelve months.

Table 3-1. Ages of all older children.

6-10 years	11-17 years	19-29 years	30+years	Total
4	11	32	15	62

Table 3-2. Ages of all younger children.

Under 6 mths.	6-12 mths.	12-35 mths	3-5 years	Total
9	3	6	4	22

Ages of the Children at Time of the Adoption Order

For the older children (n=62), all but three, at the time of their adoption order, were aged under six months. Two of these children, members of a family of other biological and adopted children, were adopted after being fostered for many years, and one child was aged two and a half at the time of the adoption (overseas adoption order). The majority were aged one to four weeks at the time of their adoption order.

For the mothers of younger children (n=22), their children were aged between three days (overseas adoption order) and nine months (cross cultural international adoption, Queensland adoption order), with the vast majority between five and nine weeks at the time of the adoption order.

Numbers of Children Adopted by the Participants

The majority of participants (forty four women, 88%), had one or two adopted children, with the remaining six women adopting three or four children.

Those women who had adopted two, three or four children were most likely to be the mothers of older children (68%), with only ten of these older mothers adopting only one child. Of these "one adopted child" families, all were families with other biological children.

In comparison, thirteen of the mothers with one adopted child five or under (68%), had adopted (so far) only one child. Eleven of these children lived in "one only child" families, although this family formation may change in the future for some adoptive mothers who are on the waiting list for another child. Two adopted children had been adopted into families with one other biological child. Six mothers with an adopted child aged five years or under, also had other adopted children. Of these six mothers, five had two adopted children, and one mother has three adopted children.

Gender of Adopted Children

The children of mothers in this study consisted of fifty boys and thirty four girls. The older children group was comprised of thirty nine boys and twenty three girls. Children aged five or under numbered eleven boys and eleven girls.

Employment

The participants in this study were asked questions about their employment identity. This is not necessarily a gauge of their present or family income. In Queensland many women have been required to resign from their employment, sometimes for an unspecified length of time, when a baby is available for adoption. To gain information concerning the employment areas in which these women participated, I did not differentiate between whether they were currently or previously employed. For example if a participant chose to identify herself as a secretary (clerical, receptionist), however she was a full time mother at the time of the interview, as were the Queensland requirements, she appears on this table as a secretary.

Equally, if a participant nominated her role as home duties, this was recorded.

Table 4. Employment areas of participants

Self Employed / Family Business	Trade / Unskilled	Secretarial / Admin.	Professional	Home Duties / Unpaid Volunteer	Total
10	7	17	12	4	50

The assumption that adoptive parents are frequently although not exclusively middle class is supported in the adoption literature (Grotevant and McRoy 1990, Harper 1992a), and this is further supported in the above table. Contributing to the middle class status of adoptive parents may be their advantage of dual-incomes during the many childless years.

The Time Waited for an Adopted Child

For mothers of older children, the waiting time between the time when the adoption application was approved and the time of the adoption order, ranged from three months to five years, with the majority of participants waiting from between one and four years.

The waiting time for mothers of younger children ranged from six months to nine and a half years. Two of the mothers of younger children who waited a much shorter length of time had adopted children from overseas and did not adopt under Queensland adoption legislation. Two other babies were "special needs" adoptions. The remaining women waited from between four to nine and a half years.

Overall, this demographic information presents a picture of a mother of younger children, as one who has adopted one baby, who waited longer for placement, who was older, and whose baby was older when the adoption order was made than the mothers of older children in the study. Whilst these mothers of younger children were most likely to have adopted a child from the same cultural background as themselves, the mothers of younger children in this study were twice as likely as the mothers of older children to adopt a child from a cultural background different to their own.

The picture of a mother of older adopted children is one of a woman who adopted more than one baby, who waited a shorter time, was younger at the time of the adoption order of their first child, and whose babies were

younger when the adoption orders were made, than the mother of younger children in this study.

The reduced number of babies available for adoption and changed placement procedures could be major factors in this altered profile.

Deciding To Adopt And The Adoption Process

In Queensland, applicants for each of the categories of adoption orders (that is, general, relative, foreign, and special needs) are selected on the basis of their eligibility and suitability to adopt a child in the particular category. To apply, applicants in most instances are required to be a married couple, who have been married for two years (single applicants are considered only under special circumstances, and de facto or same sex couples are excluded from adopting). The applicants must have attained the age of 21 years, and, if the applicants have no other children, must be less than 36 years old. Applicants with one child in their custody, will generally be less than 40 years old. Applicants for general adoption must not have more than one child in their custody and must be infertile (as defined in QLD Regs 1988, 5). At least one member of an applicant couple must have Australian citizenship. Applicants must not be suffering from any medical condition or disability to such an extent that they would be unable to care for the child on a permanent basis. Weight is a consideration in the overall medical assessment. In making the assessment the assessor has regard to any existing criminal history of the applicants.

In considering an application for adoption the following matters are also considered: the quality and stability of the marriage (for joint application), emotional and personal capacity to become an adoptive parent, financial capacity and stability, capacity to provide for the range of the child's needs, attitudes to children and duties and responsibilities of parenthood, attitude to informing the child about his or her adoption, and, for applicants of general list adoptions, their adjustment to infertility. In the case of an adoption of a child of a particular indigenous, ethnic or cultural background, the ability of the applicants to maintain the child's indigenous, ethnic or cultural identity, is assessed. The participation of the applicants is required in any course or seminar conducted by the Director General of the Department of Families, Youth and Community Care.

Exemptions to these requirements can be requested, this often dependent on the category of the adoption application. Special considerations exist for potential adopters of Aboriginal and Torres Strait Islanders, in consideration of the special needs of the child. Under the Act the welfare and interests of the child are regarded as the paramount consideration (ACA (QLD), s.10). Under the Act there are also provisions for appeals against unfavourable assessment to be considered by the Adoptions Appeals Tribunal.

When an adoption order is made the adopted child becomes the child of the adopter(s) and they become the parent(s) of the child as if born to the adopters in marriage. The child ceases to be the child of the birth parents or previous adoptive parents and any such person ceases to be a parent of that child (Boss 1992, QLD Regs 1988, ACA (QLD) 1964-1991).

In Queensland, under the Act, the only authorised persons to make adoption orders are the Director General of the Department of Families, Youth and Community Care (the Department), or an agent of the Director.

In Queensland adoption is formalised through a legal, administrative process by The Department of Families, Youth and Community Care. Authorisation is given to professional social workers to facilitate the adoption process. Whilst in past years in Queensland infertility was not always part of the criteria for general adoption, proof of infertility is a current requirement in most instances (Qld. Regs 1988,5).

Fertility

Not all couples in this research were infertile, although fertile/infertile categories were difficult to construct. At the time of this study thirteen adoptive mothers had biological children prior to adopting, four adoptive mothers adopted a child or children and subsequently gave birth to one or more children, and thirty three mothers had only adopted children in their family. The reality that some women who had considered themselves a partner in an infertile union when they adopted, subsequently delivering a biological child or children, appears to reinforce those explanations that fertility testing in the past was far from conclusive, and currently is not infallible. Such events may have perpetuated the past belief that adoption could almost be regarded as a fertility treatment or a "fertility" or "good luck charm"(Schneider 1995, Sorosky, Baran and Pannor 1984, Frank and

Rowe 1990, Humphrey 1969). This point is raised by McWinnie (1967) who writes that in previous studies "there was evidence that having an adopted child made it possible for some couples to conceive a child of their own" (1967,41).

Some couples who were previously fertile couples and who had at least one biological child, had apparently, subsequent to the birth of the child, suffered the inexplicable onset of secondary infertility. In several other instances couples were physically able to produce children, however health complications in the mother or the baby had often resulted in severe illness of the mother, multiple miscarriages, or the death of a newborn baby or infant. For mothers wanting to increase their family size after having a biological child, such reasons were the most frequently given for adopting a baby. In other instances there was a discovery of hereditary diseases, or a change of partner rendering biological children unlikely. In total seventeen (34%) participants had a biological child before or after adopting a child, and thirty three (66%) had no biological children at the time of the interviews.

A small minority of fertile couples had reasons for adopting other than for medical or health grounds. Comments from these mothers include:

"Infertility was not an issue for us, we could have children, and we decided we wanted a third child, it's not really altruistic, I'm not sure that's the right word, but we were very conscious of being privileged people, a very privileged generation, from good families with a good education, and we wanted to give something back, we thought of overseas adoption" (Rita).

"We had four sons and we really wanted a girl, I was a ballet teacher" (Beryl).

For these preferential adopters, adoption was the option chosen despite their reproductive abilities. However for the majority, infertility was the main factor in applying to adopt (Johnson 1992).

Infertility

The Gift

In a room of many voices, sits a silent, rigid form,

All about her cackling swells.

She watches all, contented hens, their purpose true,

not so her!

She fights to quell the storm inside her,
 as yet another enters in.
 Grossly shaped, sagging dress,
 hand on back.

Hastily, she looks away, stands up,
 and stumbles out into the air.

She breathes in life, and cries out loud
 Why can't she give the gift of life to him.
 (Rhonda, participant adoptive mother).

According to Rosenberg (1992), a certain level of acceptance of one's difficulties with reproduction is necessary for adoption even to be acknowledged as a viable or acceptable alternative. Indeed for some, adoption is not an acceptable alternative to raising their own biological children. The process of acceptance is, according to Rosenberg, a very painful and lonely one. She states that it may be equivalent to accepting other physical disabilities, but different in that this disability does not "elicit the same kind of empathy and validation" from the community as do other disabilities (1992,52).

For those women in this study who were infertile, or who were a partner in an infertile marriage, their wide ranging emotions concerning the many complex issues involved are evidenced in the following comments. In only six instances was the infertility of the husband identified by participants.

Assisted Reproduction - "the infertility regime"

For many of the women the diagnosis of infertility, and subsequent consideration of adoption, had come after many years of intrusive medical exploration and treatment.

"What we went through, the infertility regime, blood tests, every day, 2 weeks of the month, for 3-4 months, and drugs, and the drugs for increased ovulation caused cysts on the ovaries, I had four operations for cysts removal, four minor operations. They found out that I had gynaecological problems but my husband

was sterile. I just about ended up in the looney bin, I got depressed, I couldn't handle the stress, but it's hard on the man too, not just the women" (Yvette).

"I had the blood tests for days on end in hospital, for the egg pick-up, me and the other women. It takes control... controls your whole life, a way of life so whole consuming" (Sheree).

"Endometriosis, surgery, drugs, five IVF attempts, but adoption seemed quite normal, it didn't bother me, my sister and cousin have adopted" (Pam).

"I lost a baby, had Endometriosis, had a year of drugs, tried IVF a couple of times and I felt like a guinea pig, I felt it was trial and error, I'd decided I'd had enough, my husband pursued adoption more than me initially" (Jill).

"I'd never try it again, IVF people are deceitful about the success rate, I was screaming, crying, it was too much, I knew in the hospital when I was bleeding that it wouldn't work, I started taking Serapax to help with the anxiety, I became addicted.... (Rhonda).

Not only do these women appear to have undergone stressful and arduous medical intervention, but it seems that such treatment is less than self determined, and focuses on exhaustive, intrusive testing of women's bodies. At times, belatedly, these tests prove unnecessary, as is further illustrated in several comment below:

"I had three years of medical treatment, but my husband is Catholic and doesn't believe in IVF. We'd put our names down for adoption about a year after finding a problem, as an insurance policy. I remember the inequity, women subjected to all this surgery and drugs and then they say 'oh well maybe we should test the husband. And it's so easy to test a man, the tests for them are not invasive" (Katherine).

"We bailed out of IVF, before it got too intrusive, we'd just about given up on conceiving naturally, if you call IVF and all the rest of it 'natural', Endometriosis, three lots of surgery, three years of drugs, blood tests, my husband had low sperm count. When we came to Brisbane, he (the doctor) said 'now, we can put you on further drugs'. I said we've done all that, and he said 'but this won't be as bad'. I said how often will I have to come into your office, and he said 'three times a week'. Now I call that pretty intrusive. And after we had given up, and after we had told him we didn't want more IVF, and we made it clear we didn't want anything anymore, he said we could try laser treatment. I said I don't want to do all that, and he said 'aren't you serious about this? Don't you want a baby'? I got out of his office and burst into tears" (Melanie).

"I had intense infertility treatment, Clomid, double doses, the doctor said 'don't panic about multiple birth'. In the end I was having injections in my leg within the monthly cycle - I can only assume it was another sort of hormone treatment" (Wendy).

"I went through these terrible tests, horrible tests, until they realised it was Andrew" (Diana).

The doctor/patient relationship appears to be a disempowering one for these women, with women seemingly having little control over medical intervention. There also appears to be evidence of the "benevolent lab-father" attitude of doctors and scientists of which Klein (1989) speaks, and of the "failed technology" of IVF, which brings high risks of side effects including ovarian cysts, and depression (Klein 1989,1,2).

Infertility on the Public Agenda: "when are you going to have kids?"

On many occasions, although perhaps not intentionally so, the attitudes of others appeared to increase the pain of infertility. Child bearing or the lack of it, appeared to be very much on the public agenda:

"One woman said to me 'come on you lazy thing, when are you going to have kids?'" (Gena).

"I felt incomplete without children. People were very cruel often, to people, to couples without children, innuendos. It might never be meant to be cruel, people always say why haven't you got kids like it's their business. And people have to account for why they haven't, people have to make themselves answerable" (Nina).

"We decided to adopt. We both wanted children. People were saying 'when are you going to start a family?' All of my friends having babies and I couldn't. It was a real pressure, it was awful" (Diana).

Producing the next generation was also high on the agenda of some extended families, with increasing family pressure on these women to perform and produce the grandchildren:

"There was enormous pressure from parents, other family, and from friends. It's different now, there's been a radical change in the last 20 years, yes, there was a lot of pressure, in the 1960's and the 1970's. I had a friend at university and she was infertile and for her....., she suicided because of the pressure" (Fay).

"My family's attitude is that children are important, children are great, and so having children in my family is gaining approval, acceptance. We looked like a yuppie couple, but you can't go around with a sign around your neck saying 'I'm infertile, stop judging me'" (Pam).

"My father used to say almost every night 'you'll marry a catholic, and be popping out babies' . Two years after my marriage he said 'where are the grandchildren?'" (Wendy).

"People were always saying when are you going to have children, I waited for eight and a half years to adopt. One women said 'when are you going to get off the pill and start having kids'. People don't know. I had pressure from David's mother, she had ten kids" (Toni).

Arandt (1991) notes the fact that childlessness, whether voluntary or not, almost requires explanation, while Iwanek (1989) cites the work of Else (1987), who reports very similar findings of great social and family pressure on childless couples to have children. In this study it appears to be the case that the failure of these adoptive mothers to produce the expected children and grandchildren resulted in perceived pressure to be accountable for such non performance.

Gender Differences

Some women in this study thought that gender differences existed in how the infertility was coped with, and how the grieving process was experienced. Some women thought men grieved over infertility and childlessness to a greater extent than women.

"Men are affected deeply by infertility, my husband was very distressed by it, a man really feels inadequate, he's the one who produces the child really" (Diana).

"Nine out of ten people assume it must be the female, everyone assumes it must be me. In a way it would have been easier. I felt I wanted to protect him, people assume it's a matter of masculinity, if you can't produce children you're not much of a stud. For women it's not so connected to their sexuality, women are more sympathetic about infertility for women, even now I don't tell people who is responsible, it reflects badly on him" (Annette).

One participant felt her husband understood her grief and nurturing needs but did not share them:

"The only thing you haven't asked is the reaction of the husband. When I said it looks like we can't have children, he said 'do you really need a child to be happy, aren't I enough?, I'd be happy with you'. I said I can't visualise not having children. He said I'll do what makes you happy" (Dorothy).

Kirk (1964) examined this issue of gender differences and found that while involuntary childlessness represents a serious crisis for women, men were disappointed by childlessness, but appeared to feel less deprived. Rosenberg (1992) states that there may be gender differences in the significance of childlessness which may make it difficult for men and women to understand each other's feelings and reactions. Rosenberg (1992,55) cites a recent unpublished study by Andrews in 1990 which found that women bear more of the stress associated with infertility, even when it is the husband who is infertile. As mentioned, in this study husbands were only implicated by their wives as the infertile partner in six instances. Yet Sorosky Baran and Pannor (1984) report that with infertility it is common that one third of the instances of infertility difficulties will occur in the male partner, one third in the female partner, and in one third of those diagnosed with infertility problems the problems will be unknown. In Andrew's study (cited in Rosenberg) it was noted that the focus is on the women's body as the couple attempt conception, and that the depressing evidence of menstruation as an indicator of failure, exacerbates the stress for women. Such a situation existed for Beth, an adoptive mother in this study, who commented

"It was hard you know, to think each month there would be a child and there wasn't, my husband had satisfaction from his work".

Others have also suggested that women experience significantly more stress from tests and treatment than men, and place greater importance on having children and attaining motherhood. For men there is the loss of the satisfaction of contributing to a pregnancy but satisfaction and self esteem may be gained through alternate means (Halman, Andrews and Abbey 1993, Rosenberg 1992). Rosenberg concludes that men and women have different losses to mourn.

Miscarriages, and Neo-Natal or Infant Death

Miscarriages were experienced by a number of women in this study. Several women experienced loss through neo-natal deaths, and the death

of young children. The majority of comments and, in particular, those responses recalling multiple miscarriages and loss of a child were from mothers of older adopted children:

"I lost the baby and I became obsessed, it really became an obsession" (Iris, mother of an older child).

"I lost two children aged three and eight, I nursed them both, the doctor said it was genetic, but he couldn't trace anything. The doctor suggested adoption, he had two adopted children, there was plenty of babies" (Esther, mother of an older child).

"I had one baby die and five miscarriages" (Madge, mother of an older child).

"I lost two sets of twins, the twin boys were stillborn at eight months" (Doris, mother of an older child).

"I had two miscarriages and another baby died, I almost lost my life" (Ivy, mother of older children).

"I'd been married before, I lost five babies to my first husband, I went to the fertility clinic after my second marriage, my husband had low sperm count" (Merle, mother of older children).

"I had seven pregnancies, five miscarriages, one baby died, and one son lived, he's 29" (Helena, mother of older children).

The above responses of adoptive mothers, as revealed to me during the interviews, describe experiences of the loss of a child as very distressing times in their lives.

Of interest are those responses which painted a picture of a different, less stressful event. One woman speaks of comparative grief, and also alludes to her perception of the "less than appropriate" nature of her response:

"I had a baby born dead, I carried that baby around dead, and three miscarriages, and that was pretty traumatic, but I'm not the sort of person who suffers for years. I sound a bit hard-hearted, but the two heart attacks my husband had, and seeing my mother at three and a half stone before she died, these things upset me more, but I'm a person who doesn't get upset, I'm not neurotic, you've got to get on, I'm sorry I'm not coming up with what you want" (Joyce, mother of an older child).

Of further interest are these responses, which appear to place emphasis on the existence of a pregnancy more than the associated grief, perhaps also

indicating the importance for these women of establishing eligibility to the fertile rather than infertile world:

"I actually fell pregnant when it was exam time, the baby died, I grieved, but I realised I had a life, I knew life didn't end, I did get on (Sheree, mother of a younger child).

"I had a miscarriage, *I actually was pregnant*" (Maxine, mother of a younger child, her emphasis).

According to Arandt, whilst miscarriage is a common type of failed pregnancy, "the grief is the least understood" (1991,15). Further, Oakley, McPherson and Roberts (1990) write that historically, in an era when fertility was difficult to control, women's concerns may have been to prevent too many births. Residues of these attitudes in the community may mean that for women who carefully plan a pregnancy, the occurrence of miscarriage or neonatal death may cause grief which is unrecognised, and which attracts little real support. However evidence from this study suggests that the meaning of miscarriage may be different for different women. Further, grief from a miscarriage or neonatal death may take different forms, or may be experienced in unique and different ways by different women in different circumstances.

The Finality of Infertility and the Movement Towards Adoption - "*infertility affects your life forever*"

For one woman unable to produce biological children, this information known to her for many years, adoption was very much an acceptable alternative:

"I knew I couldn't have children, I explained it to my husband when I met him, he didn't mind, we talked about adoption but he wanted to wait awhile. It took me a number of years to make him interested. It's genetic, three sisters, three aunties, two sisters of my grandmother and my cousin's daughter, nature couldn't make up its mind, we have no uterus, no ovulation, but we are all female. Out of all the sisters and aunties I was the only one who dared to adopt. I think I would have died, not having nurtured, just me and Robert, I would have divorced" (Nina).

For some adoptive mothers, the prospect of permanent biological childlessness appeared to be less traumatic than for others, or at least, coped with in different ways:

"I had blocked tubes, but I don't think our marriage would have broken up if we hadn't had children, I mean you've got to be philosophical about these things" (Gwen).

"It never affected me to the degree it affected others, the extreme grief, like crying when they see a pregnant women, ...well there was a time when I would have burst into tears, but my husband and I were able to cry together, literally laying around weeping, we were able to get past it" (Sheree).

"I can honestly stand here and say I didn't have a major trauma over my infertility. I didn't think it was the be all and end all to be a parent" (Annie).

However for the majority of participants for whom infertility was a factor, their comments suggest that a diagnosis of permanent infertility was unanticipated, devastating, life-shattering news. This news altered their lives forever.

"It's a major life event which alters our life in a major way because you have no control, no choice.... You can't say you've accepted it because you can't, it's there all the time, maybe you handle it, keep it under control" (Stella).

"Infertility is sort of like a death" (Rhonda).

"I remember when I was on IVF, and the doctor so calmly said 'that's all we can do for you, away you go', it's almost like saying you've got cancer and it's terminal. I was so depressed about the infertility I wanted my husband to divorce me. When I saw a pregnant women it would hurt, but you wouldn't wish this unhappiness on anyone. I think I'm still grieving, it's with you for life, like an old enemy, I don't think you ever lose it, that grief position, the grief factor runs parallel during your lifetime, that's what I feel" (Dana).

"I was a single women, I thought I would have a career and have a child. It was going to be wonderful, I never thought there wouldn't be any babies. I had two weeks of planning and thinking about motherhood, and I went to have a smear test. Within 10 days I had discovered I had cervical cancer and had the hysterectomy, and it was all over so quickly, my dreams gone. It's the whole life plan, we grow up and we have kids. People try for years to get over it, but it's not like it's here today and gone tomorrow - infertility affects your life forever, it's not like it progresses, it's like life stops" (Nancy).

"Infertility is like the death of a relative, it's like unfocussed grief, like grieving each month for the child you haven't had and will never have" (Melanie).

It appears that a diagnosis of infertility produced a grief reaction that was neither easily comprehended and understood by the couple, nor validated or understood by other people, as these comments further illustrate:

"I was angry about being infertile, angry, disappointed, upset, sad, It was terrible, my mother had died when I was six and a half, and I very much wanted to mother, I felt I had been robbed twice" (Pam).

"You'd see someone pregnant and burst into tears, and people didn't understand, they'd say sorry to bring you the good news but I'm pregnant" (Carol).

"The first three years of knowing we were unlikely to have another child of our own were really, really bad. I think they call it the grieving period, grief over the loss of a child I had in my mind, an image of a family, my image was mum, dad, and two kids, the classic, normal family, and suddenly one of those children was wiped out of the picture, it was so hard to deal with, because of different ways of grieving we stopped talking to each other for a few years. My self esteem plummeted. I felt I wasn't any good at anything except mothering and there I was deprived of repeating it, deprived of mothering. Even though it was my husband, I was just as helpless, powerless. People don't understand the devastating effect of infertility. Like (when) we were in the middle of it, I was very upset, and I went to pieces, and a woman I told just didn't understand, She didn't have a clue. One day I woke up and I felt good, and realised I'd been depressed for three years" (Annette).

"You get that way you think you can't make a contribution to the conversation. And there was this bloke at work, and he was very angry about married women working, and I said 'I can't have children, what am I supposed to do?' (Stella).

"Probably one of the most hurtful things was a good friend who became pregnant avoided me. I feel there was a hiatus in our friendship because of that, I felt sadness but never envious or jealous" (Katherine).

"It's almost like losing a child, it's a loss you can't see, a loss you never had, no control, a bit angry but not really angry, a loss, helplessness, made you sort of feel inadequate, self esteem was lost, you can't do what normal people can. We felt guilty we'd left it so long to have children, I was in tears every day for years. When my sister-in-law was pregnant it hurt, because she was only 19, the closer the people were the more it hurt," (Gena).

"It's like a death. It affected my health, mentally and physically because something I had envisaged for my life was children. The thought of not having them was devastating. I had a permanent job at the bank but when I went through all the emotional problems I left. I wasn't coping very well, I wasn't coping with everyday things very well, I left. All I wanted was to be a mother, it was devastating, it floored me, it was a big shock, it was a nightmare. I was just married, I came from a big Catholic family where having babies was never a problem. When I found out it was isolating, it was very frightening. Anyway so many emotions I didn't understand. All of a sudden I was a nervous wreck. At first everything was normal life, like a normal human being, then everything was not normal, *everything* changes, my relationship with my husband, sex life revolves around having a baby, everything becomes different, seen through a different perspective. Life as you know it is no more, other people pregnant, no-one can help and some people don't want to know. To the public you look normal, and you go home and go nuts. I developed agoraphobia and depression before the baby (arrived). She (adopted daughter) was a God-send, now I have something to live for" (Melissa).

The comments of these women, concerning the grief and losses involved, appear to liken infertility to a hidden "life (or death) sentence", unable to be imagined by those who are not childless, and rendering those affected helpless and grieving, and feeling they no longer fitted in a fertile world. Several of these comments appear to echo the words of Johnson (1992,81) who speaks of infertility as a "road you will travel for a lifetime rather than a side trip", and the words of Sandalowski (1988,148,149) who speaks of infertile women seeing themselves belonging to a 'deviant subculture', misunderstood and seemingly speaking a different language to the fertile. As with the treatment following preliminary diagnosis of infertility, control over events affecting their lives appears lost to them. Similarly O'Dea and Midford (1993) write of a lost control for individuals over life's direction, and a loss of self-image, self-esteem and perceived loss over one's sexuality.

Of the participants who made comments concerning their devastation and grief at learning of the infertility, mothers of younger children appear to dominate. One possible explanation may be found in this older adoptive mother's comments

"the doctor suggested adoption, he said I can get you a boy or a girl, in those days there was plenty of babies"(Esther).

Whilst the diagnosis of infertility was distressing for some older mothers in the study, it may be that the availability of babies, and a certain degree of community acceptance of adoption as a alternate form of family building, cushioned the impact. The passage of time and the experience of adoptive mothering over many years also may have contributed to this finding of an apparent lesser grief reaction.

Several of the above comments concerning the unexpected and shattering life sentence of infertility allude to a belief in an expected, natural sequence and a purpose of life events, including marriage and children. They also allude to an image or dream of how these events would unfold, and a sense that all this has been terminated for adoptive mothers. This loss of meaning is perhaps more clearly identified in these comments:

"We were brought up to think that we would have our own children, our society's structured that way" (Pam).

"I mean what was I put on this earth for?" (Sheree).

"I always pictured myself surrounded by children" (Marianne).

"People said 'Oh you'll get used to being without children' but it was a hunger inside, I had to have someone to mother" (Merle).

"We couldn't imagine life without kids, oh no, it was the ongoing thing, you work to have children, the next generation, something that's ongoing, it's a reason for being, and a purpose, not that you want to create a dynasty, but a reason for giving, that has to be your children" (Meryl).

"Most people don't make their infertility public because they're too embarrassed to admit they cannot do what they were meant to do" (Nancy).

Coming to terms with infertility seemed very important for some mothers and for some adoption workers, as exemplified in these comments:

"They insist you say you've faced your infertility. The worker was eight months pregnant and it didn't really worry me, but she said you've got to learn to come to terms with your infertility, my first thought was 'What would you know about it?' " (Stella).

"You don't overcome your grief, you accept it, but how can I accept my boys if I can't accept my infertility. Every time I talk about adoption, I'm talking about my infertility. I honestly think that if you can't accept the infertility, you can't accept

the adoption. Infertility is you, like a personal characteristic. Paul and I will be an infertile couple until the day we die' (Annie)

For Annie (above) a lack of acceptance of infertility, means a lack of acceptance of adoption, however the following women see it differently, suggesting that the required assertion of some workers, of total acceptance of infertility encourages a denial of the differences of adoption.

"The social worker said I should be more upset about the infertility. She was insisting on me having dealt with the infertility. The social worker kept saying you haven't accepted the infertility fully, she kept on about the infertility. But by denying the infertility, I'd be denying the child" (Lorraine).

"For each child we had to go back to the infertility thing, I mean I know it's important, and it hurts like hell, it will always be there but all they do is force you to say you've accepted it, but if it's forgotten, then they're encouraging you to think it's the same as other parenting, the Department is encouraging a sense of it being the same" (Rhonda).

For one participant, taking up the adoptive mother role facilitated the fulfilment of mothering for which she had been searching:

"I had a terrible yearning for a child, but I felt it was satisfied after we had our daughter" (Dorothy).

However it seemed that for some women, a thread of hope of fertility still remained, and had been maintained over many years:

"You get past hope, but in the back of your mind, after 21 years of marriage, you still harbour the thought there is something there, like an hour glass, finally the sands have gone..... nearly but it's never gone" (Annie).

"I remember one day watching an ad, a mother was handed her baby it catches you by surprise, I just cried. I think there is still a little bit of hope, but they (the Dept) insist you say you've faced your infertility" (Stella).

"No biological children, but it's in the lap of the Gods" (Wendy, older adoptive mother).

"The doctor said you'd probably win the lottery before you'd have another baby, but there was a small hope" (Jo, older adoptive mother).

Harper (1990a) believes that because individuals rarely receive a diagnosis of absolute sterility, the hope for biological parenthood is strongly maintained, and that "its relinquishment and the identification with adoptive

parenthood is a slow and ambivalent process of identity change" (1990a,11). She points to there being a major task of letting go of the expectations associated with biological parenthood, accepting the problem, coming to terms with feelings of loss and anger, and completing this grief work prior to accepting the adopted child. However the words of some adoptive mothers above and others previously examined suggest that absolute and final acceptance of infertility and integration of the infertile self, was not necessarily useful nor accurate (for example Dana "I think I'm still grieving, it's with you for life, like an old enemy, I don't think you ever lose it, that grief position, the grief factor runs parallel during your lifetime, that's what I feel"). Further, it could encourage a denial of the infertility and even an inappropriate insistence of the sameness of mothering an adopted child across the adoption lifecycle. Johnson (1992) speaks of lifetime travel down the infertility road, and perhaps for some, a glimmer of hope of the reversibility of infertility, and the possibility of biological mothering, offers a partial escape for them from the devastating effects of the associated grief.

Overall it seems clear that for some women above, the loss was not only the loss of the nurturance of their biological baby. Rather they lamented being robbed of a chance to achieve the next stage in the life plan; motherhood. The consequences of being unable to fulfil this role, and of being disregarded, and left without hope, was severe, overwhelming grief for many of these adoptive mothers. They had lost meaning and purpose, and an ability to perform as they believed was their destiny.

Marris (1980) suggests the

"structure of meaning which enables anyone to make sense of his or her own life is a unique evolution of both abstract and concrete, and generalisable and specific organisations of physical, social, and conceptual relationships"

which are attached to particular people and situations (1980,104,105). Uprooting of meaning represents a severe disruption to this structure, and may come about through the loss of any of the elements on which the structure depends. Marris (1980), in discussing uprooting of meaning, identifies four core elements as: purpose, attachment, regularity of events and conceptual coherence.

Marris (1991) suggests that meaning is organised by purpose and that any event that thwarts an individual's crucial motives for action is likely to cause bewilderment and a sense of futility. Most importantly, unintelligible events

which disrupt purposes and attachments are doubly threatening. Disruptive events are also much harder to deal with if they are both sudden and unexpected, and if there are few supportive, continuing relationships. The bereaved must find a new sense of meaningfulness of life (purpose), and such meaning must acknowledge the loss of attachment that cannot be made good by avoidance and substitution (Marris 1980,1991). Rather the loss must be grieved. For some adoptive mothers it appears that their "purpose for being" is thrown into question after infertility is diagnosed.

Marris continues that from immediately after birth, the attachments formed as a result of the emerging emotional structures of meaning, give a model for understanding every other kind of order and attachment. The emotional attachments become the context in which individuals continue to learn. The degree to which any loss is experienced as an upheaval to meaning will be influenced, in turn, by the individual's childhood experiences of attachment. Infertility appears to prevent individuals from recreating for themselves the parent/child attachments.

Marris also writes that when the loss is irretrievable there must be a reinterpretation of what has been learnt about purposes and attachment - and the principles which underlie the regularity of experience. To do this the loss must first be accepted as something that has to be understood. Further the bereaved must conceive through grief to restore meaning by accommodating disruptive events to inform the present and the future, therefore slowly regaining a pattern of order (regularity) to meaning and attachments. Accommodating, but not necessarily forever overcoming infertility may help restore a new order and regularity.

Marris writes that uncertainty arises when individuals can no longer make sense and conceptual coherence is lost. Marris (1991) believes that each person's vulnerability to uncertainty depends on how well the culture and institutions of the society can impose meaning on events. For many adoptive mothers in this study there may be not only loss of purpose, loss of expected attachments, loss of regularity of events but also the loss of conceptual coherence. With the loss of fertility, conceptual understanding of their future selves, as located within the woman as mother ideology, appeared to lose its coherence.

Marris believes that rather than being influenced by a seemingly emotionless detached contemporary industrial society which shrugs off loss and grief as the price of progress, the bereaved must be reassured that

grieving is normal, painful, and demanding of energy. It must be acknowledged that when change and loss are inevitable, all those suffering loss need concepts which validate rather than ignore grieving, which allow time to grieve, which recognise the right to grieve and which encourage rituals and customs of mourning, thus validating the worth of past, present and future attachment (Marris 1980,1991). Marris's theory of grief, loss and the uprooting of meaning would appear to fit very well with the experiences of many adoptive mothers who experienced infertility prior to adopting, and could offer further understanding for workers of adoptive mothers' needs while coping with this loss. With reference to the Departmental requirement of evidence that the task of mourning the loss of fertility is complete, the words of Sigmund Freud, after the death of a friend's son, may offer some insight:

"We find a place for what we lose. Although we know that after such a loss the acute stage of mourning will subside, we also know that we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else" (cited in Woden 1982,17).

The Social Workers: "it all depends who you get".

For the adoptive mothers in this study the life long process of adoptive parenting began with initial enquires to the Department concerning their eligibility to adopt. After the completion of the applications and any required medicals, and the undergoing of the assessment phases as directed and carried out by workers of the Department, these mothers had been accepted as suitable applicants.

For almost all of the adoptive mothers in this study, the interviews with the adoption workers were captured in their memories of events leading up to the adoption. For some adoptive mothers their memories were of helpful professional workers:

"The Department was quite helpful, no problems, but a pretty thorough investigation of us, a big investigation, you know, had to be employed, no criminal record, a house with a room for each child, you had to be a decent person" (Gwen).

"They were very positive, very friendly" (Ivy).

"I found the Department sympathetic, nice to us, very kind at the time" (Dorothy).

"A social worker came, I remember I was so nervous, I thought she was going to ask all sorts of intimate questions, put us through the mill, but she didn't, she hardly asked any questions" (Nina).

"We had different people, but both lovely, very caring. The first (interview) was the most difficult, I had to tell them about all the problems, and they sent Ted away, and asked me questions, it's a bit prying but I suppose they have to do that, they didn't ask about finances, like how much we had in the bank" (Rose).

For some adoptive mothers, workers were thought of in a less positive light, and the workers' insensitivities and rigid attitudes, particularly toward infertility, featured in several women's memories, as alluded to earlier:

"I had been diagnosed with ovarian cancer and given two years to live, 12 months later I had surgery to review the cancer, chemotherapy, and then 12 months later I was given the all clear. I couldn't make her, the social worker, understand I was getting upset about the fact I could have been dead. I was happy I would live the rest of my life, the lesser emotion was the infertility, I was glad to be alive! The social worker said I should be more upset about the infertility. She was insisting on me having dealt with the infertility" (Lorraine).

"They (the Dept) insist you say you've faced your infertility" (Stella).

"I told the worker I thought there was a lot more to it than we think, about the baby in the womb, and she said 'Oh what rubbish'!, and at the last interview I decided I didn't like her, I decided she wasn't a good social worker. And she went over and over again on the infertility thing, (this was an interview for her third adopted child) and I thought 'Oh God'!. " (Rhonda).

"The worker said they were expecting to have 400 boys they wouldn't be able to place in 1968, but they said we were too old, and didn't have enough money, I was 39" (Madge).

Evident in many comments is a sense that these adoptive mothers were aware that not all workers were the same, nor were adoption policies uniform, clear or comprehensible:

"At first we didn't know where to go (to adopt), and then we went to have an interview, and the worker was terse, no smile, no nothing, and she said what sort of house do you have, and we told her we live in a caravan, and she stood up, and she said 'No way', and I was devastated, and she just said 'you can come

back when you get a house, you can come and apply then', and she showed us the door, and I said 'Is there no hope?', and she said 'No'. Well I cried for days. A week and a half later we saw a worker in another town. There they were really good, wonderful. We said what if we buy a house and sell it, and he said 'Oh that's an old rule, but that's fine'. He said once you adopt they cease to be interested, once you adopt you can do what you like..... and nobody ever, ever checked up. A friend offered to sign their house over to us, but we said no, and we became the first in Queensland to adopt with a caravan" (Merle).

"We had the most lovely lady, the same social worker for the four children, but while we were in Melbourne they sent out the funniest bird, who took exception to us, and when we went up to Brisbane, she (first worker) said 'if I didn't know you as well as I do, I'd be thinking twice about you, we did get a funny report'. I mean I've got a lot of friends who are social workers, but they're throwing them into the arena too young, they should be on the job with an older social worker, before they are given the power over others' lives, you can't put an old head on young shoulders, although some people remain rigid all their lives" (Meryl).

"Haven't you worked it out yet, it all depends on who you get. The first social worker did not do the assessment to our liking, they wrote their interpretation of what we said, not what we said. They wrote what they think were our perceptions, our ideas. One social worker was really good, she discussed everything, she became a friend. The bottom line is if they knock you back, you don't get the chance to have a family, they have the ultimate control" (Annie).

"It could have been a bit more personal, it's not that it's clinical, but not personal, it's more like a business arrangement, but whether it's a personality thing, like who you get. The women were young, and I don't think they had children, so they don't know how it feels" (Laura).

"I think if you tread on toes they have the power to lose your file behind the cabinet. But this time around everyone has been helpful, understanding and pleasant " (Annette).

"The relationship between the social worker and the adoptive parents is very personal, and she didn't care about us at all. I'm still angry, she was such a terrible woman. She said have you tried sex this way and that way, we thought 'it's none of your business'. I got upset, and she said 'do you want me to leave?' We said 'you've put us off so many times, we don't want you to go, to put us off for another few weeks'. A couple of times another women came, I got upset, and she was like a friend" (Carol).

"We waited nine years for a baby. Our application was deferred three times, twice because our fence wasn't suitable (the property had been damaged in the worst floods in the history of the town), and once because we didn't have the baby room set up. We said we have all the stuff, it's just that we might not get a baby, it's too hard. The worker said I want to see the room set up" (Marianne).

The health criteria including weight assessment had been a source of some anxiety:

"I've really got this thing about my weight now, and I didn't before, because I know I've got to get some weight off before the next physical, but I don't think I'm unhealthy" (Stella).

"My husband didn't fit the weight criteria for the medical he would be considered unfit. He lost fourteen kilos with Jenny Craig so he would fit the weight criteria he lost too much weight. I don't think that because he's a few kilos overweight that he's going to be a bad father, or drop dead" (Annette).

"I lost six stone for them, I even became anorexic for them. They said 'you are too fat' basically, I felt pretty humiliated" (Yvette).

It appears that some workers were considerate and understanding of the adoptive mother's feelings. They were professional yet caring and friendly workers, players in a situation not unlike that described in Richard's (1983) writings of the "Intake Interview":

The Intake Interview.

"A closet-size interviewing room, windowless
and grey. A middle-aged couple steps in and
sits down. They both look at me, silent,
expectant, hopeful.
They want a baby.....

They have waited to see me for over two years.

I feel weary for these people. I know
their story already. Still we move through
the desperate routine like
three haggard dancers.....

The room seems warmer
 The man unbuttons his jacket.
 They now offer their professional jobs,
 their cultured hobbies,
 their gardened suburban home.

"Just look" they are saying,
 "See how worthy we are, how deserving".
 "See how long we have waited".
 "Look" I say back (in as many words)
 "I would give you a dozen babies if I could".

Marlee Richards (1988,27).

However other adoptive mothers did not experience the workers as understanding, often finding them less than adequate in their role and failing to meet their needs as applicants. A strong recurring theme in the responses concerning adoption workers was that not all workers were seen in the same light. Participants were aware that it depended which worker they got, and they differentiated between inconsiderate workers, and caring, experienced workers they saw in the role of a professional yet understanding ally. Of some concern, while many adoptive mothers found the home study interviews were "a pretty thorough investigation of us", others found they were asked "hardly any questions", indicating very different approaches by different workers to the assessment. Participants were damning of some policy requirements, one example of which was the requirement of an average body weight.

On many occasions the initial contact with adoption workers occurred at a time when grief over the diagnosis of infertility was recent, and this may present initial difficulties for the applicants and for the workers. As suggested earlier, insistence on acceptance of infertility may not provide the best support for adoptive mothers. Subsequent interviews for adopting additional children may have occurred at times when adoptive mothers were working to reconcile the similarities and differences with adoptive mothering, were facing telling the child about the adoption, and were feeling ambivalent about attempting to incorporate the birth mother into the

picture at that time. This may have been assessed as inappropriate residual affects of infertility.

Several researchers have suggested that many adoption workers are not, on the whole, sufficiently conscious of the feelings of anxiety, frustration and dissatisfaction experienced by adoptive applicants. They claim that while a supportive, trusting relationship should exist between adoptive parents and social workers, to allow parents to express any anxieties experienced during the waiting time and in the post adoption period, "there is disturbing evidence that practice in some areas of domestic adoption falls short of acceptable standards" (Picton and Boss 1981,102, Timms 1973). Supporting this, a client evaluation survey conducted in the A.C.T in 1987 (A.P.A Survey 1987) concerning adoption procedures, revealed high client dissatisfaction related to insensitivity of staff, lack of helpfulness of staff, lack of professionalism, staff changes, withholding of file information, and excessive waiting periods (1987, 21).

It could be suggested that, overall, clients of welfare agencies are often dissatisfied with professionals concerning the quality of professional understanding they receive, and that for clients so emotionally and personally involved, an objective assessment of services is not always possible (Robinson 1978). However, the many comments above do not reflect an overall condemning of adoption workers or of the Department, rather they suggest that significant differences may exist in the adoption assessment process, these differences clearly perceived by adoptive mothers as dependent on individual worker style rather than established uniform assessment policy. These findings appear somewhat similar to those revealed by McWinnie that, as with inter agency policy "the policy of different children's officers can be equally divergent" (1967,25,26). The findings of this research appear in agreement with the suggestions by Bradley that "intriguing areas of inquiry might be closer scrutiny of adoption workers in order to highlight ways in which idiosyncratic traits may be affecting the assessments made by caseworkers" (Bradley 1966,196). According to Collins (1994) in addition to further training, one strategy for improved social work practice, benefiting clients and workers, is the sustaining of mentor/protégé relationships.

With reference to intake processes, Kanuik (1992) advocates for a partnership approach where intake procedures are geared to giving enquirers prompt and accurate information as to the adoption services

offered, and to engage applicants in the process in an empowering way as adults in control of their lives.

The Waiting Time - "are we going to get one, are we not?"

For several adoptive mothers the waiting time was very short, as evidenced by this comment:

"I waited three months for the first one, I mean there was a glut of babies" (Eve).

However for most adoptive mothers the waiting time was much longer, and difficult to endure:

"The waiting time is very stressful- we waited two and a half yearsthe wait never seemed to end. I went into hospital with stress" (Doris).

"During the waiting time, oh if you didn't want them so badly you'd give up. The wait is so long. So many medicals, the doctor wrote Mrs ----- does not need any more medicals or x-rays! It's ridiculous. I know they have to place the child in the best environment, but hovering for years - are we going to get one, are we not? " (Merle).

"I used to say 'It's never going to happen, it's *never* going to happen, we were told five years, we waited nine. We had our second home study in April 1994, we had applied in 1986. We received a letter saying it could be any time in the next twelve months. We were offered a baby a week later. It was a big shock!" (Rose).

"Five years, two months and ten days - a lifetime in other words. I finished work in the December and sat at home making all the baby things and waiting for the phone to ring" (Carol).

Many adoptive mothers were speechless and in "shock" at the "unexpected" phone call. The sudden realisation of the extremely brief time available for preparation compounded the shock. The recollection of this phone call and the meaning it held for these adoptive mothers is recalled with vivid clarity:

"I used to plague the Department. One day they rang up and I knew his voice. I said don't tell me you've got a baby?. It was a Thursday. It's as clear as a bell in my mind. He said 'as a matter of fact can you pick up twins tomorrow?'" (Helena).

"We married in 1981 and I wanted to have children straight away. I had Endometriosis, my husband was tested, after two Laparoscopies, and Clomid

(fertility drugs) we were told we were an infertile couple. We made inquiries with the Department. At first they told us five and a half years, then seven. When I went through all the emotional problems I wasn't coping very well. I wasn't coping very well with everyday things. I left my job. In the time I had no children I made myself available to baby sit. The day, the week (of the phone call) is etched in my mind. I had told the Department to ring my husband when the time came. It was 10am, my husband came home and I looked at him coming towards me and I thought we'd won the Casket. Then he put his arm around me and he said 'we've got a baby' "(Melissa).

"I found the waiting period very hard, I almost gave up. My husband said he quite often felt like saying 'forget it'. The waiting wears you down. Waiting and not hearing anything from the Department- they could write every six or twelve months. They say call anytime, but they don't tell you anything. The waiting goes on and you get psyched into it. We had two days notice. The worker rang and said we've got a little girl for you. We'd been expecting a boy. It was all a bit of a shock. I was stunned. I said I thought I was prepared for this but I'm not. I rang my husband. He didn't say anything. He was stunned too. I burst into tears. I'd left buying until the last minute. It was absolute chaos" (Stella).

"You get cheesed off with the wait. We thought well our daughter is off to high school, and the adoption will never come through. We began to think in terms of the two of us. You get to the stage, well it wouldn't have worried me any more. Out of the blue she rang. She said 'we have a baby'. I said 'we'll have it, I don't need to think about it!'. I cried with my daughter when she came home. The next day we saw the social worker and the next day we picked up the baby; Thursday nine o'clock, the tenth of June" (Marianne).

The above comments draw a picture of a long and arduous waiting period for many adoptive mothers with little if any contact from the Department over a period of years in some cases. For some the waiting became a part of their lifestyle; a necessary part of their life which was accommodated to such an extent that it almost became difficult to let it go:

"When you're waiting you're dealing with the infertility, and you're waiting. And you have to prove over and over how capable you are. I mean if you had someone there saying 'you'll get there' I think I became addicted to the process, living on the edge, and when it's over it's hard to let go. Now you no longer have that great hope, that great expectation is gone... I think going on to the list again was a lot to do with that. And you'd think after waiting seven and a half years you'd be prepared, but it's never definite, you never allow yourself

the luxury of thinking about a real baby because it's too painful. People's lives are on hold, you can't go on holidays because you don't know if it will go to someone else. You can't start up a business venture or start a new job because you'll have to give it up. On the anniversary of our application I'd ring up just to let them know I was alive. It would have been good to hear from them" (Annette).

"The most traumatic time was when they said the baby could come at any time. I ummed and arred about going to a conference in Darwin at the time I didn't want to miss the baby. I guess I never asked about what would happen if I wasn't here, if the baby would go to another couple? When the phone did ring it was unexpected. I thought is someone joking with me, that waiting, you get accustomed to it, and to change from that is traumatic really" (Katherine).

From the above comments it also appears that some applicants' knowledge concerning policies governing matching and placement appeared vague ("you can't go on holidays because you don't know if it will go to someone else") and they virtually placed their lives on hold and waited by the telephone. Clarity on the issue of the placement of a specific child, matched to a specific applicant couple when that couple may be temporarily unable to be contacted, would have reduced anxiety levels for several mother in this study.

While it could be assumed that the waiting time was a period of preparation for the coming child, this does not appear to be the case. While one adoptive mother above "sat at home making all the baby things and waiting for the phone to ring", most applicants took few if any steps to prepare during the waiting period. Several participants' comments suggest that it was for self preservation that thoughts had not been allowed to go beyond the wait. Looking ahead any further could tempt fate, or even could be unnecessary because no evidence was available that the adoption would definitely occur and for some, hopes appeared to fade with the passing years. While several participants, in the time they had no children, gathered mothering skills through baby sitting, for the majority the world of babies was actively avoided:

"You weren't game to have any baby things, it would have been too hard, and you don't read about babies, or watch babies because you're too on edge. We were totally unprepared. After the phone call we fell into each other's arms and cried" (Pam).

"We waited seven years and four months. The first few years were probably the worst. We used to call the Department to see they hadn't forgotten us. I rang once and they said you've got a different coloured folder, and I thought my God, what does it mean? They didn't explain. They rang on the Monday, we had to be there on Thursday. I had a day and a half to shop, I couldn't bring myself to shop during the wait, it would be like tempting fate. My mother says you don't buy a gift during a pregnancy; she might lose the baby. And you don't dwell on it (the adoption) because you only get yourself upset. When the phone call came I couldn't talk " (Gena).

"I did think the day before, 'how will I manage? I don't know anything about babies' " (Joan).

"We moved, we swapped friends, mostly childless couples, I think you do that" (Jill).

"We waited five years and two and a half months for the first, two years for the second, a special needs baby. With the first I got the phone call at work. Everyone at work knew about the adoption. I went hot and cold and shook all over. The people at work said I was incoherent. Two days notice, it was scary. I was an only child, so naturally I didn't have a lot of practice with children, and, well if you can't have them you put a wall around yourself. Women are waiting longer and longer and it's getting harder and harder. Waiting for that wonderful experience, it's a time of high expectation" (Rhonda).

"We waited over nine years. When I got the phone call to say she was here we had almost given up really, ...we thought they'd struck us off the list. They did say toward the end it would be probably be another six months, it was just three months, it was quite a shock, we were older, we had our own business and did find it a shock" (Eloise).

It appears that some adoptive mothers had not really considered the baby in real terms; the baby had become the long awaited ultimate goal, this attitude perhaps reflecting the preoccupation of getting a baby inherent in the infertility regime. Thoughts for the future did not extend beyond that point. Such an attitude may be illustrated further in this comment:

"We waited seven years and four months. There were medicals, a few group meetings with other waiting adoptive parents that weren't compulsory, then a few years later, medicals again. I don't think I ever thought about what it would really be like to get a baby" (Laura).

Johnson (1992) explains that after infertility, and the rollercoaster years of monthly cycles of "rocketing hopes and crashing despair" adopters consciously deny themselves the opportunity of preparation and refuse to get their hopes up (1992,207). Smith and Sherwen (1988), in adapting Klaus and Kennell's (1976) model, suggest that in stage one (pre-adoption) there may be many similarities for non-adoptive and adoptive mothers, as adoptive mothers wait to assume the mother role, although preparation for adoptive mothers involves differences with an indefinite waiting period and a very brief notification/pick up period. Rather than rejecting thoughts of the future adopted baby, positive fantasising in the waiting period is recommended for adoptive mothers, to do the "work of worry through fantasising about realistic problems they may experience with an adoptive child" (1988,59). Psychological preparation and facing rather than avoiding the world of children during the waiting time may help adoptive mothers to more adequately prepare for the reality of the adoptive mother role.

Picking up the Child

The Hospital

Many of the children who are now in their teenage years or older were not picked up by their adoptive parents from a foster mother. Most often the baby was picked up by the adoptive parents from the hospital. This was recalled in matter of fact terms by some adoptive mothers, and in joyful terms by others. Several comments appear tinged with a sense of regret at the public and even clandestine nature of the process. The weaving of a little fantasy into the reality appears evident in several comments, as does a sense of the child being "meant to be".

"We went to the hospital, we went back to the Department, we went back to the hospital, it all took hours" (Meryl).

"We went to pick him up from the hospital. The hospital was dark, terrible, doors like fridge doors. He was dark, part Indian, he had lots of dark hair. I said 'I can't see him'. We were told not to give any information, and told to give misinformation like we've got a long journey ahead " (Eve).

"We picked up the baby, the Matron came out with this dear little baby and said here's your daughter, it was wonderful. And I did say what about the little girl (birth mother) of the babe, and she said 'never you mind my dear she can have

more babies, you just enjoy your baby'. I actually believe it was what God meant for me. It was the happiest day of my life walking down those hospital steps" (Dorothy).

"When we picked them up we had to come up the servant's entrance" (Helena).

They gave us a letter and said go to the Women's Hospital but don't mention your name. The hospital staff brought out this pathetic little creature, you know, tiny and in the hospital garb, it wasn't the best. We told him a story. We said we went to chose a baby and they brought out one with blue eyes and I said 'No', and they brought out one with black hair and Dad said 'that one looks like a golliwog', and then they brought out a baby with brown eyes and I said 'Yes' " (Esther).

"I have a sort of religious faith that says it's been selected for you, you just go and do it. We picked the baby up in 1970. If you do believe in reincarnation, my brother died in 1968 and you'd probably think its silly, there is a few little traits of my brother in our son" (Wendy).

"We got a telegram on Thursday, it said come on Monday to look. We said we'll bring some clothes, they said no, just come to look. But we had full intentions of getting her. They matched the hair colour to fit the family. She had deep auburn hair like mum, and a dimple like my daughter, and she was called ----- after her mother, it was what we were going to call her, after my daughter. It was meant to be! "(Doris).

Raynor (1980) admits that in recent years much scorn has been heaped on the concept of matching. Many have equally challenged the myth of the chosen child in modern adoption practice. However Raynor states that the results of her research unequivocally show that:

"both adoptive parents and their grown up children have made it clear that a feeling of likeness is part of the feeling of kinship and that a characteristic of less than happy adoptions is a sense of difference and not belonging" (Raynor 1980,152).

In several comments above, adding fantasy to the reality of receiving the baby is evident. However this may represent attempts to draw lines of similarity with the family, thus from the very beginning engendering a sense belonging.

The Foster Mother- "she must have been attached, we intend to visit her"

Almost all of the adoptive mothers of younger children picked up their child from a foster mother (several infants adopted from overseas were in collective care). Many of the adoptive mothers of younger children spoke of the foster mother when detailing the memorable experience of going to pick up their baby. As with the adoptive mothers of older children, a sense of religious faith or a sense of fate is evident in one comment below from a mother of a younger child.

"We said we didn't mind, boy or girl, red hair, health problems, and she was perfect. We were met at the airport by the worker. As soon as we walked in the door of the foster mother's house, she said 'here's your baby'. It was the most wonderful feeling.. We spent three hours at the foster mother's and we went to show the Department, and we flew home..... It was meant to be, this baby was the one for us" (Rose baby under six months).

"My mother came to Brisbane. We all held hands on the plane. We followed the worker to the foster home. The foster mother was a grandmother, quite an elderly lady. The baby was brought out. My husband said 'what if she's ugly?'. I laughed, but when I saw her I was shocked, she didn't fit with my baby image. I didn't know until I saw her that I had one. With my husband it was instant, for me it took about an hour, then it didn't matter. We didn't keep in touch with the foster mother, not at all, but I think of her often" (Melissa mother of three year old).

"I remember when we stood there and looked at the baby, oh so ugly, you've got no idea, he screamed and screamed and I thought 'is this the baby I have to take home" (Nina).

"It's a very public experience being given a baby in front of everyone and you're expected to know what to do. The trouble is the Department doesn't give you any baby skills" (Rhonda).

"We picked up the baby in Cairns. We were both in tears. The baby smiled. You didn't expect it. You think you'll get a baby and learn to love it, you didn't expect this feeling - she was just ours, she just was (Stella).

The above comments draw a picture of adoptive mothers excitedly picking up their babies, with some adoptive mothers feeling instantly that the baby was "meant to be", yet unexpected feelings were also experienced. According to Smith and Sherwen (1988) the first meeting between adopters and the child can be crucial for later closeness and bonding and can be as

important as a mother's first contact with her new born baby. The public aspects of the adoption process are again noted, although a sense of a conspiratorial meeting is also noted in the following comment concerning the trip to the foster mother's house:

"I felt a bit funny when we got down there, we had to meet the worker on a street corner, it felt like a backyard job. We pulled up and we said who we were, and she said who she was, and she said follow me" (Laura, mother of baby under six months)

The majority of foster mothers appear to be held in high regard, yet this union between adoptive and foster mother may involve some concerning elements:

"The foster mother, we sent her photos, she rings me up, I ring her up, we are going to visit her when we go on holidays next year. The foster mother did up a book for us" (Yvette, mother of 15 month old baby).

"The foster mother was great, she told us about the formula. We were so nervous that not a lot sank in. The foster mum kept in contact for a while. The Department said she was getting very attached to him because he was with her so long. I think it was very hard for her to part from him. We visited and we took photos and took a second set of prints and sent them. A friend of mine, who is also a friend of the foster mum's said she probably just needed to know how he is. She had five children of her own and one adopted so he came from a large family as it were. I think it was very much to our benefit for him to have a lot of handling" (Katherine, mother of baby under 12 months).

"He was brought to us with the foster mother who was crying, she was extremely upset to be losing him" (Melanie, mother of two year old infant).

"The foster mother rang up every day for the first week, maybe she had doubts about me. I told the child-care officer, she said she shouldn't be ringing up. I thought it was lovely, I suppose she was checking to see....." (Jill, mother of a four year old child).

"The foster mother, she was great. She kept up contact. I figure if he can't trace his birth mother, he can trace his foster mother, that may be enough. She can tell him when he first smiled or whatever, give him a sense of belonging, she had him from six days to six weeks" (Marianne, mother of baby under 12 months).

"We kept in touch with the foster mother. We'll go and visit her. We rang her a few times. We said to her how can you give her away? She said I know she'll be really loved and wanted" (Stella, mother of a four year old).

"When we got there the foster mother wasn't there, and I thought 'she's left town with him'. She'd been crying on the phone the day before when I rang up, saying 'oh he's so beautiful'. When I saw him I didn't know what to think. I felt guilty I didn't feel that instant love" (Gina, mother of baby under 12 months).

"We are still in contact with the foster parents, we feel we should visit. We didn't feel the same about John's foster mum. She only had him two days, she'd bought him some Christmas presents, it was Christmas Eve. I don't think she was impressed with me taking him, she said 'wait until January'. We said 'No'. My husband said 'I'm not going to pick him up or nurse him at the foster mother's', he felt uncomfortable" (Annie, mother of a four year old).

"The foster mother was wonderful, kept in contact. We will visit her, I rang her in case she feels lonely. I feel a depth of feeling for her. She cared for my child for a month, nurtured her and cared for her, she must have been attached, we intend to visit her" (Sheree, mother of baby under 12 months).

Of particular interest, the above comments draw a picture of adoptive mothers and foster mothers who often maintain contact, and even maintain a relationship, during the early years. This could be considered a reasonable outcome considering both have cared for the child, the foster mother has knowledge about the very early development of the child to pass on to the adoptive mother, and the foster mother had shared what most adoptive mothers hold as a very significant and emotional event in their lives. However it could also be considered a curious relationship.

Goodacre (1966) found in her study that some adoption applicants were "deeply moved" by the foster parents sorrow at parting with the baby (1966,78). Similarly in this study some of the adoptive mothers of younger children were faced with evidence of foster mothers being wonderful, caring mothers whose grief at separation was evident. In at least one comment there even appears to be a sense of obligation to the foster mother to keep in contact ("We feel we should visit" Annie). In this study no comments from adoptive mothers reflected the reality of foster mothers being caring, paid workers. Of concern, several comments above could be considered to offer feelings of understanding for the foster mother to the extent that the child's origins are almost obscured, and the warm and caring foster mother and foster family are superimposed over the ghostly image of the unknown birth

mother and birth family. This appeared to be the case in several instances above (for example, "She (the foster mother) had five children of her own and one adopted so he came from a large family as it were"), and is also apparent in this comment:

"I still keep in contact with his foster mother occasionally, we've sent her photos She sent us photos. I think I'll stay in contact. I cried when I left, I thought 'I'm taking away your baby', she said 'No.....' I felt more of a rapport with the foster mother than I would with the natural mother" (Laura).

This adoptive mother of a baby currently under 12 months has rejected the Department's suggestion of communication from the birth mother. Wilkinson asserts that an ideology exists in substitute care which attributes "goodness to foster mothers and badness to natural mothers" (Wilkinson 1986,103), and it is possible that there is evidence of such an ideology in the above comment.

Of concern, existing to a lesser degree in this above comment, but perhaps to a greater degree in other comments above (for example "We said how can you give her away? She said I know she'll be really loved and wanted") may be a sense of collusion between the foster mother and the adoptive mother. In Poststructuralist terms, the foster mother and the adoptive mother could view themselves as the good mothers who want the baby, and the birth mother is positioned as "other", that is, the bad mother who didn't want the baby. It should be noted that this was not the case for all adoptive mothers of younger children. Some adoptive mothers who have kept in contact with the foster mother are also corresponding with the birth mother.

Birth Parents

In the past information concerning the birth parents was scant. A policy of "least said soonest mended" prevailed, details were few, and information was sometimes withheld from adoptive parents, this seen to be in the best interests of all concerned (Boss and Edwards 1992, Slaytor 1986,15, Sorosky, Baran and Pannor 1984, Goodacre 1966). In this study little information was given to adoptive parents concerning the birth parents, although information given to several mothers was that their children were children of college students or of parents pursuing careers:

"All they told us was what I told you, the mother was at university and nothing else about the mother" (Madge).

"We were told his mother was a pre-school teacher" (Nina).

"We never got any information, I think we should have been given medical information. The first one's mother was a university graduate, the second mother was a nurse" (Merle).

"We were told the mother was a university student, and the father dropped out of university, but from what we were told you couldn't put together any family history" (Eve).

"The birth mother was an Arts student at Melbourne Uni" (Doris).

"The mother was a student nurse" (Iris).

It has been suggested in the literature that information given to adoptive parents was not necessarily always correct. This was supported by one adoptive mother who revealed:

"I now have reason to believe that the information given to us by the agency about the family background was not accurate" (Adele).

Sorosky, Baran and Pannor (1984) write of controversy existing over revealing to adoptive parents any available negative information concerning the birth parents such as a history of mental illness, criminal behaviour or alcoholism. They reveal that agencies "assumed the role of God.... censoring what adoptive parents should know or not know" (1984,85). According to Glazer (1990) adoptive parents were told "what the teller feels they want(ed) to hear" and that many adoptive parents have become troubled when, after comparing notes with other adoptive parents, it has been revealed that many had been told "that their child was born to an attractive and bright college student and her medical school boyfriend" (1990,108). While one mother questioned the accuracy of the information given to her, most adoptive parents in this study did not appear to question this, although the brevity of information was an issue, particularly with regards to medical history of the biological family.

Birth Fathers - The Invisible Men

Although few comments were made concerning the birth fathers, the comments made were quite similar, and confirmed that the birth fathers rarely feature in the adoption circle:

"The birth father gets forgotten, and therefore my son can almost connect with my husband as his father, he (my husband) hasn't got a rival. We need to include the birth fathers as well" (Pam).

"She never speaks of the father, I've never thought about the father, I guess I assumed she (the birth mother) was alone" (Rita).

"Wouldn't it be great to have a photo of her mother, she never asks about her father" (Melissa).

"I suppose I assumed she was on her own" (Jo).

In one of few studies undertaken with birth fathers Deykin, Patti and Ryan suggest birth fathers have remained largely "invisible" and ignored (1988,240). These researchers claim that nothing is known about the fathers of children relinquished for adoption. Deykin, Patti and Ryan report that seventy two percent of birth fathers in their study stated that their current feelings about the adoption were negative, and elapsed time since surrender was not found to be associated with these negative feelings. Many birth fathers identified external pressures such as family pressures, pressures from doctors, and the negative attitudes held by some adoption agencies, together with a soured relationship with the birth mother as influencing factors in the decision made to surrender a child. These were also identified as influencing factors in their exclusion from the decision making process. While these findings bear unexpected similarities to some of the emotional expressions of birth mothers, there are significant differences in these findings, when compared to research findings with birth mothers with reference to motivation to search. While birth mothers motivation to search has not been related to thoughts of retrieval, this was highly correlated with search activity in birth fathers (Deykin, Patti and Ryan 1988). The study was undertaken with 125 men who identified themselves as birth fathers, and perhaps of significance, 44% of the birth fathers had at some time been married to the birth mother, perhaps signifying some thoughts toward the relinquished child as a child of that union being considered as a child of the marriage.

The above comments from adoptive mothers concerning birth fathers point to the invisibility of birth fathers in adoption stories. Of interest is one participant's comment above which speaks of the exclusion of the birth father as enabling a closer relationship to the adoptive father, this to be contrasted with, and even contributing to a possible situation of rivalry for

adoptive mothers. Margolis's novel The Other Mother (1993) further exemplifies the situation:

"Charles felt left out of this drama of women but had a momentary fantasy of grabbing Isaiah and running - there was only one father after all" (1993,294).

O'Shaughnessy (1994) comments that triangulation of the adoption picture ("immortalised in the title of the influential book The Adoption Triangle, Sorosky, Baran and Pannor 1978") removes a range of players (1994,21). Similarly Sterry and Napier (1988) consider that while the concept of the adoption triangle has served to illustrate the parts of different players in adoption, they are dissatisfied with the concept of positioning players in polarised, fixed locations. Rather they advocate for a "circle of interaction" that can contain many players including the previously identified main players, but also including birth fathers, both birth and adoptive extended families, foster parents and "even social workers" (Sterry and Napier 1988,46).

In the past the adoption triangle does not appear to have included birth fathers on any apex. All of the above comments and discussion perhaps point to the need for a challenge to the stereotype image of birth fathers as uncaring villains evading their responsibilities, and illustrate the need for greater recognition of birth fathers.

A Mother's Decision - "I don't think I could do it"

Many comments were made concerning birth mothers. This represented a range of thoughts, these seemingly informed by personal theories, by adoption history and folklore, or by personal experiences. Some of these comments indicate compassion for the birth mother, and a sense of openness and confidence in the birth mother's decision, although some comments are more judgemental, and at least one adoptive mother finds comfort in the fact that the birth mother is geographically far removed. Many, but by no means all of the more positive comments were from adoptive mothers of younger children.

"If I ever meet the birth mother, I'd just hug her and say 'thank you, thank you'. In her letter, the birth mother said she'd given a gift to a couple. I re-read the letter from the birth mother last night, she says adoption was the option for her. I think they must understand that there are women like Trudy's mother who wanted adoption. I think there needs to be more options for the birth mother, more

placed a veto. We came to terms a long time ago that there are others involved. A wave of fear used to come over me when they were younger, and I'd think what if someone knocked on the door" (Ivy, mother of older biological and adopted children one of whom is approaching eighteen).

"I think I could cope with it now. It's a bit easier for me to talk about it now they're over eighteen. But to me they're mine, I love them so much" (Merle, mother of older children).

Additionally, one adoptive mother who had previously felt capable of coping with her children's contact with birth families once they reached eighteen, indicated she felt less confident with the passing years:

"I've always said I would help them, but as I get older, I don't know if I will handle it as well" (Dorothy, mother of older children and several grandchildren).

These comments suggest that adoptive mother's attitudes to, and readiness for contact may be influenced by the adoptee's age or life stage (and how close the adoptee is to the age when contact is possible), whether contact seems imminent, whether contact appears less than probable due to geographical distance, and depending on the adoptive mother's age or life stage. These attitudes, and this readiness do not appear static, and may change over time for individual adoptive mothers, with a movement from feeling able to cope, depending on the circumstances, to feeling unable to cope, and visa versa. The closer to home the contact appears, the more likely it may be viewed with concern or ambivalence by some adoptive mothers. This "closer to home" theory appears to be supported by Sachdev who found that adoptive parents' answers to a simple "for and against question" on whether adopted persons had rights to information about their origins, became less distinct and more reservation and apprehension was perceived, when the question was asked about their own children (1991,253).

Similar Experiences- "I think I can see both sides"

When examining the data for other explanations for some "more open" attitudes to contact, other personal experiences of adoption, or situations where parallels could be drawn, appear relevant. One adoptive mother whose comment indicated a welcoming of the search ("I'd love my boys to find their mother whenever they can" (Carol)) was herself adopted. She had undertaken to contact her birth family. The birth mother was deceased,

"I feel threatened by their attitude, we're powerless. I mean I can accept that some relinquishing mothers many years ago were coerced, and there needs to be more counselling for relinquishing mothers, but society was like that years ago. But I think they should be grateful there were people to adopt in that social climate back then, like what would have happened to the babies, I mean would it have been better to have the children brought up in orphanages? Relinquishing mothers are very bitter and angry with adoptive parents. The medical people were a big part of it, the doctors and nurses, and the priests and nuns" (Eve, mother of older children).

"He was beautiful, I thought how could she give him up? The Sister said 'she made up her mind and it's the best thing' I wonder if it's almost a fashion to say 'I was pushed into it'" (Iris, mother of an older child).

"Girls who gave up their babies were condemned, I know a girl who gave up her baby and she was condemned, people said how could you give up a baby. I feel from the communication with the birth mother that she is happy with the decision I think there are girls who have babies for the money, or as a way out of finding a job" (Lorraine, mother of a baby under 12 months).

"I heard a group of relinquishing mothers on TV, and they said they had the right, that right to know where the children are, to meet them. I mean I think it must be so hard to give you baby up, I couldn't do it, but I thank God every day that they did. I feel for them, but they signed away that right, only the children have that right, they should have the sole right" (Merle, mother of older children).

"The girl carrying our child was told it was the best thing, there was no real alternative, ...now they are saying they were coerced" (Gwen, mother of older children).

Present during the above interview was Gwen's husband, who added at this point, with Gwen's spoken agreement:

"I mean you get to think how they must feel, if they rang up we'd be happy to give information, to tell them how successful they are, and perhaps they'd say 'well my conscience is clear, I did the right thing" (Gwen's husband).

The above comments suggest that many adoptive mothers have formed opinions of birth mothers faced with decisions about their baby and their future. It also seems that for some adoptive mothers a paradoxical situation may exist where they are unable to understand how any mother could give up her baby, yet as adoptive mothers they have had the opportunity to love

and raise these children because of the decisions made by birth mothers. Comments further illustrating some condemnation of the birth mother's decision, and therefore also illustrating the good mother/bad mother and unwanted/wanted child ideologies inherent in the values held by members of this society may include:

"He was beautiful. I thought how could she give him up?" (Iris).

"I can put myself in the position of the adopted child but I can't seem to put myself in the position of the biological mother" (Mavis).

"I don't know how she did it, I don't know how a woman can give away a baby, a natural mother " (Mary).

"I've always thought an adopted baby is a wanted child" (Diana).

Poststructuralist theorists examine the social construction of multiple layers of contradictory meaning, and the binary terms of opposition in available discourses, to reveal the inevitability of individuals taking on the only available story lines. This theory may have much to offer when an attempt is made to understand the beliefs of adoptive mothers. It appears that adoptive mothers often thought about the birth mother. However perhaps any "kidnapping guilt" felt by the adoptive mother (Hartman and Laird 1990,235) or ambivalence adoptive mothers' felt about the reality of their gain and the birth mother's loss, may have been coped with in the past by adoptive parents taking up the only available discourses, in this case the condemning societal value that the child was unwanted and abandoned by its own mother (the choice was freely made) and that they, as adoptive parents, played a major role in the rescue and the protection of the baby. According to Blum (1976) adoptive parents may downgrade the biological parents in order to cope with feelings of lack of entitlement.

Goodacre (1966) writes that in her research, information that the child had been wanted by "his natural parents" was valued by some adoptive parents, while for others the, "waif-like and impoverished" state of the child made them feel needed (1966,70). Examples of both of these positions may be observed in some comments above. For instance, "The birth mother took six weeks to make up her mind, I feel comfortable with that" suggests this adoptive mother took comfort from the idea that the birth mother needed time to make a difficult decision, that is, it was a wanted child. In contrast, this comment "I mean would it have been better to have the children brought up in orphanages?"

suggests this adoptive mother considers that the fate of children available for adoption may have been institutional life, that is, they were unwanted.

In a recent Australian novel, Princess Kate, adoptive parents' less than positive attitude to birth parents, and their "unwanted child" , is depicted.

" 'I thought we'd finished with all this, Princess, I thought this was all over'.

Kate swung around to confront them both.

'You don't even care that I've found her do you?'

'Frankly, no', Anne said.

Kate turned on her angrily. 'You wouldn't help!'

'Why should I?'

'Because I need to know about her!' Kate shouted.

'That's enough!' Bob looked distressed. 'She can't dump you when you were born and suddenly decide she wants to see you now'".

(Williamson 1988,74).

Yet this depiction of such attitudes, which do appear to exist to varying degrees in the sample in this study, fails to recognise the societal construction of such a view. Iwanek (1989) writes that under the influence of Psychodynamic theory, young single mothers' reasons for having a child which was subsequently placed for adoption, appear to have been disregarded and redefined by professionals and the community (to which adoptive mothers hold membership) to become the birth mother "abandoning" the child she did not ever "really want" (1989,10).

As a consequence of conflicting professional and community beliefs and attitudes, some adoptive mothers appear ambivalent about their feelings toward birth mothers and some adoptive parents hold a less than positive view of birth mothers. Evidence of adoptive mothers' ambivalent thoughts are found in this mother's two separate comments:

"We were told the birth mother signed the papers before the birth, and that the circumstances that meant adoption was the answer would be there afterwards, just the same. We were not told they had a month to change their minds. Whether information was true or not we believed it. I told my children the birth mothers must have been wonderful - good women" (Meryl).

Meryl later commented, concerning birth mothers giving up babies:

"relinquishment tends to mean 'to give up reluctantly' and that's not always so"

and later, in relation to reunion she commented:

"If anyone (birth parents) turned up alcoholic or something, my children might feel they must help".

This comment contrasts with her assertion that the birth mothers of her children must have been good women and well illustrates the ambivalence in views held by the society concerning birth mothers.

For those adoptive mothers who adopted many years ago, emerging stories from birth mothers of coercion challenge the discourse of the unwanted babies. Yet comments from adoptive mothers, particularly older mothers, indicate retained beliefs that at least some birth mothers (including the birth mothers of their children) had a choice even if other birth mothers did not.

"It is only recently that the stories of young mothers has come to light, we know that was not the case here, but believe it was her decision, hard as it was" (Beryl).

"Many years ago like when I was born (this adoptive mother was also an adoptee) they were talked into it, but these days they have got a choice. It must be a hard decision, I don't think I could do it. I couldn't have a baby and see it and touch it and give it up" (Carol).

"We knew the girl didn't want the baby" (Madge).

"I don't believe there weren't girls who were pleased at the time and look back now and say they were made to" (Dorothy).

"My husband and I do feel for the birth mother but most do have a choice I've found to my surprise" (Helena).

It seems reasonable to suggest that in some cases, decisions to place the child for adoption were made without coercion, by a birth mother who considered all factors and circumstances prevailing at the time. It also seems reasonable to consider that these birth mothers were, and remain satisfied with their decision. However revelations from many birth mothers challenge that such a situation was true in all cases and describe how coercion often existed, or if not coercion per se, then a lack of options, discrimination, and lack of adequate social, financial and institutional

support (Winkler and Van Keppel 1984, Inglis 1984, Shawyer 1979, Murdock 1996).

Interestingly, Helene Deutsch observes that adoptive mothers' self esteem may be weakened or bolstered depending on whether they experience the adoption "as robbery or rescue of the child from the natural mother" (Sayers 1991,74). For some adoptive mothers in this study, it may be that a belief that they had "rescued" a child that had been an "unwanted" child, is an important part of their developed self image and self esteem as mother. To abandon this belief may pose a threat to their status and their constructed self.

For one adoptive mother the coercion of birth mothers needed to be faced after her son had a reunion with his birth mother:

"The birth mother was made to sign the papers, they said you keep him and the welfare will just take him away from you in six months. They said this is your punishment for your behaviour, you will care for the baby until the adoptive parents come. I felt sad for her when she told me that story" (Joan).

In relation to the prevailing climate surrounding the placement of a child for adoption, it is assumed that now, if not previously, a choice is available for birth mothers. Comments made during interviews for this study indicate that most of the recent adoptive mothers have some feelings of compassion for birth mothers for the decisions they made, and for their circumstances and rights. These adoptive mothers feel comfortable and unthreatened in their role, in the early years at least, because of the available options for birth mothers. Many of the adoptive mothers of younger children had corresponded with the birth mother in the year following the adoption order.

Yet comments made by several adoptive mothers of younger children suggest ambivalence still prevails concerning birth mothers. In one instance in particular, the information that birth mothers now make more informed choices appeared to reinforce attitudes of fewer rights rather than greater rights for birth mothers:

"It's really only those who make that decision, that give their babies up, his mother wasn't young and she didn't make a decision she didn't want to make. She had the support of her family, but she made her decision. I think they (the Department) did ask me about writing to the birth mother, I said 'No' " (Laura).

Interestingly Laura added (as previously noted):

"I still keep in contact with his foster mother occasionally, we've sent her photos She sent us photos. I think I'll stay in contact. I cried when I left, I thought 'I'm taking away your baby', she said 'No.....' I felt more of a rapport with the foster mother than I would with the natural mother" (Laura).

Overall, there may be links between adoptive mothers' attitudes toward birth mothers and foster mothers. It may be that if some adoptive mothers who value information that babies are wanted, are given information that the child was reluctantly placed for adoption, they may be compassionate towards the birth mothers. Foster mothers who want to care for the baby may be respected and admired for their role in fostering and caring for the child.

For other adoptive mothers who gain rewards from feeling needed, information that the mother could have kept the child but did not want to, may best suit their needs (Goodacre 1966). It may be that the "rescue" of an unwanted child is important to some adoptive mothers' self esteem and to their concept of themselves as mothers (Helene Deutsch cited in Sayers 1991,74). These adoptive mothers may feel ambivalent about the birth mother ("How could she give him up?"), and close to the foster mother ("She was great") who is perceived (and may perceive herself) to similarly rescue unwanted children. It further appears that for some adoptive mothers, if information is given by professional workers that the birth mother was able to make a free choice and yet placed the child for adoption, the societal value of the "unwanted" baby rather than being located in the past may be being reinforced in some adoptive mothers' minds. This may contribute to a situation of collusion between the "good mothers" (foster and adoptive), and rather than inclusion of the birth mother, may contribute to a psychological exclusion of the birth mother. Open discussion of this society's prevailing ambivalence toward birth mothers together with the presentation of those concepts observed by Helene Deutsch of beliefs of the robbery or of the rescue of the child from its birth mother (Sayers 1991,74), may be useful for adoptive mothers (and foster mothers), and may reduce any collusion and exclusion.

Single Parents

Comments made by adoptive mothers suggest that they may hold, perhaps as a coping strategy, a conservative view of single mothers. Conversely their comments merely may reveal prevailing, ambivalent and often hidden

societal views of single mothers. Examples of a range of adoptive mothers' views of single girls and motherhood exist in the data, although positive responses are overshadowed by those comments of a more negative nature:

"Single girls, little knowledge they were in moral danger, there was coercion on dates (by male partners), and coercion on dates (calendar dates) concerning pregnancies, and pressure (some mothers) into marriage" (Pam).

"A policeman told us there are mothers who wanted their babies and now they are a nuisance. I've heard of mothers feeding their baby toothpaste so they get sick and go into hospital, and the mothers then have a baby sitter so they can go away" (Dana).

"I feel there are girls who have children for the money, or as a way out of finding employment" (Lorraine).

"We see them at work, young girls with babies, filthy dirty, I think they do it to get the pension" (Yvette).

"I think single mothers shouldn't be paid for two or three children, for some it's a career" (Nancy).

All of the above adoptive mothers are mothers of young adopted children. These mothers made such comments concerning single mothers much more frequently than did mothers of older children. Paradoxically, these mothers of younger children had made more inclusive comments concerning birth mothers than had mothers of older adopted children. For one adoptive mother, the level of warm respect in her comments on the foster mother appears to be absent in her comments regarding single mothers, yet confusingly, similar warmth and understanding is evident in her comments on the possibility of reunion between her child and the birth mother. Of single mothers Toni commented:

"Babies neglected, mothers on drugs, the Department should move in, and take the babies no questions asked. Unmarried mothers should be made to give up their babies" (Toni).

This comment appears to reveal a belief in bad, undeserving single mothers.

In contrast to single mothers, her comment concerning the foster mother perhaps illustrates the "goodness of foster mothers" ideology (Wilkinson 1986,103).

"I mean you would never get a better foster mum in your life. She made bottles up for us, everything. She'd taken photographs. She was wonderful" (Toni).

However, the following very inclusive comment concerning reunion with the birth mother was made by the same adoptive mother:

'We both feel the same, it would be good to have both sets of parents on the wedding day" (Toni).

These comments may reveal strong elements of the good and bad mothering ideology, where an illegitimate offspring immediately made a woman a bad, unfit mother. However it appears that this "unfitness" could be "at least partially rectified by abandoning the baby to the state" (Matthews 1984,181). Mothers who did the appropriate thing for their baby (gave them up for adoption) are mothers who can now be thought of in terms of inclusion, while single mothers who did not do the right thing remain condemned.

As referred to earlier, Johnson (1992,25) speaks of "fertility-impaired" people allowing themselves to become "victims" of infertility by avoiding thinking about their own crisis management style when faced with infertility. She states that for those parenting after infertility (for example, through adoption, as was the experience of many adoptive mothers in this study), such avoidance prevents the development of feelings of compassion for birth parents or for those faced with an untimely pregnancy.

Conclusion

This chapter reveals that many adoptive mothers come to the adoption process after experiencing distressing infertility problems and the devastation of being unable to fulfil their mothering destiny through giving birth. For other adoptive mothers, wider ranging responses to infertility and childlessness were evident, while for a small minority infertility was not an issue.

Adoptive mothers' attitudes to foster mothers, birth mothers and fathers, and single parents, are of interest. It may be that a comfortable fit occurs between the information received concerning the child, and the adoptive mother's needs to nurture a wanted or an unwanted child. However under some circumstances this may lead to attitudes of exclusion rather than inclusion of the birth mother. It seems apparent that some adoptive mothers

have not abandoned past adoption folklore (for example values concerning the placement of a child for adoption) and that such folklore may shape their attitudes toward the birth mother.

CHAPTER NINE

NEGOTIATING MOTHERHOOD: THE EARLY MOTHERING YEARS

Introduction

This chapter examines the experiences of adoptive mothers in the early mothering years. Included are adoptive mothers' experiences of bringing an adopted baby home, adjustment to the mothering role, expectations about achieving perfect mothering, available social supports and community attitudes to adoptive families. The existence of any negative emotional experiences during the early post adoption mothering period, explored in detail in this study through the administration of the Edinburgh Postnatal Depression Scale, are discussed in this chapter.

Taking up the Mothering Role

The Answer

Not flesh of my flesh,

Nor bone of my bone,

But still miraculously

My own.

Never forget,

For even a minute,

You didn't grow under my heart,

But in it.

(Fleur Conkling Heyliger 1983).

The Welcome Ritual

After picking up the child from the hospital or from the foster mother, adoptive mothers headed for home with their baby. Many were greeted by excited extended family or friends, and they felt warmed by the welcome extended to the baby.

"We got so many gifts, a lady made a special rug, others gave little things. With the first (child) we lived on the Gold Coast, with the second it was in a smaller community, people came up and said 'oh this is our special baby'. In a small community it was nice. I think I got a better response than if I'd given birth to the baby, people who hardly knew us gave gifts" (Eloise).

"Gifts, cards, people are quite delighted for you. Over one hundred cards. People with adopted children formed a friendship" (May).

"I went down the street to get something from the chemist and it took two hours, the whole town just wanted to see this baby" (Melissa mother of a younger child, living in a small town).

"The neighbours had been waiting all afternoon. There was a big sign that said Welcome Home -----" (Pam).

"Three months of visitors. It brought our family together more than anything else" (Nancy).

"We got one hundred and twenty cards. I think the celebration was more so than if I had given birth. In the past six weeks there has only been five days without visitors" (Lorraine).

"I think there were more gifts for the adopted child, and that was proven for the next adopted child. I put a birth notice in for all the children" (Eve).

"Everyone dropped in, they seemed to be as excited about the baby as us, friends were terrific, full of good advice. For the first one, in the city it was much the same, gifts, cards" (Meryl).

"Everyone came, we shared it with everyone before the baby arrived. We got about eighty cards, everyone just came to share with us. Not quite the same with the second. Was it with yours?" (Dorothy).

"There was an abundance of cards and gifts, the visitors just came. It was overwhelming. A neighbour came with a gift and said she was adopted, I didn't know" (Jill).

"I expected to be treated like a new mother, we never considered they were not ours. We got gifts and cards" (Fay).

"Friends knew we'd gone so long without children, we got lots of gifts and cards" (Stella).

"People came for six weeks with gifts. People were so happy for us. The grandparents were so happy they were in tears seeing the baby; the new son and heir. Not quite so overwhelming for the second" (Diana).

"A celebration, gifts, cards, people brought a gift and something for morning tea. I had expected people to be ecstatic, but not to the extent they were. It was mind boggling" (Rose).

However a warm, enthusiastic welcome was not necessarily extended by all relatives and friends, nor was a welcome celebration experienced by all adoptive mothers:

"We brought the baby home and my friend met me at the airport. My house was full of people before 7am in the morning, it was more so than with the others if anything. I had a lot of opposition from the family and from some friends. Two of my sisters were sour, they said 'it's ridiculous, you're too old' " (Esther).

"Celebration? There was none for either baby" (Adele).

"Culturally there is no rite of passage for a two and a half year old. The home coming was awful. We came home to an empty house. A special friend brought a gift, I was most grateful. The relatives didn't know how to respond, no flowers, no gifts. We thought of a notice in the paper but didn't do it" (Rita).

"My husband's family were in Victoria, mine were in Western Australia. No great celebration. It disappointed me. That family gathering didn't occur" (Jo).

"We weren't near family, we'd just moved, no, not a lot of friends. I don't think people responded really, no not much really" (Joyce).

"Gifts, cards, flowers, everything, cards from people I hadn't seen for years, we had really told no-one until the day before. The first few weeks were exhausting with people coming. I wondered was it because we had many nice friends, because we were older? My first reaction was why are all these people bringing gifts? My father was over the moon, my mother didn't respond as well, I felt a bit rejected, it was the first grandchild. My husband's family were told and didn't respond, such an important event for us, well we were a bit sad. We wanted them to be a part of the celebration. We have re-evaluated our relationship with them" (Katherine).

"One or two disappointments but on the whole the response was good. Even people I hardly knew sent cards. A close friend didn't even send a card or visit. It was a real disappointment, one or two others who were close were disappointing. I rang my brother and he didn't react at all. I almost had to talk him

into reacting. Acquaintances fussed. We went home for Christmas and in my home town everyone fussed, they included her as part of the family, it didn't seem forced or phoney" (Annette).

"Our friends were interstate, no lifelong friends around us. My mother was very excited, other people didn't know us very well, no baby shower, we just came home" (Melanie).

For one adoptive mother the overwhelming response appeared to become intrusive:

"A birth notice, and flowers and gifts, and acquaintances were crying they were so happy for us. But all the bloody visitors, I had a gutful. After I put up with it for the first five weeks, I played possum" (Yvette).

Kirk (1984,12) writes that at the time of a child's birth most often the family gathers around, looking for family likenesses and participating in ceremonies or rituals where "the baby's membership in the group is asserted", but he found that no such rituals exist to mark the new adopted member's arrival into the family. However the experiences of the majority of adoptive mothers in this study appear to be the reverse of this assertion, with many adoptive mothers reporting feeling overwhelmed with the welcome response, which exceeded that which was anticipated by these mothers. A warm reception into the family, the general community and even the adoption community was reported equally by adoptive mothers of older children recalling the home coming as by adoptive mothers currently mothering infants. Small communities were experienced as particularly welcoming by several adoptive mothers. One explanation for the overwhelming response may be that because the sharing of the good news and the subsequent receipt of parenting wisdom and inclusion into the parenting world could not occur during the pregnancy, after the arrival of the child many adoptive parents may have received a more concentrated form of the welcome ritual.

This overwhelming welcome was not the case for all adoptive mothers, with some participants feeling disappointed at the response received from some friends and family. In some instances it may be that a lack of family nearby or a lack of established friendships were partial explanations for the lack of response, and on two occasions reported above, disappointing welcome responses were experienced by adoptive mothers bringing home overseas-born children. However for others neither a lack of family nearby, nor the cultural background of the child appeared to diminish a positive

response from acquaintances, family and friends. Equally so, a family in close proximity did not necessarily guarantee a warm welcome for the new baby.

Interestingly several mothers spoke of their perception that the welcome response was greater than that imagined, or received after giving birth. For many adoptive mothers, the response received was much greater than was expected (even to the point of frustration for one adoptive mother), for several it was disappointing, particularly the response from some significant others, and for some it was as the adopted mother expected. For the majority of adoptive mothers of both older and younger children the new adopted baby was warmly welcomed into the family, and into the community, through the welcome ritual.

Bonding and Feeding- "I said there's more to mothering than breast feeding"

Early studies into the mother/baby attachment process has resulted in the issue of attachment from birth (bonding) becoming the focus of much interest (Bowlby 1979, Rutter 1972). It is acknowledged in this study that in the literature the theory of a 'critical bonding period' has been disputed (Rutter 1972, Smith and Sherwen 1988,64, Robson and Powell 1982). However it seemed likely that the attachment process in the adoption experience may have been of concern to some adoptive mothers. It was further considered that the societal sentiment held by at least some community members, that only through the nurturance of breastfeeding can a reciprocal rewarding relationship begin, may have been cause for concern for some adoptive mothers. Examination of the data revealed an awareness of bonding issues, with evidence of an instant felt bond for some adoptive mothers and guilt over its absence for others. The data revealed steps taken to enhance the bonding process, this including breastfeeding by some adoptive mothers.

For some mothers an early, close connection to the child was experienced:

"To me it made no difference at all. I never felt any different to any of my children
..... I bonded from day one" (Eve).

"I felt absolutely connected to him the minute I saw him" (Pam).

"Our family has bonded very well as a family, they are very close. The bonding wasn't a problem, from the minute I saw him it was an instant thing, it was just the same when they brought me my own son" (Helena).

"Before I adopted I thought I'll never really be complete without one of my own, but with my daughter it was beautiful. The bonding, it was like... well when I was feeding her and looked into her eyes, it was just there" (Merle).

"I was very contented, Mother Nature just took over, I don't think I was ever happier. My mother said hold her close and I did of course. We had a lot of bonding" (Diana).

For some adoptive mothers experiences of instant bonding did not eventuate in the early post adoption period, however this absence was not unexpected, rather a process of bonding over time had been envisaged. For others, lack of the expected feelings was disconcerting:

"We knew we weren't going to love the baby at first sight, my husband's sister is a nurse, she said 'don't worry if at first you don't love it', she said 'don't push it, it's okay'. I just felt relief it was all over. After a while, I relaxed and felt more comfortable, then I began to love him" (Annie).

"I didn't know what to think..... I felt guilty I didn't feel that instant love" (Gena).

"I thought she's lovely, a pretty baby, but she's a stranger to me. She didn't feel like mine, but then neither did Joanne (her first biological child). I thought building up a relationship would come, and it has. Really I wasn't emotional and I thought I should be. It should have been an emotional timeIn a way it was my own response that surprised me" (Annette).

"I think we thought it would be an all enveloping feeling, well it's not quite like that" (Laura).

"Bonding comes with caring and touching, and with lots of talking with the baby held close" (Eloise).

For two adoptive mothers a recognised sense of not feeling any bond with the baby was reported:

"My gut reaction was 'this is not my baby', and then I felt ashamed" (Adele).

"It could be related back to the fact that I didn't bond with this child. I've always thought the first reaction was the right one, my gut reaction" (Iris).

Of breast feeding in connection with bonding with an adopted child, adoptive mothers commented:

"I had heard it can be done, but I can't see how it could be done with three days notice for you to go building up the milk" (Annette).

"A man over the back said breast feeding is best. I tried a feed line, but she didn't like it. I guess I just wanted to have the feeling, but it stressed us both out so I'm not going to do it any more. I wanted to know what it felt like to have her sucking on my breast but I don't believe it means bonding. This means bonding" (Rose, hugging her baby close).

"I was presented with the possibility of breast feeding but I wouldn't take it up. To me it's about building a new relationship. I was told I couldn't get maternity leave because I wasn't breast feeding. I said there's more to mothering than breast feeding" (Maxine).

"I heard you could breast feed but I felt it wouldn't be the right thing to do. I felt she needed skin contact. We had a bath together for ages, she'd just sit there with us, all together, this was our bonding and she loved it. And she had her sleep every day in my arms" (Melissa).

"I knew friends who had done it. I tried for the first, no drugs, just stimulation, but it didn't work out, there were too many people coming and going, we were never alone. The second time I was more prepared to breast feed, but the Department pushed us to take an older child. I was disappointed I wasn't going to breastfeed, it was important to me at the time. Now I think touching, cuddles, that sort of thing" (Jill).

"Breast feeding, well I took a pragmatic approach, it wasn't going to happen, and if you can't do it- let it go. We bonded pretty well, he trusted us very quickly" (Melanie).

"Well I just couldn't breast feed so it didn't bother me. She was thriving on the bottle. She didn't like being held close, she used to push me away, and she didn't like to be cradled in your arms" (Jo).

"I'd never heard of it until someone told me, Nursing Mothers have a booklet about it. I tried to nurse the baby but not much milk. I'm continuing to try, if it works it works, if it doesn't, it doesn't. My husband said 'you're getting a bit stressed about it'. My husband used to get the baby when I'd had enough" (Marianne).

"I considered breast feeding. He came much sooner than we thought. He wasn't interested, I tried a couple of times, I did massaging and everything. But I had to say to myself 'who is this for- him or me'? He doesn't need it" (Pam).

"I went onto hormones for three months, to produce milk. I was feeding, plus a feed line, I never got a full supply" (Annie).

"I breast fed my first two (biological) children and not the next natural child, or the others (adopted). I felt my son managed very well on the bottle. I thought that (breast feeding) might be going to those great lengths to adopt. I had a friend who tried to look pregnant" (Eve).

Glazer (1990) describes the concept of bonding as having an unrealistic "aura of a cosmic event, a magical, mystic moment in time when parent and child form a lasting and sacred bond" (1990,6), yet Richards (1984) writes that professionals and parents alike have taken up this concept of bonding. When considering the bonding experiences of the above adoptive mothers, it is of interest to note the experiences of new biological mothers. In a study conducted by Oakley (1981) 75% of women interviewed did not feel immediate love for their babies, while Robson and Powell (1982) report that 41% of participant mothers described themselves as feeling indifferent, or state they were ambivalent about the new baby. Other writers have agreed, stating there appears little evidence of a universally-experienced instant bond, and that most often mothers need time to fall in love with their babies (Handford 1985, Phillips 1985). Many state that mothers may be silently apprehensive, fearful and even guilt ridden over the existence of feelings which deviate from their expectations (Kumar 1982, Pitt 1968, Cox 1986, Handford 1985, Oakley 1984, Krauss and Redman 1986). Nevertheless Richards (1984) warns that the negative case should not be overstated, although the concept of bonding may have been oversimplified.

However Richards continues that there could be a danger of a "self-fulfilling prophecy" where parents have taken up the bonding concept to such a degree that they believe that a parent-child relationship may be in danger if it does not begin with immediate, close contact (Richards 1984,56). Singer, Brodzinsky, Ramsay, Steir and Waters (1985) examined attachment in adoptive families and found that while the initial post-delivery attachment is most often not available to adoptive mothers, this does not appear to be necessary for the formation of a healthy family relationship. Be this as it may, having taken up the concept of bonding, some adoptive mothers, as

with their biological counterparts, may be silently apprehensive and guilt ridden in the face of its absence.

It appears that it is the exception rather than the rule that adoptive parents receive information of possible bonding and attachment problems with their adopted infant (Johnson 1992). As a consequence, when confronting difficulties, adoptive parents may recall their "common knowledge" about bonding, and come to the conclusion they are not good enough parents. Any attachment difficulties encountered by adoptive parents may be consequently carefully hidden from the adoption worker; "the most powerful person they have had contact with in their lives" (Johnson 1992, 218).

For a number of adoptive mothers in this study there was an instant feeling of connection or bonding, however for others there was disappointment that the expected emotional response, that response which was considered appropriate, had not occurred. Williams (1990) recommends that adoptive parents have preconceived ideas and expectations concerning bonding that warrant exploration.

Of adoptive mothers undertaking to breast feed, Melina and Roszia (1993) write that an adoptive mother may want to breastfeed because she wants "to get close to her child", and she perceives that breastfeeding allows her to meet the baby's needs and to begin the attachment process (1993,117). In the above comments it is evident that quite a number of adoptive mothers had considered breastfeeding, and that some had attempted to breast feed. Different for other adoptive mothers, they considered that bonding would develop through skin contact and closeness and that attempting to breastfeed was not a necessary experience for them.

Adjustment to the Mothering Role- "It didn't seem real that we had a baby"

For adoptive mothers in this study it seems that the long awaited arrival of the baby heralded some initial anxieties and adjustment to the new role, particularly the sudden nature of the arrival, and for some a perceived lack of preparation and skills. For others this was not the case and few adjustment difficulties were reported.

"I think because the baby was just dropped on us, really she was, well I didn't have time to slow down, I didn't slow down, but she's fitted in with us" (Sheree).

"You haven't got the first few days in hospital getting to know the baby, learning how to bath it, getting used to the baby" (Eloise).

"It was the most dramatic change of my whole life. I couldn't deny my negative feelings. They didn't conform to my expectations. It was not what I thought, it was a shock" (Adele).

"I had five younger brothers and sisters, my younger sister was born when I was eighteen. Even though I knew there would be a lot of work, still I was surprised. I think I tried to do too much" (Stella).

"I didn't cope well when the children were young, the extra demands of having a baby, it wasn't anything like I thought it would be, having a baby. There was a fairly lengthy adjustment period" (Vera).

"The first weekend it didn't seem real that we had a baby. I kept thinking 'come to Auntie Lorraine and Uncle George', that's what the nieces and nephews call us, and then I thought 'no, we're Mummy and Daddy. It took time to develop the mother identity" (Lorraine).

"I think you need a bit of instruction, after you go into the waiting pool, I mean they do so much checking before and then afterwards when they hand the baby over you don't know what the hell to do with it" (Gena).

However for these mothers there were few surprises:

"It was like I expected, I was prepared, I'm a trained nurse. I felt complete when Damien came" (Nina).

"Motherhood, it was as I thought it would be, I don't think there were any great shocks, I now felt I fitted" (Jill).

Melina and Roszia (1993) and Glazer (1990) confirm that some adoptive parents may feel the new child doesn't seem like their child, and they may feel like they are just "babysitting" for the first few weeks (1993,150). There is evidence of these elements in several of the above comments from mothers in this study. Equally, there appears to be evidence of some adoptive mothers feeling inadequate in their knowledge of baby care, and in need of some basic instruction. While adoption applicants have questioned the need for parenting education prior to the adoption when no such education is a requirement for biological parents (O'Dea and Midford 1993), the special circumstances of adoption, including delayed motherhood, and in many cases the active avoidance of knowledge of and

preparation for mothering, indicate that such education appears to be warranted.

In addition to those comments above concerning adjustment, participants spoke of adjustment to full time mothering after years of employment. Several mothers spoke of being content with leaving their employment to take up full time mothering, as this comment captures:

"I didn't miss my career. I was a career woman in waiting to mother" (Mary).

However for some adoptive mothers the move from a working woman to a full time mother was a major life change, with some older, and over half of the younger adoptive mothers commenting on feelings of loss of a social and workplace role.

"It was a major shock between work and home. I don't think anyone can tell you what it's like to have a baby. After 20 years we had a fairly busy social life, that all came to a halt" (Lorraine, adoptive mother of a baby under twelve months).

"I was told definitely to give up work for twelve months, I'm on parental leave, but I think in some ways it would be better for him if I worked, perhaps one day a week, you know what I mean" (Gena, mother of a baby under twelve months).

"You don't get that chance to adjust, to slow down, we were doing so much. You have such high expectations. I'd built up all these expectations. I think we should have something to read about realistic expectations. I felt so isolated. I'd had 23 years of working life before we had the baby. I was used to mixing with adults, I took on so many things in the early years just to meet and be with people, to meet women. And there was the adoptive parents group. I would have gone mad otherwise" (Pam, adoptive mother of a five year old).

"Family Services said the primary care-giver must give up work. The implied message was that I would be the primary care-giver and I wouldn't work. I'm still working, self employed in a small capacity, I felt I needed to, I needed to for the adjustment. I think it's developing, I'm beginning to feel more like a mother" (Katherine, adoptive mother of a baby under six months).

"I was working full time as a teacher. I was told the birth mother preferred the adoptive mother didn't work, the Department said they required twelve months bonding period" (Dana, adoptive mother of a younger child).

"I resigned when I got notification. I resigned that day and picked up the baby that night. I found out later I could have applied for maternity leave, but then

you never know when the baby will arrive. Giving up work, I found that difficult. I loved work. Remember this was the late sixties, there was no child care facilities. But the first five years were wonderful and I wouldn't have missed them" (Fay, adoptive mother of older children).

"I had to take leave, but I don't think I had to resign, but I wanted to stay home. But it's that ideal parent thing, you must be that ideal parent, I mean how dare you take a child and then abandon it, I mean not that many adoptive mothers would want that, but it should be a choice" (Rhonda, mother of three adopted children, two under five).

"After I gave up work I realised I didn't want to give up work, but before, I was going to give up, I wanted to do it. I was told it was not DFS policy to ask you to give up work. I liked staying home, but the shock, I felt isolated. I didn't fit with previous work friends, I didn't fit with other mothers, they were younger, or older with older children. We knew what the medical bills would be, so six weeks later I got a job. But one Department worker said (when she found out I was working) 'you're not supposed to work', I said it's a personal choice and she said 'no, you're not supposed to be working!' She said I hope your baby's being looked after" (Annie).

For one mother, the loss of her workplace identity, adjustment to the new mothering role, a difficult baby, and community attitudes to working mothers created a very stressful situation:

"I was bored out of my brain, it was horrendous. She stuffed up our lives. I thought my God what have we done. I wanted to give her back, I wanted my life back. In the first few months on numerous occasions I said 'God I hate you', in the heat of the moment. I was never maternal, never picked up other people's babies. I copped a lot of shit because I went back to work. I was a much better mother after I went back to work" (Yvette).

A complex range of positive and negative feelings are experienced by many new mothers after the shocked realisation that the romantic fantasy of motherhood bears little resemblance to the reality (Stern and Kruckman 1983, Nice 1988, Phillips 1985, Summers 1975, Oakley 1974, Freidan 1963). Further, according to many, the major adjustment to new motherhood often centres around the loss of employment, and the accompanying loss of a valued role, loss of workplace identity and loss of the rewards (not the least being financial) of that role. Other related losses include loss of autonomy and loss of an independent identity (Brown and Harris 1978, Gieve 1987, Welburn 1980, Mercer 1975, Scott 1988, Phillips

1985). Friedan (1963), and other researchers have highlighted factors contributing to maternal distress including the unrecognised occupational stress inherent in the homemaker role, the social isolation of full time mothers (Oakley 1974, Phillips 1985, Welburn 1980) and the benefits of paid work outside the home as protection against depression (Miles 1988, Brown and Harris 1978, Dix 1987). Phillips (1985), and Dix (1987) argue that there is a need to examine the belief that women who do not engage in work outside the home, and who are isolated in the suburbs, spend the majority of their time engaged in meaningful interaction with their babies. This belief is not supported by findings of Rossi (1972) who states that full time mothers spend relatively little time interacting with their children, while Welburn (1980) argues that a baby reared by an isolated mother receives a magnified intensity of the mother's every mood, and she asks what effect the exclusive company of a frustrated, unhappy mother has on a growing mind? This is not to deny or minimise the importance or the hard work of the role of full time mother. Women who do not choose employment outside the home, and who therefore do not share child care with paid carers, need reassurance and support, and need to feel valued in their chosen role.

Overall it appears from the above comments of adoptive mothers in this study that adjustment to the new mothering role was difficult for some participants, and that this may have been made more difficult by a sudden resignation from the world of paid work, this constituting a major life change within an extremely short period of time. For others there were few surprises as this life event allowed the long awaited entry to motherhood, although the mothering identity for some adoptive mothers was not instant, but rather developed over time.

Concerning the undertaking of paid work by new adoptive mothers, the Department's current Manual of Practice and Procedures (1988) Section 9.3 states that during the home study, officers of the Department should discuss:

"confirmation of the female applicant's plans for resignation or twelve months leave on placement of the child".

In practice, according to a spokesperson from the Department (verbal communication, 1996), this policy was no longer applied in these gender-specific terms. Nevertheless evidence from these findings suggests that no procedure was applied uniformly. Differences in requirements were

evident in reports from both older and more recent adoptive mothers, indicating that for women from both age groups a requirement for women to leave paid work after notification of the availability of a baby was not uniformly applied. For those of whom resignation was requested, twelve months was a term mentioned to several younger adoptive mothers while for older adoptive mothers it was not, and their understanding was that they were required to give up paid work indefinitely. This excerpt from a letter from the Department to one adoptive mother in this study, now the mother of teenage adopted children, appears to suggest it is more than temporary leave which is being requested:

"Where the female applicant is in employment, she is required to cease duty
It is essential that the female applicant notify the Adoptions section on cessation of employment, otherwise a baby will not be offered".

For some of those women who resigned from paid work to mother exclusively as was requested, this did not appear to be the best option from their perspective, and several adoptive mothers chose a workable alternative in order to maximise the positive experiences for themselves and their child.

In a study concerned with describing women's experiences of becoming a mother, Barclay, Everitt, Rogan, Schmied and Wylie (1994) found that women did not necessarily have a realistic understanding of the mothering experience, that women were "unready" for the mothering role, felt alone, suffered loss of their previous self, felt drained, needed to come to a state of "realising" that the reality was different from their expectations, and they also needed to "work out" what was best for themselves and their baby (1994,8-22).

Of further interest, Richards (1978, 1979) identifies clusters of attitudes to mother's working and children's needs. She identifies five social norm clusters about mothers and family life style which consist of motherhood qualities and duties, norms and ideas about family life and children, workforce participation, the needs of children, and the conjugal role demarcation. She identifies two different types of attitudes concerning family style. The first is the old family style where the "old", good, happy, dependant, responsible and devoted mother did not undertake (paid) work, but rather met the every need of her baby (child care is "dumping"), while undertaking the tasks of mother and woman (Richards 1979, 5). The second is the new family style where the "new", good, responsible mother

has her own life and interests including paid work, she identifies the benefits of company and activities in quality child care, and she looks for adult companionship and shared roles in adult relationships (Richards 1979,5). Several comments above from adoptive mothers in this study reflect a sense of attitudes (their own and those required of workers) of the good "old" mother as being the most "appropriate" for adoptive mothers, when the "new" mother style may best fit with some mothers and their babies.

Community Attitudes to Adoption - "People said aren't you wonderful"

For some adoptive mothers in this study the attitudes of the community toward their adopted child and toward their mothering were inclusive and reassuring, although adoptive mother's different, "easy" road to motherhood did not go unmentioned.

"I've never had a negative response, but I was very open with everyone and I think they take a cue from you, like if you are embarrassed about it"
(Katherine).

"There's a good community attitude to adoptive parents" (Eloise).

"People said 'he looks like you' and you take a bit of pleasure in that. It's ridiculous, but it's part of "family", it's like saying a child looks good, or you've done well" (Denise).

"People said 'aren't you wonderful', but I said 'no I adopted for selfish reasons' "
(Meryl).

"It's great we have the opportunity of showing her off, everyone goes and gahs, and people say 'she's so happy you must be good parents. And people say isn't she pretty and I can say yes she is without it seeming like you're boasting. People are so pleased for you, but people say 'you did it the easy way' "
(Sheree).

"We were grateful for the acceptance. We were pleasantly surprised. People often say 'aren't you wonderful' like you're some kind of saint, and of course you're not" (Rita).

"Someone said there is a special place in heaven for adoptive parents"
(Dorothy).

For adoptive mothers there also were unexpected, disconcerting divisions drawn, and evidence of ambiguous community acceptance and the stigmatised status of adopted children and adoptive mothers. Several adoptive mothers of children from a different cultural background to their own were surprised by unsolicited comments or negative responses. Less than full endorsement of adoptive mothers to the motherhood "club" is again evident in several comments:

"My mother wanted him to be entered in a baby contest so off we went. Well it was our turn and I held him up to be judged. And the judge said 'oh it's one of those ethnic ones', and I said 'he's from India' and she said 'yes it's an ethnic one'. When we came here I realised Queensland people are racist. One day I said to him 'come here honey', and a man I'd never seen before said 'how disgusting, why don't you send him back where he came from?' " (Melanie).

"I have found other people have supported me, except one woman who said 'oh adopted children, you don't know where they've been'. I interpreted that as them being inferior" (Wendy).

"People always assume they are adopted, like they wouldn't assume that with white parents with white babies. It can't be private business. And it's about us too, like we must be nice people to adopt. Like one woman said 'it's just so good we have women like you'. My children have got to be proud of who they are, and how can they be when people talk about them in "less than terms" in front of them. But then adoptive mothers can be like the wicked step-mother too, like in the media, in women's magazines where they talk about adoptees finding their real mother as if that was the best thing in life they could do" (Maxine).

"Leanne was a very demanding child, into everything, and someone said 'she's uncontrollable, no wonder she was adopted out, and a man once said to me 'you'll rue the day you ever adopted' " (Merle).

"Someone said 'isn't it lovely to have one of your own, are you going to send him (the adopted child) back now?' " (Eve).

"I'd whinge about my kids like others do about theirs, but people would say 'well you waited all those years and you're still not happy' " (Rhonda).

"People say 'aren't you wonderful', it's like you're taking a poor child into your home, but adoption is really a selfish act- you haven't got a baby and you want one. And having a baby, it's like a secret society and you're not part of it, and

then when you adopt and other mothers talk about the birth, it's like you've got the end result but you've missed something" (Annie).

"Someone said to my husband 'you don't know what you get'. We said 'you don't know what you get with your own child' " (Marianne).

"People say stupid things like when that women said 'I don't suppose you love her (adopted daughter) half as much as you love him' (biological child), and that was in front of the five year old (her adopted daughter)" (Joyce).

"You get that feeling that you can't make a contribution to the conversation, about pregnancy or birth, or they say 'you had it easy' " (Stella).

"I was a bit surprised with a couple of things, like a friend invited me to a play group when the baby was three months old. And they knew prior to the meeting that she was adopted because she'd told everyone. I didn't mind. But after a while I realised how important it was for me to tell them that I had another daughter. It became important for me to tell them about my previous pregnancy they couldn't exclude me from the club. I know that if I hadn't been able to say I'd had a pregnancy I would have felt excluded, even though I was there with a baby. It was nothing that was deliberately said. I think other adoptive mothers would feel excluded" (Annette).

"We were put into Coventry for twelve months by friends and some family. People said why did you do such a stupid thing, there were comments at parties. We were rejected and isolated. We knew there would be disapproval, but when it happens..... We'd get funny phone calls and racist harassment, and during the teenage years someone said 'you can't expect much when they're adopted'. But I could tolerate that, but not that patronising 'aren't you wonderful'. And people said 'how do you feel about the legislation', just like that!" (Ivy).

"My parent's were worried about his background. My mother said he'd only be bright enough to be a dozer driver. I said no, he's as bright if not brighter than the others" (Madge).

As previously discussed, in considering a Poststructuralist view of adoption it appears that during the adoption process, significant members of the adoption circle are all faced with the need for an altered subject (identity). These are the mother who is without a child, the child who is without a mother, and childless women who becomes the mother of a non-biological child. However, if the existing cultural discourses only value individuals who are living within society's rules, including religious and moral rules,

and also including cultural rules of generational heirs and inheritance, blood ties, and fecundity (fertility), then those unlinked to their genealogical past or present, and those unable to produce a genealogical future generation, are devoid of alternate discourses. As members of the society, they would have little perceivable choice but to take on, to varying degrees, the available discourses (be they ill-fitting). Under such circumstances, adoptees may not be able to avoid incorporating to some degree the non-acceptance, or community ambiguity over acceptance, and the stigma inherent in the language and in the prevailing social discourses and practices. Further, adoptive mothers desperately trying to protect their adopted children from any such stigma, may not develop a strong sense of their own unique role as mothers. Perhaps worthy of consideration as a contributing factor to the less than total acceptance of adoptive relationships is Kirk's concept of reduced role obligation. Kirk (1964,1984) theorises that for most parents, parental role obligation is most often total and unqualified, and parents are expected to be accepting of all deficiencies in their child. Parents undertake a lifelong commitment, and a permanent obligation to the child for better or for worse. However Kirk (1984) suggests that for adoptive parents things are different. The legal processes in adoption, the folklore surrounding blood ties, illegitimacy and bad blood, and the provision of legal termination of the adoption in the case of incompatibility, all imply a reduced role obligation status that is not applicable to non-adoptive parents. The community perception of a reduced role obligation, evident in at least one comment above ("Someone said 'isn't it lovely to have one of your own, are you going to send him (the adopted child) back now?' "), may give less than due acknowledgment to the lifelong commitment made by adoptive mothers to motherhood and to their child.

Of interest are the findings of Tellegen (reported in Goldstein 1994) who revealed that a shared family environment contributes less to personality, and that genetics and environmental experiences that reinforce the social norms and beliefs are significant; that is, the sentiments of the community as ascertained through interactions with individuals in the community, are important.

It may be the case that adoptive mothers and adopted children ascertain that adoption does not fit well into the available discourses concerning families and genetic blood ties. Yet few other discourses exists which validate and support adoptive relationships as alternative family building,

rather adoption is spoken of in terms of relationships which are less than the value of others.

In summary it seems that for new adoptive mothers, as for many mothers, the arrival of the baby is celebrated with the same welcome ritual. However adoptive mothers may be given less than fully authorised entry to the previously closed areas of mothering wisdom and status, and for some adoptive mothers and adopted children, negative differences in adoption may be highlighted and even stressed, with the resulting stigma potentially prevailing across the lifecycle. Evidence from this research points to adoptive relationships being considered public as well as private relationships and in the public sphere adoptive relationships do not appear to have been viewed as equivalent to natural parenthood. In this research, for adoptive mothers of children from a different cultural background to their own, there may be greater negativity in community attitudes.

Social Support

Adoptive mothers in this study spoke of the availability of organisational and personal support, and the value of such support to their situations. This is examined below. The limited data available from the Interview Schedule for Social Interaction (ISSI) contributes to this information on social supports.

Organisational support, or the lack of it, from community bases services including the Baby Health clinic and also from the Department, attracted comments from adoptive mothers. A sense of expected reduced role obligation is again illustrated:

"I went to Nursing Mothers, I've never heard such rubbish - militant- so rigid, they made out if they're not breast fed, they'll be dumb" (Toni).

"I had a friend at Blue Nurses and she said they have a new mother home service. She was a wonderful worker, made me feel at ease" (Lorraine).

"For the first it (the Baby Clinic) was regular contact with someone who was interested in us, but this time I didn't think much of them. I was older and more able but they were patronising, they work from the average and if your child didn't fit the average it was the mother's fault, if you're not doing this or that, you're not operating as a good mother. They said 'you mean you haven't given her that (food) yet'? (Annette).

"I heard a lot that was negative about the Baby Clinics but they were really good. She (the Sister) at the Chemist was a God send. Occasionally the clinic sister would say 'how are you' and I'd say 'I'm okay I adopted him remember', and she'd say oh, yes, I forgot" (Gena).

"The baby clinic lady was a cranky old thing with no children" (Eloise).

"We phoned the social worker that evening and she said how is everything, in a silly romantic voice, and I said 'oh, she's a bit funny', and she said 'oh you don't have to take that one'. And I thought what I should have said was 'oh she's wonderful', because that was the right response. When she came to visit, I knew what to say, not to show any concern but to give the correct response, even the baby had to give the correct responses - it's actually very unsupportive. The baby clinic nurse was great" (Maxine).

"I used to take him to the baby clinic. Not like the others, this one didn't put on weight. If someone had said he's just small, but they said 'he isn't getting enough'. I couldn't make him have anymore and they made me feel I was doing something wrong. We are religious but the church was not really supportive. I took him to Kindy once and they said please don't bring him back. I accepted it as my lot in life" (Esther).

"I knew someone in the adoptive parents' group, I thought I don't need that" (Diana).

"Through the adoptive parents' group we had unity through sameness. Age, family formation, we were all in the same boat. But when I brought the baby home people in the adoptive family group were angry because I got ahead of them on the list" (Annie).

"The adoptive families group was fairly helpful. I think I'd go before I adopted if I had my time over, I think it should be compulsory to attend an adoptive parents' group" (Pam).

The availability of personal support from friends and family was described by almost all adoptive mothers in this study. This, as with organisational supports, were described in wide ranging terms. Some adoptive mothers felt very supported by family, friends or neighbours.

"The three of us, my sister, my cousin and I were going through adoption, we did it together, we talked about it, we spent a lot of time thinking about it" (Pam).

"My husband used to get up for the 4.30 feed, so that was good for me, and he enjoyed that" (Stella).

"A friend, a couple of doors down gave a lot of assistance, a lot of help, a really good neighbour with three children, they ended up as God parents. Family support? No, not really" (Gwen).

"My husband and I really only had each other. I would have liked closer friends. I kept going to the gym to see people. I found people would like to be your friend if you made the first step, you've got to go out and seek it" (Melanie).

"I had my sister and a good friend; a neighbour" (Melissa).

"Close friends, oh they don't just drop in, like every second day or something, but I know they'd be there in a flash if I needed them, if I was sick or something, one close friend knows if I feel depressed" (Rose).

"Lots of support from family, and my best friend. She moved just two doors down a week before I did. I still have her now, she was wonderful" (Dorothy).

"Granny was always available, she was four doors down" (Beryl).

"I have stayed close to my family (overseas) with letters, telephone calls, my family here have been supportive. The children have grown up with a good solid network of family, we believe you've got to build you own social fabric and make them a place in the world" (Mary).

"The grandparents were wonderful, like Dad, he picks them up from Kindy. I have a very strong family and close friends" (Nancy).

"Lots of acquaintances, lots of friends, and I don't know what I would have done without Mum" (Lorraine).

"I didn't have the first clue about mothering. I'd have been lost without the woman next door, she was terrific, she really was" (Fay).

However for other adoptive mothers the expected support was not necessarily available or was limited or conditional, although unexpectedly, an older child proved quite supportive.

"The baby went through a colicky period, and my husband would say 'what have you done'? Although I don't think he thought I was a failure or anything" (Katherine).

"My mother lived nearby, oh if I asked her to mind them she would, but she wasn't supportive. She never rang, or asked the kids over. My husband's family visited, and would babysit if we asked but I didn't feel I could ask too much, the same with my mother, I couldn't jump in the car and go around and say I can't

cope". My Dad was supportive but I could honestly say there was no-one that I could say to "I'm not coping can you mind them. The friends I had only talked about how wonderful it was, so I couldn't say 'I sometimes don't like this child'. I felt fairly isolated" (Vera).

"I didn't have a nervous breakdown, but I was so stressed, I wanted so much to be a good mother, and suddenly I was so tired. I didn't get much support from Angelo. It wasn't that he didn't like the baby, it was something about the baby and my mother role. I needed lots of cuddles and lots of support and I didn't get that. He gave it to the baby but not me. That nearly killed me, that lack of support from my husband you learn to live with it" (Nina).

"The first one screamed and screamed when we went out, it was easier to stay home. This time I got the perfect baby. I still didn't have any family (extended) around, but I had my daughter (aged ten) and she has been a big help. She was very helpful and supportive, more than Paul (husband). I mean if you had family support it would be nice but you manage without it. When I speak to Paul's mother about her (the adopted child's) naughtiness (she's a bit naughty but just being a normal child), she says 'but you wouldn't give her back would you', but she'd never say that about her other grandchildren" (Annette).

"I always felt isolated, a lack of people to turn to. You couldn't just ring up someone, because there was no-one there, you learn that you've only got yourself" (Jo).

"I did feel isolated, he was not an easy child, and I never went anywhere because he was always into things. I had one friend who said 'don't worry about him making a mess, and that was heaven for me, because I just never went out" (Esther).

"Yes, close friends to be frank with, but they're not there for the day to day things, I'd like the family to be closer. My daughter helped, she was sixteen, she'd sleep in his room and look after him in the night. My husband helped, he was unemployed, we didn't tell them (The Department)" (Marianne).

"Close friends yes, but close friends have high expectations. I didn't want to admit I wasn't coping as well as others, I didn't feel free to say I'm failing" (Pam).

"My husband blamed me, he couldn't understand. I had only one friend who understood. I didn't really want to have close relationships with women but I think that's because my husband said I'd failed so dramatically, and women are as condemning as men. I remember one women saying 'I thoroughly enjoyed my children when they were that age!' I had so many people telling me how I

should feel. My husband's attitude, ignoring me because he didn't agree with how I handled things, that was the most stressful thing, not having my husband's support " (Iris).

Concerning the limited data available from the abandoned Interview Schedule for Social Interaction (ISSI), no conclusions were drawn, however the data available was examined. The scale consists of 52 questions, with questions 1-25 predominantly addressing contact with acquaintances, friends and family and the remaining questions associated with loss of close friends, and the reciprocity in social interaction and support.

For one adoptive mother of a young baby and a child in the middle years, family members were not geographically close and her answers indicate that she would have appreciated it if at least one family member lived closer. She responded that she had fewer close friends than before the baby arrived, and spoke of individuals available as mostly acquaintances rather than friends. She stated that there was no-one close of whom favours could be asked, or with whom feelings could be shared, yet although she would like someone, she felt she could get along without friends depending on the situation.

For another adoptive mother of a young child more contacts with people with similar interests would be welcomed. This adoptive mother had no close circle of friends, although she has one close friend to share feelings. She had more acquaintances than she had a year ago and less friends. Contact with a very large extended family was minimal by choice.

For the third participant to whom the ISSI was administered, a mother of two children (one approaching the teenage years) the number of friends available was about right, this a greater number than were previously available. She felt no need for closer friends but would go out and make them if she wanted them.

This limited data may point to a situation where for two adoptive mothers there was a reduced number of friends in the early post adoption years, and fewer close friends or family members available (either geographically or emotionally) than was desirable. For one adoptive mother the available support from family and friends fitted with her needs. The situation of available supports overall appeared to include some elements of choice.

Phillips (1985) asserts that in this post-industrialised society it is a myth that motherhood will be a stressfree event, or that mothers receive steadfast, reliable support from family and friends. She further states that social support, particularly for new mothers, is diminishing, with the reality revealing transitory relationships, busy and sometimes critical friends and remote family. Many other researchers and writers agree (Miles 1988, Hopkins, Marcus and Campbell 1987, Boulton 1983, Dix 1986). Further many suggest that for adoptive parents there may be less supports than those which are typically available to biological parents yet argue that ironically, bonding between the adopted child and the adoptive family is "immeasurably enhanced" by support from friends, family, the community and community groups such as adoptive family support groups (Rosenberg 1992,51, Grotevant and McRoy 1990, Kirk 1964, O'Neill 1990,113,).

The above data examining social supports available to adoptive mothers in this study suggests that for some adoptive mothers both organisational and personal social supports were available and were highly valued. However for others, organisational and personal support was not perceived as being available or not perceived as adequate, and better supports would have been welcomed. With reference to baby clinics, Knapman (1991,8) speaks of the "best sisters" at baby health centres addressing mothers' individual needs rather than working within the confines of measurements and routines. In this study it appears that more of this individually-focussed best practice would have been appreciated. As previously stated for some adoptive mothers, the welcome ritual for the baby was overwhelmingly supportive, however these findings suggest that ongoing support for adoptive mothers from friends, the family, organisations, the community and from professionals was not necessarily available, or it may be conditional, or contain "hidden hooks" (Wearing, Rudland, Koenig and Noble-Spruell 1990,1).

The data from this research reveals that available friends can inhibit rather than allow the sharing of perceived personal failings in some instances or may condemn anything other than perfect mothering, as may organisations, family members and partners. For some adoptive mothers the lack of social supports from their partner, and from other family, friends and organisations was unexpected, upsetting and isolating, and was perceived as contributing to feelings of stress. Several adoptive mothers speak of attempting to seek support, rather than support merely existing as had been anticipated, while others spoke of coming to terms with the inadequacies of

their support network. Neighbours were found to be avenues for support in quite a number of instances, supplying ongoing and valuable support.

Thoits (1982) writes that she did not find significant evidence of the buffering effect of social support against stress, however Cutrona (1984), and many others found that social support is a significant determinant of individual differences in reactions to potentially stressful events (Scott 1988, Boyce 1988, Brown and Harris 1978, O'Hara, Rehm and Campbell 1982). Glazer (1990) observes that adoptive mothers may feel that although they are now in the giant club of parents, for them something feels different, and this was the experience for several mothers in this study. In this study while a proportion of adoptive mothers had adequate support, many had few available persons to whom feelings of not coping could be admitted.

Perfect Mothering - "I was so tired from being the good mother"

Quite a number of adoptive mothers in this study commented on the need to appear to be a perfect mother:

"I did feel at the orientation that I did need to be a super mum. I think it's got to do with adoptive parents having to be super parents because there's no way they can say it was an accident" (Maxine).

"Sometimes you try to do the best, more than others, because you think someone else could have given them more" (Merle).

"We got a letter from the Department. It said the girl wants the very best for her daughter that's why she's giving her up. I thought I've got to do the right thing, that was a bit of pressure. The worker said he'd like to see him (the baby). When he came I thought thank God I've just bathed him. I wanted to look the good mother" (Diana).

"I had undertaken to do all the things I had told Family Services. I felt that I had to provide all that I'd said. You had to do it, had to provide every opportunity" (Pam).

"For adoptive mothers it's more difficult to admit failure, they are already feeling a failure for not giving birth, they cannot admit the failure of not coping" (Fay).

"Relatives of ours who were adopting said they were going to be the best parents anyone could be. They said the Department told them only 40% of those who apply are accepted" (Meryl).

"He was the cleanest, the prettiest, his basinet was spotless, everything was spotless" (Iris).

"I think more about the natural mother than I thought I would. It's almost as if one day I'll have to answer to a higher authority. I'd better do a good job" (Annette).

"I wanted to be a little bit perfect, the house perfect, everything perfect, just right. I over did it. I was so tired from being the good mother. Being older I tried to do it better" (Nina).

"I sort of thought if they saw me they'd see I wasn't coping, that I'm not living up to their expectations" (Gina).

"Women are waiting longer, getting ready for that wonderful experience. You work and you save, and it's all building up, all those expectations, and there's so much pressure and you have to prove you are a perfect mother, perfect parents, and perfect parents have perfect children don't they? The Department helps to build that" (Rhonda).

It is evident from the above comments that some adoptive mothers in this study felt the pressure to perform. It appears that this pressure may have been in part the result their own expectations, and also partly due to adoptive mothers trying to live up to expectations they perceived were held by the Department; that as good parents they would always cope, and that they would always perform perfectly. Such perceptions may also lead to fears of the possible repercussions should the Department discover less than perfect parental behaviours in adoptive mothers, as perhaps alluded to in this adoptive mothers' diary entry:

"This afternoon my older daughter asked me for an iced coffee, a favourite drink in this household. I agreed but then realised that we were out of milk. The baby was asleep in her cot and my daughter was doing her homework. It is difficult getting a sleeping baby in and out of the car so I decided to drive to the shop, leaving Jennifer (older daughter) and the baby at home. I felt so *guilty* and so *worried* that I actually timed the trip, in case I was unlucky enough to receive a call or a visit from somebody from the Department while I was out -*neglecting the baby* - I was back in 9 minutes" (Annette, her emphasis).

From an historical perspective, adoption studies that advocated a shift away from hereditary and genetic determinism, and focussed instead on environmental influences, facilitated the development of adoption practice which moved away from finding the best child for the family, to a focus on the best environment for the child. However such an emphasis may have unwittingly placed a heavy burden on adoptive parents to be perfect. This expectation may have created a great deal of pressure, and further, may have created feelings that "if things went wrong it must be their fault" therefore as adoptive parents they must not fail (Iwanek 1989,7).

Harper (1990a) writes that adoptive parents are

"frequently very sensitive about their parenting skills and often feel they need to be more than good enough and set unrealistic standards for themselves" (1990a, 12).

Harper points to the effects of the "intensive scrutiny" to which adoptive parents are subjected as perhaps leading adoptive parents to believe they must demonstrate that they would be "super parents" (Harper 1990a,11).

Berman and Buffer (1986) believe that adoptive mothers, regardless of their ability to have biological children often "feel the need to be perfect parents", and that, having pursued adoption with strong convictions , "they do not feel they have a right to complain about the normal things parents find difficult" (1986,4). They claim there is an ever present question of entitlement to parent the child, and uncertainty that they are not good enough. According to Melina and Roszia (1993) adoptive parents "(especially mothers)" could feel that their parenting performance will be judged by the birth mother (an element evident in one comment above), however they confirm that for most adoptive parents, with the passage of time and the performance of the role, a greater sense of entitlement develops and parents "accept that they will make mistakes as parents but that this doesn't disqualify them" (1993,189).

It appears that some adoptive parents may attempt to compensate for the feelings of inadequacy, engendered by the processes surrounding the adoption, by trying to perform as perfect parents. For adoptive parents it appears appropriate that they free themselves from any obligation to be "super parents" in order to get on with the job of good enough parenting (Glazer 1990,47, Harper 1990a).

Distress in New Motherhood

As indicated in the literature review, for many mothers it appears that the reality of mothering within the sometimes contradictory and invalidating context of western society motherhood may bring forth a range of emotional responses, some of which are unexpected negative responses. In this study of a different group of mothers, an exploration of the widest range of emotional responses in the early post adoption period was sought with mothers of children aged five years or under five. Such a range is reported by adoptive mothers in this study, both in response to the Edinburgh Postnatal Depression Scale (EPDS) and at other times during the interviews. Many of the responses are included here, understandably however, given the nature of some of the topic areas discussed, some women withdrew permission for use of some portions of the data.

For mothers of older adopted children, their recollections of distressing experiences in the early post adoption period are also considered. The Edinburgh Postnatal Depression was not presented to this group, however their recollections of the early post adoption period, when considered alongside those of younger adoptive mothers, appear very similar.

The Edinburgh Postnatal Depression Scale

As previously stated it is acknowledged that the scale was not administered under the conditions recommended by its developers, in terms of time frame, or recommended candidate. Nor is it considered appropriate to assume that a calculated score has the ability to detect and diagnose a condition. However it was considered that examining the scored scales (for summary see Appendix 10), administered to mothers of babies and young children aged five years or under five, (n=19) in conjunction with the emerging themes of the interview data, would facilitate greater understanding of the range of emotional experiences of adoptive mothers in the early post adoption period after the arrival of a infant.

Scores

The scoring of the 10 item Edinburgh Postnatal Depression Scale (EPDS) was completed in accordance with the scoring procedures as recommended by its developers (Holden, Sagovsky and Cox 1989).

Possible scores for individual items ranged from 0 - 3, indicating severity, with the final score for each questionnaire calculated by totalling the scores for each of the 10 EPDS items (Holden, Sagovsky, and Cox 1989). It has been recommended by Holden, Sagovsky and Cox that a score below the threshold of 12/13 indicates the absence of depressive symptomatology (although others consider this cut-off point misses some depressed, or "borderline" depressed women and that a cut-off point of nine would miss fewer depressed women, Brown, Lumley, Small and Astbury 1994,122) whilst the existence of a score above this cut off point indicates that the mother may be depressed, and does require further assessment (Cox 1986, Holden, Sagovsky, and Cox 1989).

As illustrated below (Table 5) thirteen mothers received a score which was below the recommended threshold. However the results from six of the participant mothers revealed a score above the recommended threshold, with two mothers scoring between 12 - 15, three mothers scored between 16-19, and the score of one mother calculated to be twenty three.

This indicates that in this study 32% of mothers of babies and young children aged five or under five registered a score above the recommended cut-off point of 12/13. In natal mothers this would indicate these mothers may be at risk of, or suffering depression and further investigation would be required (Holden, Sagovsky, and Cox 1989).

Table 5. Edinburgh Postnatal Depression Scale - Distribution of Scores

<u>Edinburgh Postnatal Depression Scale (EPDS):</u>			
<u>Distribution of Scores</u>			
0	-	3	5
4	-	7	6
8	-	11	2
Total below threshold			13
12	-	15	2
16	-	19	3
20	-	25	1
Total above threshold			6
<u>Total</u>			<u>19</u>

In this study thirteen mothers received a score which was below the recommended threshold of 12/13. Six of the participant mothers revealed a score above the recommended threshold.

Responses to Questions on the Scale

In answer to Question one on the Edinburgh Postnatal Depression Scale (EPDS, see Appendix VI) ten of the nineteen mothers with a baby or younger child responded that during the period following the baby's arrival they were still able to laugh, and see the funny side of things, while twelve mothers looked forward to things with as much enjoyment as ever (Question 2). Three women indicated that indeed they looked forward to things with much more enjoyment than they did in their childless years. The majority of mothers (seventeen) were not so unhappy that they had difficulty sleeping (Question 7), and seventeen mothers were not very often or not at all sad or miserable (Question 8). The majority of participants answered they have been unhappy and crying only occasionally (seven mothers) or not at all (eleven mothers) (Question 9).

However two mothers felt they could not laugh and see the funny side of things quite so much, five felt they were definitely not able to laugh and see the funny side of things, and two could not see the funny side of things at all (Question 1). Responses to Question Two include five mothers who looked forward with enjoyment to things rather less than they used to, one definitely less than she used to and two mothers hardly looked forward with enjoyment to things at all. Ten mothers felt that they were not to blame when things went wrong however two felt to blame at least on some occasions, and seven blamed themselves most of the time when things went wrong (Question 3). Nine mothers responded that they were hardly ever or were never worried or anxious (Question 4), but ten were sometimes or were very often worried or anxious. In answer to Question five twelve mothers were not at all scared or panicky for no apparent reason, but five mothers were scared or panicky sometimes while two were scared or panicky a lot of the time.

In response to Question six, seven mothers coped quite well most of the time, however nine mothers responded that they were not coping as well as usual, and three mothers indicated that most of the time they were not coping and things were getting on top of them (Question 6). In response to

Question ten of this scale "Have you ever thought of harming yourself"?, it is of concern that two women indicated that they had. An additional question asked immediately after this scale was administered (this question is not a question on the Edinburgh Postnatal Depression Scale) was "Have you ever thought of harming your baby"? In answer to this question ten mothers indicated they had never thought of harming the baby, four answered they had hardly ever thought of harming the baby, two answered they had sometimes thought of harming the baby and one participant answered "quite often" (One mother for whom the second communication with this researcher was by correspondence, and one mother during a face to face interview did not directly answer this question. One of these women scored above the cut-off point and one below). For several adoptive mothers and their babies in this study it appears evident that their health and safety was at risk on some occasions.

In reviewing the subjective reality expressed by adoptive mothers in the semi structured interviews, in conjunction with the emotions revealed through the objective measure, the EPDS, commonalities are confirmed, and interesting anomalies are revealed. The use of methods of Triangulation (Crystallisation) are also confirmed. Nicholson (1986) questions the ability of an objective scale, without accompanying qualitative data, to accurately measure individual experiences. This study appears to support such a view, whilst also indicating a need to question the absence of some questions, and the inability of some questions, to accurately detect important feelings and experiences in the period following the arrival of a new baby.

The information revealed in the above distribution of scores (Table 5) suggests the existence of depressive symptomatology for six mothers, all of whom scored above the conservative cut off point of 12/13. Most of these mothers also expressed feelings of anxiety, stress and distress during the interviews, particularly in relation to their own and their child's sleeping patterns, the child's frequent screaming, or to feeding difficulties or repeated occurrences of their child suffering episodes of colic and vomiting. Examination of the interview data in conjunction with the questionnaires suggests that in some instances the scale may fail to measure some of these important experiences. Several mothers made mention that they had considered that adoptive mothers could get postnatal depression.

Sleep Deprivation

One obvious omission on the questionnaire is a question relating to changed sleeping patterns. Only one question on the scale relates to mothers experiencing difficulty sleeping, with this question revealing that seventeen mothers were either not very often, or were never so "unhappy" they had difficulty sleeping (Question 7). Two mothers suggested that this was so only sometimes. Contradicting this finding from Question Seven of the EPDS, five of the six mothers with scores above the threshold on the EPDS, spoke of their own severe lack of sleep and their child's irregular sleeping patterns. These issues were raised either during the administration of the scale, in an attempt to rephrase Question Seven, or at other times during the interviews. Thus Question Seven failed to detect the extreme tiredness expressed by five mothers during the interviews, this potentially debilitating tiredness seemingly due to the lack of opportunity for quality, uninterrupted sleep. Many mothers scoring low scores mentioned that their child slept very well.

Table 6. Lack of Sleep in high and low scorers on the EPDS.

	High	Low
Lack of sleep	5	2
Baby mostly slept well	1	8
Amount of sleep not mentioned	0	3
Total	6	13

The above table illustrates that five of the six mothers (5/6) who scored beyond the cut-off on the EPDS spoke of severe lack of sleep, while only two of the thirteen mothers with low scores spoke of lack of sleep (2/13), and eleven mothers either mentioned how well their child slept or they did not mention sleep patterns at all. Only one mother above the cut-off point said her child slept well, and this adoptive mother described this as her "god send".

Health and Behaviours of the Baby

A further omission from the EPDS scale is any question concerning the health and behaviours of the baby. As revealed in the literature review, some researchers suggest that a baby's temperament, the "goodness of fit"

between mother and baby, and whether the baby is a sickly baby, may be important indicators, and risk factors of maternal stress, and depression (Kraus and Redman 1986, Clarke-Stewart, Friedman and Koch 1986, Searle 1987, Levitt, Weber and Clark 1986, Welburn 1980, Boyce 1988). Yet no question on the EPDS seeks to secure information concerning any problems or difficulties with the baby's health or behaviour. Nor was this a direct question asked of adoptive mothers in this research, yet four adoptive mothers mentioned that their baby suffered from colic reflux. These mothers represent four of the six mothers with a score above the threshold on the EPDS. Of the mothers who scored below the cut-off point, not one mentioned that their baby suffered from colic reflux. Vandenplus (1994) identifies crying, irritability, sleep disturbance, colic, and feeding difficulties in the child as manifestations of Gastroesophageal Reflux (GER), the frequent return of stomach contents into the oesophagus. Vandenplus (1994) and others state that the parents of infants suffering from GER will need reassurance about the purely physiological nature of the condition, and that GER will eventually end (Hlusko and McMurray 1991). They further state parents of babies with Gastroesophageal Reflux may need help to cope.

Table 7. Reports of Colic Reflux by high and low scorers on the EPDS.

Colic Reflux	High	Low
Yes	4	0
No	2	13
Total	6	13

This table reveals that four of the six mothers scoring above the threshold on the EPDS spoke of their child suffering from colic reflux (4/6) while none of the mothers scoring below the threshold spoke of their child experiencing colic reflux (0/13).

Negative Feelings Toward the Baby

While some researchers identify negative feelings experienced by a mother towards her baby as a risk factor, and a symptom of maternal stress, and depression (Kraus and Redman 1986, Clarke-Stewart, Friedman and Koch

1986, Searle 1987, Levitt, Weber and Clark 1986, Welburn 1980, Boyce 1988), no question on the EPDS addressed this topic. In this study seven women indicated, to a direct question asking had they ever thought of harming their baby, that they had thought of harming the baby on at least one occasion. Four of these mothers had a score on the EPDS which was above the cut-off point (4/6). Of interest, three women who scored well below the cut-off point had thought of harming their baby at least on one occasion (3/13).

In several confidential studies investigating mother/child relationships it has been revealed that between 40-62% of mothers admit to getting very close to physical abuse of their children in times of stress (Frude and Goss 1980, Wearing 1984). Therefore it may be that this admission from women in this study could merely reflect this generalised finding of the thoughts of women towards their baby when experiencing times of stress. However the discrepancy between the percentage of those registering a score above or below the cut-off point deserves further thought.

Reviewing the data in connection with the three mothers with very low scores (n=13), it appeared that at the time this question was asked (Have you ever thought of harming the baby?) they offered comments which may describe a temporary situation of stress, for example

"He was such a good baby, he was obviously sick and not sleeping" (Laura).

"I was so happy I was sleeping like a log, she mostly slept twelve hours a night for the first twelve months, in the second twelve months she hasn't slept as well. I was working full time for just a little while and she wasn't sleeping, and one morning I knew I'd reached my limit" (Annette).

In contrast, mothers who scored high scores on the EPDS were more likely to make comments indicating more ongoing stress, often in relation to the baby screaming, tiredness and colic, and linking this to negative thoughts toward the baby.

"Frustration, tired, inadequate, he'd wake up ten to twenty times a night, if he didn't wake up but he usually did at that time, I'd wake up anyway. I didn't sleep for months. You've got to let it out otherwise you might do some damage. And he'd never be still on the change table it's always a fight" (Gena).

"The (my) crying was from stress, wondering how I'd cope; the tiredness, needing help, feeling insecure" (Annie).

"I couldn't see any future for about six months, the first twelve months were stressful. There were times I wished I didn't have her, the sheer frustration, had enough, exhausted, ... she would scream when you changed her nappy, scream when you put her in the bath, scream when you took her out, always screaming. I wanted to kill her" (Yvette).

"I think there's a breaking point for everyone and you'd be stupid to deny it, he cried a lot, we found he had colic" (Dana).

Of interest, when considering comments concerning prolonged crying or screaming, it is revealed that of those mothers who scored above the cut-off point, five spoke of a baby who screamed or cried for prolonged periods (5/6), and only one did not mention screaming or prolonged crying. In contrast, screaming or prolonged crying was not mentioned at all by ten adoptive mothers who scored below the cut-off point (10/13), while three mothers did mention the baby cried on occasions.

Table 8. Baby Screams/Cries: Reports from high and low scorers on the EPDS.

	High	Low
Not mentioned	1	10
Cries	0	3
Screams/ or Prolonged Crying	5	0
Total	6	13

This table illustrates that of the six mothers with scores above the cut-off point on the EPDS, five (5/6) spoke of a baby who screamed or cried for prolonged periods. Of the mothers who scored below the cut-off point on the EPDS no mother spoke (0/13) of a baby who screamed or cried for prolonged periods.

Frude and Goss (1980) emphasise that the overall impact of being a parent

"differs markedly from family to family and parent to parent. For some parenthood brings intense joy and a sense of fulfilment, but for others it may be a nightmare" (1980,52).

They continue that, in their study with mothers of children aged eighteen months to four years, it was revealed that 20% of the mothers found their child more difficult to cope with than they had anticipated, and the same proportion found there had been times when they felt they could not cope with their baby's behaviours. The difficulties at these times included the

baby's eating difficulties, sleeping difficulties and persistent night time crying or screaming.

Self-Reports of Postnatal Depression

It seems evident from both the interviews and the questionnaire responses that some adoptive mothers adjusted well after their role transition to motherhood. Adoptive mothers were experiencing both the joys and the demands of new motherhood and were coping well. Yet what appears equally apparent is that some adoptive mothers did experience unexpected and in some instances severe distress, and even depression, as a consequence of the arrival of a new baby into their lives.

Further evidence that adoptive mothers may suffer unexpected stress and distress, and may even suffer a depressive condition which is similar to the condition labelled postnatal depression is evidenced in several mothers' own comments made in the first round of interviews, **prior** to any mention of the introduction of the EPDS.

"I just thought you could pick up a baby and look after it. You can write this in big letters ADOPTIVE MOTHERS CAN GET POSTNATAL DEPRESSION, and it's not just me, others have said the same. Postnatal depression is a panic attack plus depression because it is the sudden knowledge that you're totally responsible for the child" (Annie).

One plausible explanation for this mother's emotional response could be that this adoptive mother "went onto hormones for three months" to induce the production of breast milk. However several similar comments from other adoptive mothers who did not, challenge this as the most accurate explanation:

"Within a couple of days of getting the baby I thought to myself this has got to be the same as Postnatal Depression, I told a friend and my husband, they didn't say much. And I was having panic attacks, and he would just scream and scream. I didn't sleep for two days before and for months afterwards, if that's not called Postnatal depression of an adoption kind " (Gena).

"I didn't cope very well I have to admit It was a big change. A teacher on Tuesday and a mother on Thursday. My emotions went crazy, (I was) crying, like when women get Postnatal Depression" (Rhonda).

It appears evident that some women both describe, and subjectively experience a condition similar to that labelled Postnatal Depression.

Additionally, while the administration of the EPDS in this study was restricted to the sample of adoptive mothers with children aged five years or under (n=19), several mothers of older children commented on times of depression in the post adoption period.

"I was put into hospital by people because I wasn't coping. I went to doctors, psychiatrists, my husband wanted them to fix the problem, they were going to fix me into a wonderful, loving mother. The doctors did try to swing the conversation around to my husband, but he'd swing it back. I went to other doctors and they prescribed other pills, no one ever understood. My husband shouted me down. I would have very much liked to tell them, to say can you please understand this is why I felt like killing him (the baby) " (Iris).

This adoptive mother found her child's behaviour very difficult, she did not feel she fitted with him, and she felt condemned as a bad mother. Another adoptive mother of two older adopted children and one biological child spoke of a comparable period of depression after each child although, in particular, her experiences after her first (adopted) and her third (biological) child were very similar. She comments that the depression

"lasted a good year after each one, Tryptanol, Valium, I became addicted. With the third, a biological child, "I was diagnosed with Postnatal Depression" (Vera).

She continued:

"I didn't think to tell the doctor the experiences of my first (adopted) and my third (biological) were very similar. I wouldn't question them" (Vera).

This mother did speak of suffering "a lot of lack of sleep, a lot from the screaming too" and she adds:

"my son (biological child) was a vomity baby, always vomiting, I don't ever want to go back to those times" (Vera).

The stories from these two adoptive mothers were vividly recalled, bearing witness, as was previously noted, to the etching of such emotional experiences into their memories.

As reported, several adoptive mothers of both younger and older children spoke of stress, anxiety and even depression during the waiting period prior to the adoption, this period being described by one adoptive mother

as "the longest pregnancy in history". In the Postnatal Depression literature evidence has been presented that Postnatal Depression could begin during pregnancy (O'Hara, Neunaber, and Zekoski 1984, O'Hara 1995, Troutman and Cutrona 1990), although McNeil (1988) did not find support for this hypothesis, and in fact found more positive experiences during pregnancy for those in high risk groups. There is no evidence that high scorers in this study felt more stressed during the waiting period or that any anxiety transferred over into the post adoption period. In fact the reverse appears true for several women, that although there was shock after the phone call about the availability of the baby, any stress experienced during the waiting period was very much relieved after the arrival of the baby:

"We didn't hear anything for three years. They said the wait would be five years, then seven. The last twelve months were the hardest. They rang my husband at work.... I cried for three days, we celebrated, I was over the moon" (Laura).

This adoptive mother scored a very low score of three on the EPDS. Another adoptive mother for whom "it wasn't easy waiting", described in detail the severe impact of infertility on her life during the waiting period:

"I had a permanent job at the bank but when I went through all the emotional problems I wasn't coping very well with everyday things, I left.... All I wanted was to be a mother, it was devastating, it floored me, it was a nightmare, to the public you look normal, and you go home and go nuts. I felt so bad about myself, I developed agoraphobia and depression" (Melissa).

Melissa also scored a very low score on the EPDS.

Of interest Berman and Bufferd (1986) write that immediately following the placement of their adopted child "a couple speaks of 'postpartum blues' since the reality of placement is tangible proof that the couple could not bear a biological child" (1986,4). The findings of this study support the suggestion that many adoptive mothers do experience a grief reaction to a diagnosis of infertility, this diagnosis dashing their hopes of bearing a biological child. However evidence suggests the infertility factor is not an adequate explanation of distress following the arrival of an adopted baby. Several mothers with scores above the cut-off point comment on the impact of facing infertility:

"It's a major life event which alters your life forever because you've got no control, no choice. All I ever wanted to do was get married and have children" (Stella).

"It's almost like losing a child, it's a loss you can't see" (Gena).

However other adoptive mothers who score above the cut-off point do not reflect severe grief in their comments:

"When the doctor said 'I don't think that you're going to be successful', I said we'll just have to find a way around it" (Pam).

"I can honestly stand here and say I didn't have a major trauma over my infertility, I didn't think it was the be all and end all to be a parent" (Annie).

Further, the adoptive mother whose grief reaction to infertility was the most severe reported in this sample, Melissa, scored the lowest score on the EPDS in the sample.

Evidence from women in this study who scored above the threshold on the EPDS and from adoptive mothers of older children (to whom the scale was not introduced) reflecting back to earlier years, suggests that major contributing factors to distress and depression post adoption are colic reflux, lack of sleep, and a screaming baby. This appears to be particularly so when these factors are perceived as ongoing. The lack of available, ongoing social support may also be a factor, as may any difficulties in adjustment to the full time mothering role, the loss of a workplace role and identity, and any perception held by adoptive mothers that they need to perform as perfect mothers. The availability, and role of social support could not be fully assessed due to the abandonment of the ISSI, however it appears that the level of personal and organisational support, and whether the received level and nature of support was that which was expected, may be important. Overall these findings are supported by the findings of a number of other researchers, that early infant behaviour is associated with ease of maternal adaption (Atkinson and Rickel 1984, Crockenberg 1981), and that infant temperament and behaviours are implicated in a mother's vulnerability to postpartum depression (Boyce 1988, Cutrona and Troutman 1986).

One further consideration was that Premenstrual Syndrome (PMS) may be a factor in new mothers' stress, as has been discussed in the literature (Dix 1987, Melges 1968). Only two adoptive mothers referred to this hormonal related condition. One adoptive mother who spoke of suffering the effects of PMS (a mother of younger adopted children), scored above the recommended threshold (a score of 14), and the other mother, an older mother, spoke of PMS being connected to "the depression side of things"

(Wendy). These comments suggest that PMS may be suffered, or may be perceived, in connection to depression however, in this study no further links could be drawn between PMS and depression in the period following the adoption of a baby. This is possibly an area warranting further research.

It is acknowledged that some critics may argue that these findings merely indicate a need to question the validity, and the degree of confidence which can be assumed, of a scale which identifies adoptive mothers as displaying postnatal depression symptomatology, that is, six false positives. For such critics these findings may merely justify and reinforce a quest for more rigorous measures.

Alternatively, it could be considered that these findings indicate the need for much greater knowledge and understanding of the experiences of adoptive mothers in the early post adoption period. Indeed these findings could also be considered to indicate the need to question the conceptual beliefs and readily accepted core assumptions influencing contemporary thinking concerning the condition currently identified and labelled Postnatal Depression.

Typically, in western society, the source of any discontent in mothering is not seen to have its origins in the tasks of caring and mothering, or in mothering within such a contradictory context as exists for mothers in this society, but rather the fault is seen to lie with individual mothers. Interestingly, this is not the case when the work of caring is considered for other groups, for example caregiving to the elderly. While it should be acknowledged that there may be many differences between full-time caregiving for infants and for the elderly, many parallels can be drawn including losses of previous employment rewards and status, loss of freedom, ongoing responsibility as the principal care-giver, the relentless nature of the task, reduced social interaction, loss of sleep, a lack of preparedness for the role and less than adequate social supports. Any discontent, distress or depression experienced as a result of performing such a care-giving role to the elderly is rarely viewed as a result of psychological instability or hormonal imbalances in the care-giver, but rather an understandable consequences of the role. According to Braithwaite (1990), "anxiety and depression" in a long term care-giver performing such an isolating role as caring for the elderly in this society is "not surprising" (Braithwaite1990, 147).

The findings of this research cannot support the assumption that any fault lies with individual mothers, but rather these findings reveal that conditions suffered by the baby (for example colic reflux), the behaviours of the baby (including prolonged crying and screaming), the sleeping patterns of the baby, and the opportunities available for the mother to gain regular periods of uninterrupted sleep are major contributing factors to the gaining of a high score on the EPDS, and to experiences of stress, distress and depression for adoptive mothers. Furthermore, whether stressful or distressing situations are experienced as temporary or more ongoing may be a contributing factor to thoughts of harming the baby, which has also been implicated as a potential risk in depression in early motherhood. Adoptive mothers in this study, as members of the mothering community, appear vulnerable to the same pressures, stresses, and depression experienced by many mothers after the arrival of a baby into their lives.

It is considered that in this research the EPDS well complemented the in-depth interviews, enabling the acquisition of a more accurate picture of the early mothering experiences of adoptive mothers.

Conclusion

For many adoptive mothers, entering the world of mothering heralded a range of emotional responses linked to the arrival of the baby, to the taking up of the mothering role, and to community attitudes and available social supports in the early post adoption period. Some of these emotional responses were positive and some were unexpected, negative responses. Negative emotional experiences were reported by adoptive mothers of younger children during the administration of the EPDS, and at other times during the semi-structured interviews.

For mothers of older adopted children, their recollections of both enjoyable and distressing experiences in the early post adoption period were documented. Negative recollections, as with positive ones, were vivid and painted a similar picture, in many aspects, to that painted by recent adoptive mothers.

CHAPTER TEN

ALONG THE WAY: COPING STRATEGIES AND EVENTS

Introduction

After the initial adjustments following the arrival of the baby, the mothering role for adoptive mothers appears to become more familiar. Situations faced by adoptive mothers during the subsequent mothering years may not be necessarily the same, for example the "telling" about the adoption must be undertaken, however situations are not entirely different from those of mothers mothering biological children. Coping strategies may be developed by adoptive mothers to incorporate these differences and similarities and these are examined.

Adoption as a life event and a lifelong event was explored during the interviews with all participants, facilitated by the introduction of the Holmes and Rahe Social Readjustment (Life Event) Scale, and these results are presented in this chapter.

The Telling

All of the adoptive mothers participating in this research spoke of telling their children about the adoption, or spoke of their commitment to tell them once they were able to understand. Many adoptive mothers began the telling while the baby was very young:

"We tell her now (at four months) and we will continue to tell her" (Rose).

"Richard knows he is from another country and he is learning the word "adopted"- he doesn't fully understand it yet" (Melanie).

"From day one they are told, it's talked about in general" (Jill).

"We told them long before they really understood. I had a song I used to sing, they grew up knowing how lucky I considered we all were" (Helena).

"I was advised by the children's paediatrician not to make a big issue out of it, but I tried to make the word "adoption" a familiar loving term before two years old,

and certainly later on when asked what it meant I gave a simple direct answer" (Denise).

"We read a picture books from the beginning, it was good, one was 'Don't Tell Me About Goldilocks', it was so much apart of his consciousness" (Mary).

"It was brought into family conversation early in her life so it appeared ordinary to her" (Beryl).

While difficulties in the "telling" are not referred to in the above comments, the following comments allude to the "telling" being a difficult task, and to circumstances when the "telling" does not necessarily bring the expected understanding:

"I told them when they were between four and five. Damien understood, but Eric didn't understand, he just couldn't understand. When he was seven, eight he started to understand. I remember in the old days, they didn't tell, or couldn't tell because it was too difficult" (Nina).

"With my second son I haven't made such a big thing about the adoption, no special talk about it, like I think you can over do it, but I mean with no instruction, no guidance, you have to tell them about adoption" (Dana).

"I told them a bedtime story, they grew up with it, but interestingly my daughter couldn't remember hearing the word. One day the teacher said to my daughter 'you're adopted' and my daughter said 'she said the word as if there was something wrong with me, like a disease'. My daughter said she knew the story but not the word, the way they were saying it, it was like a disease. But I mean I remember sitting down and telling them about sex, and then later on they said you didn't tell us, and I knew I did. I mean I think if we don't really want to hear something, we just don't store it" (Ivy).

However the telling appeared to present more difficulties for some adoptive mothers, as the following examples imply:

"The whole time I was waiting I thought there would be no problem with telling the child she was adopted. But what I didn't count on was my feelings about it. But now I feel that when I tell her, someone else enters, she'll never be wholly mine again after I tell her she is adopted. I wish I didn't have to break that bit of news to her. It's turning out different to what I thought, there are a lot of emotions I hadn't expected. I was very surprised to find that it wasn't going to be easy. In theory it's been straightforward and easy, but now I find it's not so easy" (Annette, mother of a child under two).

"I brought it into the conversation a lot with Tammy, when she was little. She was a reserved girl, she didn't talk about her thoughts about adoption. With the second one, I couldn't tell her, I just couldn't tell her, and time went on. I thought I must tell her. When she was eight we moved. I picked a time to tell her, and she was very upset" (Merle, mother of older children).

Rowe (1970) believes that concerning the reality of telling, social workers may have under-estimated the difficulty. This also appears to be true for some adoptive mothers, who, equipped with the knowledge that "telling" is best, find their emotions provide unexpected barriers to their best intentions and make the telling an extremely difficult task. The comments above also suggest, as do previous comments, for example "Eric just couldn't understand" (Nina), and "my daughter said she knew the story but not the word, (Ivy), that different children, different circumstances or different emphases may compound the difficulties surrounding "the telling" in some way. At least one comment above suggests that with little instruction, adoptive parents could over emphasise the adoption, stressing the differences rather than merely explaining them.

Of interest, while I was aware that stories existed about persons who were adopted and not told, this was also a frequent comment to me whenever I spoke about this research; that is, people would say "oh, adoption, oh I know someone who wasn't told they were adopted". This was often said in a way which suggested that some adoptive parents should be condemned for their part in maintaining secrecy. When similar comments began to be made by participants concerning children or adults they knew were adopted and not told, I began to ask this question of participants in subsequent interviews. A number of participants spoke of adoptions where they knew the adoptees were not told, including some adoptions which occurred within extended families, quite a common practice in past eras (Hoopes 1990). However perhaps worth remembering is that secrecy was condoned in adoption practice at certain times in recent adoption history. Further, as suggested by one adoptive mother above, one plausible explanation in some instances may be that rather than information not being transmitted, on single occasions in children's lives they may have been "told" information yet this may not be recalled by the children.

The consequences of failing to tell the adopted child of the adoption at the appropriate time were emphasised by several adoptive mothers in this

study, as was a sense of different beliefs inherent in past adoption practices.

"Once at a family Christmas an adopted grandchild was told, at age twelve, that she was adopted. She went white, it was terrible. And a friend of mine at seventeen became a bum in the street after finding out he had been adopted and raised by his grandmother" (Yvette).

"Just around the corner, two children (are adopted), and it's common knowledge they don't know" (Gena).

"Yes, she found out when she was thirty. She had an uneasy relationship with her parents and she could never understand why she wasn't good enough. She had an argument and subsequently her brother told her. Her father believed in the bad blood syndrome" (Annette).

"I think there are a lot of children out there who are adopted and they don't know because I've seen old Parish records, it was all hush hush, it was disgraceful back then" (Melissa).

"My brother adopted a son but they've never told him" (Joan).

"I've found out one of my Aunts had a child and she was kept in the family as one of the siblings, and she's just found out, its been terrible" (Rhonda).

"I know someone who found out when she was twenty, she had a nervous breakdown and there was a big rift for six or seven years" (Nina).

Hartman and Laird (1990) believe that the telling and the retelling of the adoption story is most important in the adopted child's construction of self and that the less information the child receives, the more the adopted child may have to create through fantasy. It appears that some adoptive parents in this study were hesitant about telling their child about their adoptive status, and that some adoptive parents who are known to participants in this study had not told their child of the adoption.

However, it appears that while adoptive parents may have been reluctant to accomplish the task of telling, they often had little to tell, with the whole truth being filtered by workers to reveal a few brief positive "facts" about the birth parents. Adoptive parents were not trusted with the whole truth. Sorosky, Baran and Pannor (1984) write of professional controversy existing over revealing to adoptive parents any available negative information while according to Glazer (1990), adoptive parents in the past had been told that which was perceived to be what they wanted to hear. While one mother

questioned the accuracy of the information given to her, most adoptive parents in this study did not appear to question it, although the brevity of information was an issue, particularly with regards to medical history of the biological family.

McWinnie (1967) argues that while it was recommended in the 1960's to tell the child about their adoptive status, little professional assistance was given on how to manage this often difficult task. The extreme situation appears exemplified in this comment:

"I was told by the social worker 'oh you'll know what to do' " (Eve).

It may be that the situation of very little available information is now different, with correspondence between the birth mother and the adoptive mother increasingly occurring in the early post adoption period. However adoptive mothers may still be in need of further support and guidance concerning the telling and the retelling of the adoption story, this also guarding against the telling being viewed as a simple, single event rather than an ongoing process.

Differences and Similarities

"Once past the point of genesis, the differences between adoptive and biological families grow smaller and the similarities grow"

(Kadushin 1980,485).

Differences

According to Kirk couples who adopt have to cope with a number of difficulties including approaching professionals to acquire the child, accepting the public aspects associated with this process, feeling uncertain about the status of adoptive parenting, and creating a fully integrated position in the family for the non-biological child. Kirk believes that adoptive parents cope with the resultant difficulties in one of two ways. He states that there are those who cope with their situation by denying their situation is any different from biological parenting (rejection of differences, RD), or those who recognise that many aspects of adoptive parenthood are different from biological parenting (acknowledgment of differences, AD). Kirk believes that while rejection of differences may in the short term insulate adoptive parents from the alienating effects of infertility and the disenchantment of past differences still evident rather than laid to rest, the

long term effects of this denial will be detrimental. Acknowledgment of differences is the recommended coping strategy.

Many women in this study spoke about "differences" or "no difference" concerning motherhood and mothering an adopted child, as compared to mothering a biological child. Such terms were used very frequently by participants to describe their feelings and experiences concerning their relationships with their children, or to describe the adoption situation.

Of the mothers in this study, those with biological and adopted children felt well qualified to make comparisons concerning how their mothering was experienced. Some mothers spoke of few differences for them, and in particular, they rejected the idea that there were distinct differences in the early post adoption period. For at least one mother, who was very sick and separated from her biological son after his birth, the experience of taking home a new adopted baby did not feel any different, and she rejected such a notion. Several adoptive mothers alluded to a similar, yet special or deeper feeling for their adopted child. Others acknowledged subtle differences, or clarified that there were differences of experience, but not of emotions. One mother below acknowledges differences when identifying that there are conversations she has with her adopted child that she did not have with her biological children, perhaps also indicating that discussing the adoption story is a difference which emerges in the pre school years:

"It's different because I don't have those sorts of conversations with my other children. I realise looking back that it was different to bringing up my other two, we feel just the same about Katrina, I mean you treat each child differently, because they are different, but our emotional response is the same, if we were guardians we would feel different" (Rita).

"I always felt she was so special, no different, well it made her special. It's funny but I feel closer to Laura" (Doris).

"The fact that I had one of each, one adopted and one not adopted, meant I could see the differences, and there wasn't any. Honestly to me and my husband it was just the same. I mean the baby was a stranger when I picked it up, I think it's the same whether it's yours or someone else's. I think it's easier to adopt, I was so sick in hospital for a month after the first (biological son), I didn't see him for four days, absolutely no difference between a natural and an adopted one, that's what we found, and the two kids just accepted each other as brother and sister" (Joyce).

"There was no difference in the early months, the early months were very difficult" (Vera).

"I breast fed my baby and I bottle fed Daniel (adopted son). I think the experiences are different, but in terms of emotional bonding there was no difference at all" (Mary).

Adoptive mothers who have no biological children with whom to make a comparison of experiences also referred to a lack of differences, based on their perceptions and experiences.

"I believe it would be no different, the child is my child and that's it " (Diana).

"They say they felt loved. When we brought Helen home everyone in the district came (we said anyone can come). I'm sure I couldn't feel more joy if I'd birthed her, or Harry too. because for men, well they were not allowed in or anything in those days, to the birth, so for him it was just like bringing home a new baby" (Dorothy).

However for several adoptive mothers with no biological children, differences were distinctly drawn:

"I really think truly, it's not like having your own, I mean you can't think 'oh you're just like your uncle or your grandfather', you can't! " (Dana).

"If the children didn't behave, well, maybe it's a nasty streak in me, I thought 'it's not my flesh and blood'. He has done some terrible things. ... He hasn't got social graces. I don't think we did anything wrong" (Nina).

In the above comments there appears to be evidence of adoptive mothers acknowledging, drawing on or even stressing elements of difference in their relationships with their adopted children. Both of these adoptive mothers, one of older and one of younger children reported ongoing, distressing behavioural problems in their children, this perhaps pointing to evidence of some adoptive mothers drawing on differences as a coping strategy.

Of interest are the suggestions of several women that for their husband there were few differences. Indeed it was perhaps for them most similar to the experiences of biological fathers in years gone by, where after confinement, from which fathers were excluded, wives would bring home a child to be accepted, loved and protected.

There also appears to be in the above comments a sense of whether an adoptive mother's feelings for her child are seen to be equal to, or less than

those experienced by mothers rearing biological children ("I'm sure I couldn't feel more joy if I'd birthed her" ... Dorothy). This is evidenced more clearly in this comment:

"I've never had a biological child but I can't believe the relationship could be different. I can't believe I love them less. I don't think I could feel any more love,..... parents and children are about relationships, it's not about giving birth, birth is not the goal" (Maxine).

While Kirk (1964,1984) speaks of the coping strategies of either rejection or acknowledgment of differences, with acknowledgment as the most desirable strategy, recent research queries this dichotomy and its implications.

Kaye (1990) challenges Kirk's theory, which Kaye notes, has remained for

"the past quarter-century, an untested hypothesis (which) has pervaded the clinical literature about adoption" (1990,121).

Using Kirk's concepts of acknowledgment or rejection of differences (but relabelling them 'high versus low distinguishing' in order to "avoid attributing honesty to one end of the continuum and denial to the other" 1990,122), Kaye and Warren (Kaye 1990), found that, rather than a uni-dimensional continuum, what they saw was "more subtle and multifaceted than the literature suggests" (1990,132). They failed to find support for Kirk's position regarding the detrimental effect of rejection of differences, and conversely the benefits of acknowledgment of differences. As reasoned by Kaye, their research suggests in fact, the reverse; that rejection of differences at least in certain families, "far from causing problems, is a natural, straightforward outcome of good family functioning" (1990,136) and may actually reflect the absence of serious family problems. Further, acknowledgment of differences, "far from preventing problems over the course of the adopted child's development" (Kaye 1990,136) may indicate their existence. Kaye observes that while Kirk's model and other literature suggest a rejection of differences may be seen as denial, they found no evidence that low distinguishing (rejection of differences) should be equated with "denial" (1990,133).

Brodzinsky (1990) does caution that Kaye's sample was skewed towards an upper middle class population, and that therefore these findings must be viewed "cautiously" (Brodzinsky 1990,21). However, Brodzinsky's own

1990 study finds no confirmation for a negative outcome for rejecting or minimising of differences, as indicated in this statement:

"rejection of differences is not necessarily a detrimental coping pattern. In fact it may well be a beneficial one, at least under certain circumstances In the initial stages of the family life cycle, when children are still very young, an RD (rejection of differences) coping pattern may serve the family well by supporting the primary socialisation goals of building family unity, connectedness, and interpersonal trust" (Brodzinsky 1990,21).

The frequent comments made by participants during the interviews which referred to whether differences existed or did not exist, and the passion accompanying such comments, suggests that this topic of differences is one of importance and one often considered by adoptive mothers.

Further on the topic of differences, recent research undertaken in Norway with transracial adoptees revealed that Kirk's (1964) theory does not really explain the situation existing in cross cultural intercountry adoption, and that

"only if we add a third dimension "Stressing-the-difference" to the model, thus making the model more complex, can we obtain a deeper understanding of what is happening" (Dalen and Saetersdal 1987,45).

Similarly, research by Brodzinsky and Reeves (Brodzinsky 1990,21) suggested that broadening Kirk's model to incorporate "insistence-of-differences" (ID) provides further understanding. They further state that it is an "insistence of difference" (ID) coping pattern in adoptive parents which may effect the parent to child relationship, and effect behaviour and adjustment in adopted children.

It seems that stressing or insistence on difference is something some adoptive mothers are aware of themselves, or have gauged in the comments of others (including extended family), as noted in these examples concerned with insistence of differences:

"It's like we must insist on difference, but it's like red hair, a difference to be accepted, or slow at maths, it's a little burden, it's different but not really different. My daughter said she really only felt different with it in all the papers and on T.V. For the first time in thirty years she said she felt different, she felt it was tattooed on her forehead. They made her feel so different. It's like a little Indonesian child in a class of white children, you wish for them if they could be the same, it would be lovely for them if they could be the same. I think it's

acceptance, there's something safe about being the same, you want that safety for your child. Society makes it a burden, a difference. It's a burden I couldn't take away, I wanted to, so desperately. It was a sorrow of mine" (Dorothy).

"Some people make it different, it becomes a difference, they *made it different*" (Mavis, her emphasis).

"When you bring the baby home, well we all loved him, there's no difference at all, all babies are just so lovable, not any difference when they were little, I couldn't feed any of my others, I didn't have any milk for the others, so it didn't matter that way. I felt just the same, or even more so, at school he was called black boy, I didn't see it as a problem but it was, to me he was no different, but he was. People asked why I chose adoption, they say 'isn't it different?'. To me it made no difference at all. I never felt any different to any of my children" (Eve).

"A child at school said to my first child 'At least I've got a normal sister, not like the adopted sister that you've got!'. After that something changed, I decided that only those who need to know will know, to protect her from discrimination. I think there's a stigma about adoption, and children can be very cruel, maybe not a stigma, but a difference, adoption makes you different, sets you apart" (Annette).

"He (an uncle) once said to me on Mother's Day 'I don't know why you're celebrating, you're not a mother' " (Iris).

"People say stupid things like when that women said 'I don't suppose you love her (adopted daughter) half as much as you love him' (biological child), and that was in front of the five year old (adopted daughter)" (Joyce).

"Alex's (husband's) mother said 'they're your children but they're not your blood', and an Aunt said 'they're not really your children' " (Vera).

"I'm *not* going to say "*this is my adopted daughter*" (Sheree).

"It (ten year old son's behavioural problems) all began around the time I said to a man I hadn't seen for ages 'Oh these two are adopted', so I'm careful now not to say it in front of them. I've learned my lesson. And I told him it's his decision to find his birth mother, but maybe I've done the wrong thing. There's a fine emotional line to tread with adoption. With my second son I haven't made such a big thing about the adoption, not special talk about it, like I think you can over do it" (Dana).

"In the court (street) one day some children sat, and they said 'You're adopted!' One of the neighbours knew and must have told her children. Damien was annoyed, he didn't like it" (Nina).

"We had a lot of trouble with Jonathan at school. He didn't do well, didn't have any friends, I did expect difficulties but nothing like this The teacher wrote on the report card that the problem was he was told excessively that he was adopted" (Joan).

"A child at school said I know something you don't know, you're adopted, you're adopted, you're adopted" (Doris).

For some of these mothers it seems that others' insistence of differences are frequently connected to an absence of blood ties, perhaps also indicating attitudes of adoption as second best. Strathern (1992) reports that recent investigations into family obligation in Britain "has come up time and again against the special place that people gave to blood ties" (Strathern 1992,18). In the above comments there is also recognition by some adoptive mothers that their own, sometimes inadvertent, stressing of differences, or the insistence of difference by others, could be hurtful or even detrimental to their child's sense of self, a sense of self which is sensitive to scrutiny and judgement by others. McWinnie (1967, 249) found that an adopted child viewed adoption as something personal to be talked about occasionally within the intimate family but they did not, nor did they want others to, "broadcast" their adoption status, nor did they want to be introduced as an adopted son or daughter. Perhaps useful coping strategies used by some adoptive mothers on occasions include rejecting, or at least minimising differences, in order to, as one adoptive mother suggests, provide a measure of sameness ("there's something safe about being the same") for their child and their family.

Significantly, it appeared that on occasions some adoptive mothers happily acknowledged differences. Indeed on occasions there appeared to be not only an acceptance of differences, but a sense of pride in, and a celebration or embracing of differences, as seen in these examples:

"My mother said it's about time we had some new blood in the family" (Merle).

"I'm proud she's adopted, I tell everyone, I say 'any silly bugger can go out and have one, let's see you try and adopt one' " (Yvette).

"We have a birthday, but we also have a celebration of adoption, not presents, but a special dinner, a party day, it doesn't replace birthdays or Christmas, it's an anniversary, we acknowledge the day he came to be with us" (Annie).

"Well you want it to be the same, we like to think it's the same, but it isn't, there are special circumstances involved, why not work with them" (Melissa).

Of interest, the above latter comment ("there are special circumstances, why not work with them" Melissa) is from an adoptive mother of one adopted child who found it extremely difficult to cope with the diagnosis of infertility, ("All I wanted was to be a mother, it was devastating, it floored me, it was a nightmare.....," Melissa). This example does not offer support to Kirk's suggestions that those parents who suffered heightened feelings of deprivation as a result of infertility, and those with one adopted child and no biological children are more likely to reject differences, nor can support for that position be readily found elsewhere in the data.

Overall, from the above data and discussion, it appears than Kirk's (1964) model of the existence of the coping strategies of either rejection of differences or acknowledgment of differences, which, for the past quarter-century, "has pervaded the clinical literature about adoption" (Kaye 1990,121), does not encapsulate the full range of strategies employed by adoptive mothers in this study. Further it appears that a model which incorporates positions such as minimising differences, drawing on differences, stressing differences, and the embracing or celebrating of differences, in addition to positions similar to those of Kirk's of acknowledgment or rejection of differences, may be useful. This may provide a more comprehensive and accurate picture of the range of possible coping patterns taken up by adoptive mothers than has been discussed in the adoption literature. For a summary of previous research on differences see Figure 1. below.

Figure 1. Summary of the Rejection versus Acknowledgment of Differences literature and the incorporation of this research data.

<p>KIRK 1964</p> <p>Rejection versus Acknowledgment of Differences</p> <p>"Acknowledgment of Differences" (AD) provides ideal long term benefits. " Rejection of Differences" (RD) could have long term detrimental effects.</p>
<p>KAYE AND WARREN (KAYE 1990)</p> <p>BRODZINSKY (1990)</p> <p>"Rejection of Differences" (RD) may not be detrimental in certain families, in fact the reverse could be true, that Rejection of Differences under certain circumstances at certain stages may be beneficial. Rejection of Differences should not be equated with denial.</p>
<p>BRODZINSKY AND REEVES (BRODZINSKY 1990)</p> <p>DALEN AND SAETERSDAL (1987)</p> <p>"Stressing the Difference" (Dalen and Saetersdal) or "Insistence of Difference" (ID) (Brodzinsky and Reeves) broadens Kirk's model. Insistence of Difference as a coping pattern may effect the parent/child relationship and effect behaviour and adjustment in adopted children.</p>
<p>THIS RESEARCH</p> <p>Data from this research suggests that adoptive mothers and their families take up other coping responses or strategies including drawing on differences, stressing differences, minimising differences, or conversely, embracing and celebrating differences as suggested in these comments:</p> <p>"I really think truly, it's not like having your own, I mean you can't think 'oh you're just like your uncle or your grandfather', you can't!" (Dana).</p> <p>"When you bring the baby home, well we all loved him, there's no difference at all, all babies are just so lovable" (Eve).</p> <p>"I'm proud she's adopted. I tell everyone, I say any silly bugger can go out and have one, let's see you try and adopt one!" (Yvette).</p> <p>"My mother said it's about time we had some new blood in the family" (Merle).</p> <p>"We have a birthday, but we also have a celebration of adoption, not presents, but a special dinner, a party day, it doesn't replace birthdays or Christmas, it's a anniversary. We acknowledge the day he came to be with us" (Annie).</p>

Similarities

While many adoptive mothers spoke of differences, many also described their experiences using the terms similar, the same as, or not the same as, these drawing on similarities or a lack of similarities, rather than using terms of difference. A stressing of sameness is also indicated. The use of these terms of sameness appears to offer a further depth of meaning to the concept of differences.

"I felt secure in the comparison, I felt the same with all my children" (Denise).

"It was exactly the same as with the boys, except she was a girl, but not really different" (Beryl).

"Honestly, to me and my husband it was just the same. I mean the baby was a stranger when I picked it up, I think it's the same whether it's yours or someone else's" (Joyce).

"It wasn't quite the same, maybe because I wasn't breastfeeding, maybe because he was so precious" (Esther).

"People almost *insist* its the same, but it's obviously different, I didn't have to get fat, but it was the longest pregnancy in history" (Laura).

Occasions were also recalled by adoptive mothers in this study that acquaintances who were also mothers, used terms of sameness. Several participants spoke of comments made in which they had found reassurance:

"I said to a women once they fight so much, (the older one used to torment the younger one), maybe it's because they're adopted - she said mine are just the same" (Joan).

"A lass came who had biological and adopted children. She said 'the joy is just the same'. I think I gained comfort from that" (Dorothy).

It is considered here is that the concept of similarities, as with differences, may offer a number of coping positions, for example acknowledgment of similarities, drawing on similarities, or stressing or insisting on similarities. It is also considered that coping positions, concerning similarities or differences would not be taken up to the same degree by every adoptive mother for all occasions.

It may appear that some coping strategies would not be as appropriate as others when considering positions within a model of similarities (or differences). Yet, as perhaps can be seen in the comment below from an

adoptive mother who had an extremely difficult time rearing her adopted son, certain positions may be of temporary benefit on some occasions:

"John (husband) said I'd failed so dramatically..... but I've had long discussions with my doctor and he's convinced absolutely that it is *all* in the genes" (Iris).

It appears that this position (rejection of similarities) may be used on occasions as a coping strategy in order for an adoptive mother to reduce any burden of guilt she may be carrying concerning her child's undesirable behaviours as attributable to her mothering abilities, and enable her to continue to cope. Such a position also appears evident in this comment previously noted:

"If the children didn't behave, well, maybe it's a nasty streak in me, I thought 'it's not my flesh and blood'. He has done some terrible things. ... He hasn't got social graces. I don't think we did anything wrong" (Nina).

However, while in her earlier statement Iris appears to reject similarities and insist on differences between adoptive and biological families ("it's *all* in the genes"), she later commented:

"My son has that same streak of independence, *I'm sure* my teacher would have said I was disruptive,..... I saw similarities between myself and my son and I wasn't adopted, maybe I was just lazy and naughty I think I felt the same failings and other things as my son, I don't know, you can call me a very mixed up lady" (Iris).

This comment appears to provide some evidence of the use of rejection of similarities as a temporary, situational coping strategy, which may be replaced with a coping position of acknowledging, drawing on or even stressing similarities at other times or when discussing other topics (this inconsistency in her attitudes seemingly to her own confusion).

Raynor (1980) writes that while an adopted child needs to come to terms for themselves, with the differences and the realities of their dual family background, the task is easier if similarities can be found and a comfortableness concerning their situation has been established; that is, rather than being a damaging denial or rejection of difference, acknowledging and drawing on similarities is most useful for creating a comfortableness in adoptive relationships.

What seems evident from the above findings and discussion of differences and similarities is the need for a very flexible model of both differences and similarities which can offer further explanation and understanding of the

very complex and dynamic relationships between adoptive mothers and their children. This could offer useful, core, ongoing coping strategy positions while also offering understanding of the situational use of other coping strategies.

Deeper Dimensions of Differences and Similarities - Goodness-of-Fit

Of interest were those comments which, upon further examination of the data, either directly referred to differences and similarities or implied an element of difference or similarity, but which also included or alluded to a comfortable or an uncomfortable "fit" between the child and the mother or the family.

Comments included references to an early feeling, or a general feeling of fitting. For several participants the contribution made by physical resemblance is considered.

"We wondered how she'd fit- she fitted us nicely, no times of feeling I couldn't cope, only joy. She fits in beautifully. From the moment we saw her we thought 'she's perfect, this is the child for us' " (Sheree).

"Some people fit , some don't" (May).

"My daughter is quite happy. She says she likes swimming because her Uncle does, she's quite happy. She fits in this family" (Merle).

"I suppose a few years ago there was emphasis on finding children who physically resembled the family, to pass off the child as your own. To a certain extent that's in the child's best interest, because they're more likely to fit more comfortably in the family. We spent a lot of time helping our daughter fit in the extended family" (Rita).

"He actually fitted the picture we had of a child of ours, we didn't have an actual picture, but an ideal" (Pam).

"I felt comfortable with her, she didn't squawk at me, she responded to me, it made me feel comfortable " (Jo).

"There's an ESP between Damien and I" (Nina).

"I surprised myself I did so well. I just folded in. I used to say it's surprising how natural motherhood is, I never had any trouble, we did fit well" (Diana).

"We're all very much alike, we don't feel sorry for ourselves we just get on, ... we argue we yell, we say what we think, we don't hold any grudges, we're a lot alike" (Joyce).

"I think people grow to be like the people they live with even if they are a different colour .. my son is like my brother which is unbearable! " (Madge). (This comment appeared to be made with loving despair).

"I really think truly, it's not like having your own, I mean you can't think 'oh you're just like your uncle or your grandfather', you can't do that, you can't identify them within the family, so they don't know where they fit" (Dana).

Different from the above comments, for these adoptive mothers, a goodness-of-fit does not appear to be perceived to exist:

"At the time of the adoption I should have turned around and gone, the feelings were not there and they're still not there he was beautiful, everybody fussed,...I tried and tried, emotionally, physically, but it was all one ghastly charade and it just got worse and worse. I've always thought the first reaction was the right one, my gut reaction" (Iris).

"I will never be close friends with Tammy (daughter) she's on a different wave length, different from me. I suppose I would have imagined the children would have grown up to be like us. How naive I was, they were never like us" (Adele).

Inherent in the above comments from adoptive mothers appears to be a sense of differences or similarities perceived as a match or mis-match between the temperament, personality or style of the child and that of mother, or of the family. Re-examining the data, it appeared that several mothers who spoke of or intimated a fit with the child, appeared to be very happy with their relationship with their child (or children) as expressed in other comments, while those who spoke of, or implied not fitting, did not make other comments about being happy with the relationship. Of interest, these two mothers above who had intimated a strong, or long lasting sense of difference or mis-match ("It was all one ghastly charade and it just got worse and worse" (Iris), and "How naive, they were never like us" (Adele), were two of only four mothers in the study who adopted first, and subsequently had given birth to other children (one additional adoptive mother has since given birth to a child however was not, at the time of the interviews, in this category). These two mothers spoke of a relationship which was different from the close relationship they had with subsequent biological children, for example further comments from these two mothers include:

"Our biological children were our reward for surviving Jonathan and Abbey" (Adele).

"I've got two other children who were brought up the same way, and yes I suppose I did feel more for the other two, they all had the same, but he was a naughty disruptive child, you cannot take someone else's child and love it" (Iris).

Schneider (1995) found that in clinical work with adopted adolescents, in examining the ordinal position, the category of adopted children who were followed in the family by bloodkin children can be the most problematic.

Interestingly, by contrast, of the mothers who had adopted after giving birth to at least one child (thirteen mothers), many made comments of the experience being similar, or described similar emotions although the experience was different. No mothers in this category made comments implying an ongoing sense of mis-match nor did any make comment of differences which created difficulties. One adoptive mother in this category did comment on a lack of similarities, although it appears that this did not hinder the relationship ("she's mine, we're nothing alike... but she's mine, .. she's a friend" (Jo)). Jo had previously commented (see above) that in their early mother/child relationship there had been a sense of comfort ("I felt comfortable with her, ... she responded to me"). This comfort or fit appears to have prevailed or been maintained in spite of changes and differences.

Of the adoptive mothers who did not have any biological children (thirty three) a number spoke of feeling the child "fitted", while several comments described feelings for a first adopted child which were different than for the second adopted child. These comments appear to speak of a special fit:

"With the first it's very strong, it's the personality and a first child, it happens only once in your life it was so special. For a while I thought it was the same with the second but I found myself sometimes thinking I don't like him. From the first day the first child was mine" (Nina).

"If you do believe in reincarnation, my brother died in 1968 and we adopted in 1970 and you'd probably think it's silly, a heap of trivia, but there were a few little traits of my brother in our son our daughter was a different case..... I found our daughter difficult, she didn't fit in as well" (Wendy).

One mother with no biological children but four adopted children, revealed how one of her children was different. Speaking generally on a fit with the adoptive family, she commented:

"Everything had to appear natural, they matched the child so they will feel comfortable, and feel as though they fit" (Mavis).

She continued speaking about her children:

"Our daughter's beautiful, clever; our son, brilliant at sport; our oldest son found it difficult, a large boy, he couldn't run, jump, slow academically, physically handicapped, very low in self esteem, friends wanted to get at him, challenge him about adoption, he rejected adoption, he denied it. He suicided 10 years ago" (Mavis).

The factors contributing to a person's decision to suicide are many, and include age, gender, personality traits and the maturity of these traits across the lifespan, family history, family genetics, psychiatric and physical disorders and substance abuse. They also include psychosocial factors such as stressful life events, intolerable life situation, environmental change and loss and the degree of felt social integration (Vaillant and Blumenthal 1990, Kety 1990, Durkheim 1952, Hassan 1995). With reference to this adoptee's suicide, many of the above factors could be applicable. What also may or may not be relevant are the findings of Hockey (1980) that when a child of borderline intelligence was expected to fit into a family of above average intelligence, problems arose, and the greatest misfit was when the child's inabilities had not been fully recognised (Hockey 1980). For this adoptee, from his mother's words, it seems that in addition to other contributing factors a comfortable sense of goodness-of-fit with the reality of his world may not have been experienced.

According to Grotevant and McRoy (1990) and others, goodness-of-fit theories, consistent with attachment theories, are quite focussed and posit that when infants are raised by parents who are sensitive to their needs, development will be optimised. Parental sensitivity appears to be a key determinant, and compatibility is viewed as a joint product of the characteristics of the child, the characteristics of the parents and the family situation. They further state that these characteristics are not static, but rather both change in responsiveness to one another, and goodness-of-fit involves the "family members' ability to attain this state and to retain it through dynamic interaction over time" (Grotevant and McRoy 1990,172). They continue that compatibility problems can occur with greater frequency in adoptive than in biological families, where a lack of similarities, due to lack of a biological tie, could contribute to a perception of mismatch.

With further reference to goodness-of-fit, Raynor (1980,152) writes, as reported earlier in this thesis, that in recent years much "scorn" had been heaped on the concept of matching a child to his prospective adopters. With

the recognised impossibility of making infallible predictions about a baby's future personality, appearance, or intellectual capacity, and the proof of some success in the placement of black children in white families, it seemed that matching may be at best irrelevant, and at worst damaging. Conclusions that matching may be damaging were also based on awareness that matching appeared to collude with adoptive parents, and encourage an "unwillingness to accept the inherent differences of adoptive parenthood" (Raynor 1980,152). Many suggest that in the past, matching was carried to absurd lengths and that as far as appearances and culture are concerned an "interracial" family - the "antithesis" of a matched family - can be as close as any other (1980,152). Further it is suggested that adoptive applicants ought to be willing to accept almost any child since there is no choice in birth. Nevertheless, Raynor states that the results of her research are "unequivocal", elaborating that:

"both adoptive parents and their grown up children have made it clear that a feeling of likeness is part of the feeling of kinship and that a characteristic of less than happy adoptions is a sense of difference and not belonging. The characteristics which families like to share may well be interests and values rather than physical likeness, abilities or temperament and the similarities may be a result of living together rather than anything inherent; indeed they may be matters of belief rather than actuality but none the less effective for all that" (Raynor 1980,152).

Raynor (1980) continues that while an adopted child has to come to terms, for themselves, with the realities of their dual family background, the task is easier if similarities can be identified and a comfortableness concerning their situation can be established. In support of Raynor's position, Veevers (1991) admits that "matching" is a word which was misused, but announces that it has been "rehabilitated" (1991,43). Rather than referring only to physical attributes, today it is most likely to refer to a match between the emotional needs of the child and the particular qualities the prospective adoptive parents possess. While Veevers refers particularly to the older child adoption, this broader definition of matching could include the similar family values, abilities and temperament, or a perception of the existence of these, to which Raynor referred.

According to findings of very recent American research (Benson, Sharma, and Roehlkepartain 1994,7) the wellbeing of adopted adolescents is fuelled by important dynamics, one of which is:

"A goodness-of-fit in which adopted adolescents perceive a good match with parent's values, interests and personality".

On the issue of temperament, Bagley, Young and Scully (1993) suggest that a disproportionate number of adopted children may have a difficult temperament (for a variety of reasons including genetic factors and difficult birth circumstances) or at least, may not have an easy temperament, and that this could "exacerbate problems which some adoptive parents, especially mothers, may have concerning the parenting role" (1993,300). They suggest that unmet expectations for a certain type of child may facilitate a perceived lack of fit. They recommend that

"if your child has a sweet temperament and adapts quickly and well, rejoice; but remember, if your child seems to have a difficult temperament try and adapt yourself to the child's needs by finding a goodness-of-fit between your temperament and that of your child" (Bagley, Young and Scully 1993, 331).

Lerner (1984), building on the model developed by Thomas and Chess (1977), proposed that children may change their demands, or be changed, to fit the demands of changing contexts. Of significance, Lerner (1984) also proposes that their demands may promote reactions from "their socialising others", which feed back to them to increase the individuality of their development, and provide the basis for further development and learning (Lerner 1984,50).

In this study drawing on similarities to establish a goodness-of-fit appears to have been undertaken by some adoptive mothers while for others a lack of goodness-of-fit was identified. Perhaps contributing to a perception of goodness-of-fit is an initial sense by the adoptive mother that the baby was "meant to be" their child, or a sense of having strongly "bonded" in the first instance as described by some adoptive mothers (for example "to me it made no difference at all. I never felt any different to any of my children. I bonded from day one" (Eve)). Conversely, a sense of failing to bond in the initial post adoption phase may be significant. For the two adoptive mothers above who spoke of a strong sense of mismatch, both had earlier commented on an initial "gut reaction" that things were definitely not as they were meant to be, with regards to picking up and to bonding with the new baby (see Chapters Eight and Nine). Of further interest, O'Neil (1990) suggests that bonding and a sense of "chemistry" may be enhanced by support from family and friends, while Grotevant and McRoy (1990) suggest that a lack of social supports may interfere with adoptive parents' ability to be "optimally

responsive to their baby", and can potentially lead to a perception of mismatch, or lack of "goodness of fit". (Grotevant and McRoy 1990,172,173). Many mothers in this study spoke of insufficient unconditional supports, however when considering in particular the two mothers who spoke of a long lasting sense of mis-match, one spoke of the utter lack of support from her husband and from other women friends, while the other spoke of no welcome rituals for her adopted children.

For biological mothers raising their children, feelings of immediate fit are not always experienced (Oakley 1981, Robson and Powell 1982), nor is an immediate sense of bonding or attachment necessary for the development of rewarding ongoing relationships (Rutter 1972, Smith and Sherwen 1988). However perhaps for adoptive mothers, early identification and drawing on of similarities, and establishing a workable goodness-of-fit, are important.

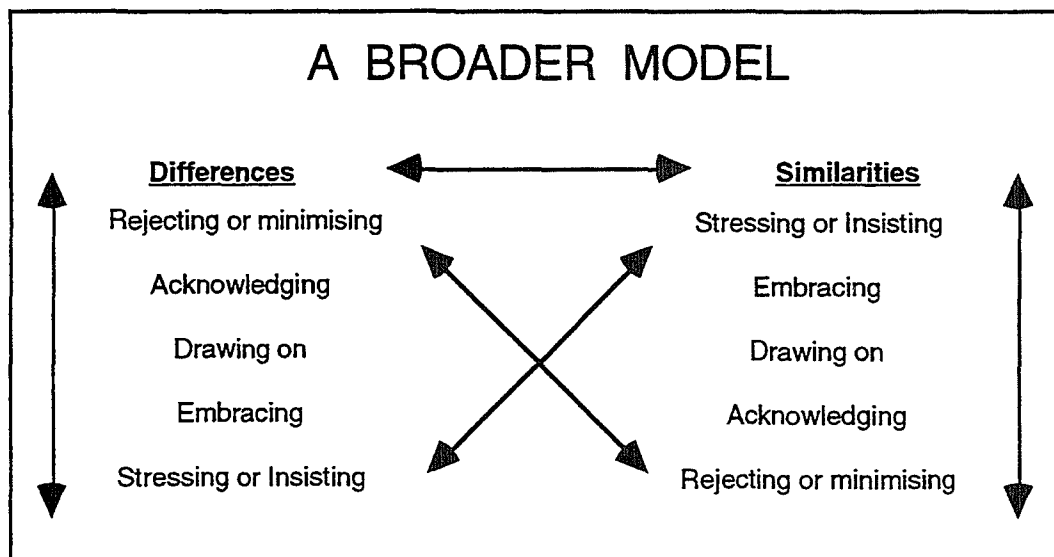
Constructing a Broader Model

Overall it appears from this research data that, as a dichotomy, rejection of, or acknowledgment of differences (Kirk 1964,1984), may fail to acknowledge other possible, and at times quite understandable and constructive coping positions. Such a dichotomy may also assume that circumstances are and remain the same; that is, individuals do not adapt their coping strategies to suit situational challenges. Insistence of differences does provide more depth to the model (Brodzinsky 1990, Dalen and Saetersdal 1987). However for adoptive mothers in this study it appears that the adoption situation is lifelong and dynamic, and that different circumstances, for different reasons require a different response or strategy. Such responses or strategies may include the acknowledgment of differences, however may include drawing on differences or the embracing and celebrating of differences, while also including situational use of minimising or rejecting of differences, or the stressing or insistence of differences.

The acknowledgment versus rejection dichotomy (Kirk 1964,1984) may also fail to affirm adoptive mothers' subjective experiences of sameness, insisting that a subjective experience of sameness should be relabelled rejection of differences. According to some researchers rejection of differences in certain situations is not necessarily detrimental (Brodzinsky

1990, Kaye 1990). Evidence from this research suggests that relabelling subjective experiences of sameness as denial and as rejection of differences (Kirk 1964) (rather than acknowledgment, drawing on, or embracing of similarities), may be inappropriate and undesirable. Drawing on similarities in order to establish a sense of goodness-of-fit may be appropriate. A broader model, which is more comprehensive than that previously developed by Kirk (1964) appears needed. Such a model, based on the findings of this research can be seen in Figure 2.

Figure 2. A broader model of the range of coping strategies employed by adoptive mothers across the adoption life cycle.



Overall these findings indicate that the issue of differences was not a clear or simple concept. Rather, coping positions related to differences (and similarities) are less distinct and constant, and more dynamic and multifaceted than previous literature discussing differences in adoption has suggested. Rather than revealing that adoptive mothers take up one of only two possible coping positions (Kirk 1964), these findings suggest a range of coping positions exist.

The findings suggest that the coping strategy of rejecting or minimising differences is not necessarily detrimental, and can be useful, particularly in the early post adoption period when building a relationship with the adopted child is a priority. Acknowledging differences may encourage acceptance and accommodation of the reality that some differences do exist. In these findings drawing on and even stressing differences was evident in several mothers responses. Embracing differences was the

preferred strategy for several adoptive families, with pride in and a celebration of the differences in adoption.

The relabelling of subjective experiences of sameness as rejection of differences is not supported in the findings. Rather it is considered that acknowledging, drawing on, and the embracing of similarities may be useful strategies undertaken by adoptive mothers in certain circumstances. Drawing on similarities and even stressing or insisting on similarities in the early post adoption period in order to establish some sense of sameness, and encourage a perceived goodness-of-fit may be appropriate. Indeed findings revealed in Chapter Nine suggest that in the early post adoption period many similarities actually exist, with adoptive mothers experiencing the same joys but also appearing vulnerable to the same pressures and stresses experienced by many mothers after the arrival of a baby into their lives. Rejecting or minimising similarities was useful for several adoptive mothers in this study as a situational coping strategy when they perceived their mothering skills and abilities may have been under question.

This model acknowledges that the adoption situation is ongoing and dynamic, suggesting that across the lifecycle different circumstances, for different reasons require a different response or strategy. Rather than taking up stable positions of either acknowledging or rejecting differences, adoptive mothers appeared to take up different and even inconsistent positions within a more complex framework of differences and similarities, depending on the coping strategy which was useful under the prevailing circumstances. Changed circumstances and different issues at different times for different adoptive mothers and their children appeared to determine the position taken up, rather than a clear position taken up by adoptive mothers which was appropriate for themselves, their child and their circumstances for all occasions across all life stages. It is suggested that the core coping strategies of acknowledging, drawing on and embracing the differences and similarities in adoptive relationships may be most useful as ongoing strategies, whilst those of rejecting or minimising, or stressing or insisting on differences or similarities may be acceptable, useful situational strategies in some circumstances across the adoption lifecycle.

Vertical movement through categories of differences as portrayed in the above model was evident in these findings, as was vertical movement through the categories of similarities, these dictated by circumstances or

even by topics about which adoptive mothers were speaking. Additionally, horizontal movement between differences and similarities categories, or diagonal movement between the categories of differences and similarities was evident in the findings, as the above model indicates.

Poststructuralist and life-span development perspectives appear supportive of the suggestion that learning and development is dynamic and ongoing across the life-span through interactions with others, and a suggestion that different coping positions for different circumstances would be taken up by different mothers in adoptive relationships, would be appropriate. Broadening Kirk's dichotomy of the existence of two coping strategies, of either rejection or acknowledgment of differences, to a model which can accommodate and validate a greater range of coping strategies, seemed most useful for adoptive mothers. This model also could contribute to a better understanding of coping strategies used by other adoptive family members, for example adoptive fathers, although further research in this area may be needed. This model could be useful in adoption education, and social work practice with adoptive families.

Life Events and Events For Life

Adoption as a life event and a lifelong event was explored during the interviews with all participants in this study, facilitated by the introduction of the Holmes and Rahe Social Readjustment (Life Event Scale, Appendix VII). It was considered that a simple life event scale could generate discussion on adoption as a life event, and adoption as similar to or different from other life events. The scale was introduced for this purpose, rather than for measuring life change or predicting the repercussions of such change. It appears this was an effective means for many adoptive mothers to consider adoption as a life event and lifelong process, and to consider other life events occurring in their lives both related and unrelated to adoption.

The Holmes and Rahe Social Readjustment (Life Event) Scale.

A broad range of comments were made by participants concerning this scale, varying from considering adoption as a life event, and reflecting over the many other events in their lives, to disregarding the scale as irrelevant to adoption and to their lives. Many participants suggested items associated with the adoption of a child that could be added to the scale, or

suggested items that could be moved to a different location on the scale, depending on the subjective importance of that event when considered against others on the scale. It was suggested that a scale of events that is particular to adoption could be constructed.

Examining the scale, many participants identified that the death of a child, miscarriage, infertility and infertility treatment were life events which had or would have a major affect on their lives. These events did not feature on this scale (although some do feature on the Tennant and Andrews (1976) scale).

When considering infertility as a life event it is perhaps, as was indicated by adoptive mothers in this study, that the losses associated with childlessness are most significant. Gersten, Langner, Eisenberg, and Orzeck (1974) suggest that one item that may be important on a life event scale is "nonevent", an event that is anticipated and does not occur, or something desirable which does not occur when its occurrence is a normative one. Infertility, and the non arrival of the expected family after marriage, may fit with this "non-event as a life event" concept. Gersten, Langner, Eisenberg, and Orzeck (1974) state that the nonevent concept cannot be incorporated easily into current measuring and scoring readjustment scales, and that other types of scales could be conceptualised.

Death of a child was considered by most women to be the most severe life event which could occur in their lives, this held to be more significant by many adoptive mothers, and at least as significant by some, as death of a spouse. Pertaining to this, one participant spoke of the inability of the scale to accommodate different responses, for example:

"A lot of parents only stay together for the sake of the children so divorce, or death of a spouse, well, but death of a child would be devastating" (Melissa).

On the Holmes and Rahe Scale, as on other scales (for example that of Tennant and Andrews 1976) death of a spouse attracts the highest score on the scale.

With reference to adoption as a life event, the majority of adoptive mothers in this study considered that adopting a child should be considered a significant life event. Not featured on the Holmes and Rahe scale, several participants saw adoption as accommodated in item 14 (gaining a new family member), although others saw this as having a more general meaning, such as gaining in-laws (It appears that in the early

developmental stages of the Holmes and Rahe scale, adoption had featured in this category (Holmes and Masuda 1974,48)).

In particular, some aspects of adoption were considered to have more impact by some participants, for example the assessment process and the waiting time were considered very stressful events by some participants. Such comments were most often made by those participants with younger babies (although not exclusively) for whom such processes were relatively recent and previously perceived to be interminable.

While mothering had been a most desired event, instant motherhood was experienced as a stressful event for several mothers, as was coping with the new baby in the initial post adoption period. For other adoptive mothers it was more specifically the impact of the legislative changes permitting the opening of adoption records and contact from birth mothers or birth family relatives, which constituted a major life event. Such comments, describing reunion, and related issues as constituting life events were mostly from adoptive mothers with older children. For the majority of adoptive mothers at least some of the above mentioned events were considered important events in their lives. One mother suggested that a separate scale or list for those effected by adoption could be developed. Interestingly, adoption appears to have been considered as a significant life event in only a limited way in the life event and adoption literature.

However some participants disagreed that adoption should feature as a life event. They saw the adoption of a child as "a natural thing at the time", "no big deal" ("having children was a big deal but adoption wasn't"), and a "pleasure", and they saw the use of the scale as attempting draw unnecessary differences between adoption and biological mothering. Several adoptive mothers could not offer any comments on any aspect of, or changes to the scale, while one women declared

"it is a pity to talk about life like this, its just life"(Wendy).

One participant drew attention to the fact that people respond differently to different events and that

"with these things they could be positive or negative, circumstances are different for different people (Melissa)".

Another adoptive mother commented that the whole scale needed reworking. She asked about the combining of stressful events,

"for example the combination of a husband and wife with different stresses (Pam)".

This women revealed that she attributed the difficulties she experienced after the arrival of her baby as the stress of accumulated events, few of which appear on the scale. She declared she did not like the scale. Two women considered that it is the unexpected which constitutes a stressful life event, with both similarly commenting:

"life events are things we expect to happen, the majority of things are not stressful if events are at the expected time, but it is the unexpected(Rita and Nina)".

Hudgens (1974) draws attention to the idiosyncratic rather than general nature of the effect of life events; that is, what one individual finds stressful, might be of "little consequence to another" (Hudgens 1974,131). This point raises issues concerning scales to which a standard score to measure the stressfulness of a given event has been assigned. In relation to the comments from older and younger adoptive mothers, concerning those events they saw as life events, it could be suggested that not only do different individuals respond differently to different events, but that depending on the timing of events, or perhaps more accurately the timing of the administration of the life events measure, the same person may respond differently to a given event.

Further items absent from the scale which some participants saw as significant, although not necessarily connected to adoption, included mothering young children, appropriate child care, relocation (particularly its effect on children), decreasing self esteem, unemployment, doing a double shift, change of life, parenting teenagers, peer pressure, lack of family support, and death or divorce of parents.

One further suggestion of an absent item was an unwanted pregnancy. Two adoptive mothers had spoken of a pregnancy following adoption as being initially unwanted, and that this may be a suggested item for a life event scale. It seems possible that the suggestion of this item from adoptive mothers could reflect a residual community attitude from an era when fertility was difficult to control, or may reflect a subtle reference to the "unwanted baby" discourse.

Several items on the Holmes and Rahe scale could incorporate some of the above suggestions from adoptive mothers, for example mothering of young children could be incorporated into "gaining a new family member" (Item

14, score 39), "a different line of work" (Item eighteen, score 36), or "wife (sic) begins or stops work" (Item 26, score 26). However it appears that neither the Item, nor the allocated scores, would reflect the meaning of new motherhood or mothering young children for some adoptive mothers in terms of a significant life event.

Items which adoptive mothers thought were more important than the score assigned to them on the scale and thus needed to be moved up the scale, included son or daughter leaving home, sex difficulties, trouble at work, mortgage (in addition, a much larger mortgage than the \$10,000 nominated in item 20 was seen as more common), retirement and personal injury. Of significance one item which attracted the majority of comments as an item in need of being assigned a much greater score ("it should be right up the top") was "changes in sleeping habits" (Item 38, score 16) (This offers confirmation that a change in sleeping habits is a very significant factor in adoptive mother's lives as revealed in the discussion of the administration of the EPDS, Chapter Nine). A number of women also considered that "Christmas" (Item 42, score 12) was a stressful event, both before the adoption (due to childlessness) and after the adoption (due to the work and financial stress), with several commenting that they were sure they were the only ones who found Christmas stressful. Two women, in considering the appropriateness of the scale commented similarly that the scale "must have been made up by a man" also suggesting many of the items they considered as life events or stressful events were gender specific stresses that the scale did not incorporate.

Although the developers of the Social Readjustment Scale (Thomas Holmes and Richard Rahe) are male, evidence points to systematic assessment trials to standardise scores, including recruitment of a convenient sample of 394 participants, consisting of 215 females and 179 males. Nevertheless, further studies by Holmes, Rahe and associates reveal that with groups of physicians (86 males, 2 females), navy shipboard personnel and college football players, the scale effectively demonstrated a strong correlation between magnitude of life change and seriousness of chronic illness (Rahe and Masuda 1974), this perhaps also demonstrating the ability of the scale to well assess male life change and subsequent onset of illness in males.

In contrast this study suggests that for at least some women, significant events and issues included infertility, infertility treatment, miscarriage, death

of a child, adoption and related issues, mothering young children, appropriate child care, unemployment, lack of family supports, change in sleeping habits, decreasing self esteem, Christmas, a mortgage, and a daughter or son leaving home. These were not reflected as significant life events in the Holmes and Rahe scale.

Previous research has indicated that disadvantaged sociodemographic groups such as those living in poverty, those with disabilities, the less educated, and women, are more vulnerable to the impacts of life events. Liem and Liem (1981) reported gender differences in the impact of life events when examining male blue and white collar workers and their wives. Indeed they find that in relation to adverse affects to life events including depression, findings from blue collar male workers and white collar wives show similar trends of increased impact. Interestingly, while Liem and Liem consider the findings of gender differences "provocative" (1981,247), they conclude that "for the moment it is probably unwarranted to speculate at any length about the explanation for the finding" (1981,248).

Considering adoption as a significant life event impacting across the lifespan for many adoptive mothers and adoptive families appears to be further supported in these more general comments from adoptive mothers:

"As far as I'm concerned adoption is a life event" (Lorraine).

"Having a child means everything changes, because you're responsible for a lifetime to come, it's about the future, it's about that responsibility" (Melissa).

"It's like every parent, you sacrifice everything to give them a place in the world" (Merle).

"I expect to be the grandmother. I don't expect to chuck him out the door later on, or say 'there you are, I've done my job', it's generation after generation stuff, its a lifelong commitment..." (Pam).

"You put the child into the family and it's part of the family. Family life hasn't been easy but we've been a constant family" (Gwen) (Gwen's husband was present during the interview and they often spoke almost in unison).

"They're the only one's left to carry on the family name" (Dana).

"It's a family thing, it involves the whole family, he's in the family tree, he's in the family. His sister, she spoils him, and his brother too ... , it's that whole family tie" (Madge).

Such comments most often define adoption as a life event permanently reshaping the lives of many adoptive mothers; a taking on of the lifelong mothering identity and an embracing of the emotional and psychological, as well as the legal adoption of the child. These comments appear to describe an event and a process where the child becomes a lifelong and integral part of a family.

This Interview Has a Sense of?

As discussed in the methodology chapter, in striving to maintain the participants' meaning through the deconstructive analysis process, that sense which was perceived by me to be the core message of the interview, was captured in field notes beginning "This interview has a sense of.....". Although this was my voice, and my own and not the participant's interpretation, I considered it nevertheless may contribute to maintaining a sense of their experience as it had been presented to me, and as it had impacted on me during the interview; that sense which was evident prior to deconstruction, and that which was set in its own context. Most often I made use of words spoken by the adoptive mother in the course of the interview when documenting my thoughts.

A number of clusters are evident in the field notes. Firstly, quite a number of the field notes relate to a sense of establishing a family for a life time, a theme evident in the examples below:

"a sense of using a lot of energy for the adopted child in order to make a 'comfortable place' for the child",

"a sense of struggle and 'achievement' and a sense of family",

"a sense that mothering is a hard, 'important job' and a lifelong role,"

The field notes also reflect a sense of some difficulties and anxieties for adoptive mothers at points across the adoption life cycle, including coping with infertility, and the experience of taking up the mothering role with all its joys, tasks and stresses:

"a sense of realising the reality of mothering; the joy and the 'unexpected exhaustion' ",

"a sense that adopting was a 'pleasure', and 'you just get on with life' ",

"a sense of new motherhood being a difficult 'stressful' experience but a normalising experience",

"a sense of mothering in isolation with very little support, but a sense of feeling 'comfortable' with the baby",

"a sense of experiencing stress because of mothering a 'difficult' child",

"a sense of deep 'grief and anger' over infertility, a difficult adjustment period and ongoing difficulties",

"a sense that there were high expectations (her own, her husband's, and those of others) that she'd cope with motherhood - sometimes she didn't",

Evident in the field notes is a third theme; of adoptive mothers accepting and living with adoption and living with changes in adoption across the lifecycle:

"a sense that life's joys and sorrows are 'part of the journey'; you do the best you can and remain loyal to the commitment ",

"a sense of not really taking on in the present the stories of the past, and a sense of being willing to be guided by her children's attitudes",

"a sense of being very matter-of-fact about adoption and informed about the dilemmas and difficulties",

"a sense of being fearful of the future, saddened by it, but resigned to the fact that contact 'will probably happen', and curiosity is understandable",

"a sense of openness about adoption",

"a sense of expanding the family structure to include a birth mother".

A fourth theme to emerge was one of a sense of anxiety and fear over the meaning of the changing face of adoption, as these examples indicate:

"a sense of being "betrayed" and of erosion of privacy",

"a sense of a mother's distress at events out of her child's control",

"a sense of a proud mother feeling condemned after 30 years of being a happy family",

"a sense of fearing intrusion into the family and wanting to 'protect' her children from the unknown",

"a sense that being traced was a bit of a 'shock' ",

"a sense of distress over the legislation changes, and what they meant to the family unit. A sense that maintaining the family unit was of the utmost importance".

These field notes, examples of many of my perceptions documented at the completion of each interview, appear to reflect similarities to themes emerging from the other sources of data, and may make a contribution to the overall picture emerging through the data of the experiences of adoptive mothers across the adoption lifecycle.

Conclusion

It appears that for many adoptive mothers, adoption is often considered in terms of differences from, and similarities to, biological families. Different coping positions may be taken up by adoptive mothers concerning differences and similarities, these dependent on prevailing circumstances. Such circumstances may include rejection of differences in the early post adoption period when creating a new relationship between adoptive mothers and their new babies is a priority, acknowledging and embracing differences and similarities in adoptive relationships at relevant points across the adoption lifecycle, drawing on similarities in order to begin establishing a goodness-of-fit, or rejecting similarities and drawing on or stressing differences when coping with difficulties. A perception of goodness-of-fit may be a factor in satisfaction of ongoing relationships across the adoption lifecycle.

Many adoptive mothers appeared to consider adoption as a life event which heralded lifelong changes. It appeared that some aspects of adoption as a life event were experienced as stressful for some adoptive mothers, including infertility, the adoption process, adjustment to the mothering role, and contact with the birth family, although for others this was not the case.

CHAPTER ELEVEN

THE LATER YEARS: COPING WITH THE CHANGES

Introduction

By far the most frequently emerging topic in interviews with mothers of children entering the teenage years or older, and one which produced very emotionally-charged discussion, was the topic of contact between their adopted children and the birth parents. This was made legally possible with the recent legislative changes (Adoption Of Children Act Amendment Act 1991 (ACAA (Qld) 1991). Although adoptive mothers of older children made contribution to many other topics offered for discussion during the interviews, the topic of contact dominated most interviews with these mothers. Other issues surrounding the teenage years were mentioned, for example the school years, or difficulties encountered in the teenage years. However rarely were these topics spoken about without reference to issues of contact.

Facing the Teenage Years

A number of adoptive mothers of older adopted children experienced their children's teenage years as a transition period which left them feeling anxious and unsure of the impact of adoptive status on their children's behaviour:

"The stress associated with adopted teenagers, it's definitely adoption, and teenage hormones, and our daughter was with a funny crowd. We had a lot of trouble between thirteen and fourteen and a half. One Sunday I just cooked and howled for two hours.... She said 'I hate you'. She said 'you're not my mother'. This rejection of me, I thought 'I've failed' " (Diana).

"The middle years were awful, ages thirteen to sixteen are a blackness in my memory. It is complete and utter relief they are over - from thirteen until they leave home. He was adopted in Victoria. We moved to Queensland. When the laws changed my son, at fourteen, wanted to find information. His mother still lived in the same house. What we needed was the wealth of experience of others, if we hadn't felt so alone. He was the typical rebellious child. He

seemed hell bent on leaving us. He went to boarding school in Victoria paid for by the birth parents. There was a lot of trauma, a lot of tears. The lowest point was when he drove on a cancelled licence and went to jail for three weeks at eighteen" (Adele).

"Family life hasn't been easy, but teenage children all seem to have problems, don't they? Whether they're adopted or not" (Gwen, spoken in unison with the adoptive father).

"We had a lot of trouble with one child. I think adoption had a lot of bearing on him ... I did have a problem with my (biological) daughter with rebellion. When I told my mother I was having a bit of trouble with the boy on another occasion, she said 'what do you expect when they're adopted?' She was saying there was bad blood ties, but she couldn't say that about my daughter" (Eve).

"If only we had some help in the teenage years, some direction from someone who knew how to guide us. I said to our minister 'I don't know what to do', I would have welcomed anything. He (son) didn't have confidence or motivation, I don't know if adoption did it to him" (Esther).

"The day he started school they rang and said he was disruptive, at four and a half! By the time he left school we'd been through fifteen years of difficulties and dramas" (Iris).

"We're taking my son to a child psychiatrist, we took him to a psychologist and she said 'he's normal'. We think deep down he doesn't like women, he's hit me twice in anger, punched me in the face. I told him he can find his birth mother, maybe I've done the wrong thing, maybe he's feeling? I feel a failure as a mother" (Dana).

"You think the teenage years are going to be easy but they're not" (Mary).

The majority of adoptive mothers above speak of facing some difficulties, and some indicate feelings of helplessness and inadequacy at the distressing changes brought on by the teenage years. This experience is, of course, not unique to adoptive mothers; such comments are common from many parents of teenagers. While most of those who comment above have more than one adopted child, they often refer to problems with one child, this perhaps evidence of the unique nature of individual responses to coping with similar life transitions. According to Schaffer and Lindstrom (1990) in families where infant adoption occurred, families often desire some assistance with their teenage children. While acknowledging the unique and more complicated nature of transitions for the adopted

teenager, Schaffer and Lindstrom (1990) and Rosenberg (1992) believe that adoptive parents may be lacking in experience and understanding of adolescents and the general "difficulties involved with their efforts to achieve independence" (1990,242). Adoptive parents may have invested a great deal of energy into building security and attachment into family relationships and they may feel they are losing their child. Yet they may be experiencing a normal though perhaps more complicated developmental phase (Rosenberg (1992) which few parents feel adequately skilled to navigate.

Although it might be assumed that adoptive mothers of both adopted and biological children would describe adolescent behaviours in a way that adoptive mothers with adopted only children would not, this was not necessarily the case. One of the above adoptive mothers of adopted and biological children challenges the ready explanation from the extended family for behaviour from adopted children, when a biological child displayed similar behaviour. However two of the above mothers at other points in the interviews have implicated adoption as the full explanation for behaviours ("our biological children were our reward for surviving Jonathan and Tina" (Adele), and "I've got two other children who were brought up the same way..... but he was a naughty disruptive child, you cannot take someone else's child and love it" (Iris). It appears from the above and from earlier comments, that a lack of accurate information on the similarities and differences of the adoption situation, a lack of support from informed professionals or other persons, and a lack of awareness of the unique coping responses of adopted adolescents and of all individuals to the same life transitions may contribute to many adoptive parents and their teenagers failing to comfortably manage this transition in the adoption life cycle, to the next stage of development. Professional and peer support, professional understanding of the unique adoptive family situation, and worker appreciation of a life-span development approach, a family systems approach, and a poststructuralist perspective, may be useful.

Search and Reunion: The Legislative Changes, the Possibility and the Reality.

The Changes to Queensland Adoption Legislation

Following moves in other Australian states, legislation in Queensland was passed in 1990, to be applied retrospectively, allowing for the opening up of previously closed adoption records (Adoption of Children Act Amendment Act 1990 (ACAA (Qld) 1990). Only an objection to **contact** could be placed, with no provision for any objection to the disclosure of information. Strong objection to this amendment was forthcoming from some individuals and groups in Queensland. Subsequently the legislation was amended a second time before being promulgated. From the first of June 1991, legislation which allowed the disclosure of identifying information was retrospectively applied, with provision that an objection (veto) to **contact** and to the disclosure of **information** could be placed if the adoption order had been made before June 1991 (Adoption Legislation Amendment Act 1991 (ACAA) (Qld) 1991). The contact register system was not retained. For all adoption orders made in Queensland after the first of June 1991, identifying information would be available to adopted persons, and to birth parents named on the birth certificate, upon the adopted person reaching the age of 18 years. There was **no** provision for objection to disclosure of information or contact for children adopted after the first of June 1991 or for birth parents releasing a child for adoption after this time (Currently the above legislation is applicable, although the possibility of further changes to Queensland adoption legislation have been mooted).

Comments from some adoptive mothers reflect a certain degree of fear and distress over the unknown repercussions of the legislative changes, and the meaning of these changes for their child, for the family unit and for their own lives. For others the potential outcome of the changes held fewer threats. The majority of comments regarding the impact of the legislation were made by adoptive mothers of older children. Approximately sixty percent of the older adoptive mothers spoke about being anxious, to varying degrees, over the repercussions of the changes on the adoptive family. Several comments speak of anger and betrayal:

"I felt very threatened because it assumes these enormous proportions, like a boogie man, someone coming to pounce on your child. When I told my daughter the laws had changed she got very upset, I think she feels threatened because she knows who she is, my daughter is the eldest child in the family,

that's her position, she mothers my younger daughter, she knows she's loved and that she belongs. You can't rear a child knowing you only have a few years it's got to be forever, a lifetime thing" (Merle).

"I was outraged about the legislation changes, and the veto charges, I wrote to Goss, Anne Warner, lots of people. We levelled our protests at many. We believed the children were ours. But we were a forgotten cause, it was 'stay out of this' - end of story" (Wendy).

"Certainly it's not part of my make-up to be in a lobby group but something as important as to be threatening the family structure, well you do act" (Mary).

"Now with the legislation you have to be prepared for the birth mother. But they said it would all be destroyed, we were lied to. We were told the original papers would be destroyed, we were told that" (Doris).

"A friend found a notice about it, I didn't know anything about it. How many families like us didn't join a group, who were just getting on with parenting? The child didn't have any say at the time, surely now they can? The biggest issue for me is protecting my children. Your kids are your life" (Vera).

"Well with the legislation, well I don't like to lose control, I think that's what I thought, I'd lost that control. How would you like your family interrupted by someone at the door? You can destroy anybody's self esteem with doubt - like picking up a jigsaw that's all together and shaking it, disrupting it" (Dorothy).

"We were told except for a Supreme Court order, no-one could dispute that these children were ours, we were told we had a choice about keeping the secret, but someone suggested it was best to tell. We were told to go home and raise them" (Mavis).

"I feel betrayed by the legislative changes. When the legislation was changing we wrote to the paper under our own name and we received hate mail" (Meryl).

"The National Party amendments had been previously discussed and the Labour Party presented them as the same as previously discussed. They voted on legislation they didn't understand, they weren't briefed on the major implications. I told my son (about the new legislation), he looked as if he'd suddenly been relegated to second class citizen. We were the silent majority who never spoke out. Why would you? We did what was asked. The retrospective opening of the legislation did cause me distress. I felt similar emotions to those I felt when my eldest child was diagnosed as suffering from a debilitating disease. My adopted child's welfare was being similarly threatened

by something out of our control. It was not the great grief and pain I felt when I was told my son would die. Even so, I would be surprised to find, unexpectedly, tears would be streaming down my face" (Denise).

While the above comments reflect a sense of anger and powerlessness in the face of perceived injustice, other older adoptive mothers' comments reflect fewer concerns:

"I heard through a news item or on the television, basically they said the documents would be available. It didn't bother me. I believe it is normal and natural to know your natural parents. I told my daughter if she didn't want to be contacted she could place a veto. I don't know what she did about it, as far as I know she hasn't, but she knows my opinion, I would have no problem with it. When she was about eleven my husband told her that her mother may have started a new life, I got hold of him and told him she could find her one day if she wanted to" (Jo).

"I had no prior knowledge of the changes. I heard in September 1990 on a news item. I rang the Department of Family Services. They said in March 1991 all information would be released. I wasn't terribly disturbed. I wasn't really troubled by it, I was surprised. When I told my children, aged thirty and thirty two, my son was very angry and my daughter didn't want any information. I said 'you're grown people now', they said 'we don't want it'. My daughter is not doing this to keep us happy. I think that it is often the claim, that they don't want to hurt adoptive parents because of loyalty" (Beth).

"My husband wasn't happy about the legislation, but it didn't worry me, I knew she would want to know. I went to a meeting around the time of the changes it was full of unhappy adoptees. Jigsaw helped make our experience happy, as adoptive parents" (Beryl).

"I do believe the new ways of adoption are by far better for all, *but* I do not believe any changes should be made retrospectively. I do believe the adoptee should be able to have the say, either yes or no," (Helena).

A range of responses are apparent to the sudden news that the legislation in Queensland would dramatically change. While some adoptive mothers appear to have accepted the changes, others appear angry over what they perceive as the betrayal of the legislation, and several adoptive mothers speak of feeling threatened and of feeling a sense of grief and loss of control. A similar picture is presented in submissions from adoptive parents

to the New South Wales Law Reform Committee during their review of the Adoption Information Act of 1990 (NSWLRC 1992).

As discussed earlier, Marris (1980) suggests the "structure of meaning which enables anyone to make sense of his or her own life is a unique evolution of both abstract and concrete, and generalisable and specific organisations of physical, social, and conceptual relationships" which are attached to particular people and situations (1980,104,105). Uprooting of meaning represents a severe disruption to this structure, and in discussing uprooting of meaning, Marris identifies four core elements as: purpose, attachment, regularity of events and conceptual coherence. Marris suggests that disruptive events are harder to deal with if they are both sudden and unexpected and identifies that uncertainty arises when individuals find a situation no longer makes sense or has the same meaning (Marris 1980,1991). For some adoptive mothers in this study it may be that the unexpected changes to the legislation were perceived as threatening to their purposes and attachments, this causing upheaval to their structure of meaning, and causing feelings of uncertainty.

Objections to Contact (Veto)

The new legislation provides for an objection to contact or to the release of information and to contact. Sixteen adopted children of participants in this study, of a possible forty-seven children aged over eighteen years, had placed vetoes. Adoptive mothers' comments present a range of positions.

"I told my daughter if she didn't want to be contacted she could place a veto. I don't know what she did about it, as far as I know she hasn't, but she knows my opinion, I would have no problem with it (contact)" (Jo).

Our son didn't put a veto, our daughter did " (Gwen).

"We got a call from -----. My daughter had placed a veto but it made no difference at all. My daughter said I don't want anything to do with her, that's why I placed a veto. She wouldn't listen to me, flatly refused. So I wrote to her (the birth mother). I felt sorry for her, grateful to her. She wrote back eight pages about herself, my daughter didn't want to read it. My daughter put on a second veto. Six or eight months later she asked could she read the letter" (Joyce).

"No vetoes have been placed. The only one who is interested is the boy who left home. I'd like to see it totally open with no vetoes, but at the age of 21, an 18 year old boy is not mature enough" (Eve).

"I told my children that if they didn't want contact they had to place a veto. My son said 'you must have it wrong', my daughter said 'it's crazy'. I got the forms but they didn't put on a veto. But the biggest reason for me talking to you is to see if we can get the rule changed that says adoptive parents cannot get the information about if there is a veto. My son says he doesn't want to search but he has low confidence, he can't face rejection. We want to be able to say to him 'they haven't put on a veto, why don't you go and have a look' " (Helena).

"A lot of people would be like my daughter, going to get around to placing a veto, but hadn't. She was so upset (after being contacted) she told her brother to put on a veto. I said if you want to search....., he said no" (May).

"I've told my child about the veto. I've told him it's his decision" (Dana).

"My son is coming up to seventeen and he's having driving lessons with his father, and they're getting on so well. And I said if you want to maintain your world, to maintain the family unit, I said a veto for a driving licence.....until the youngest is eighteen. He laughed, he's not worried about that" (Mary).

"Oh he hasn't placed an objection, oh I don't know what he's done" (Madge).

"All my children have placed vetoes, they said they've got a family. The oldest child was very upset, the second frightened she might be in a restaurant and someone is watching, the third doesn't talk about it, the fourth gets a bit mad" (Meryl).

"I say 'are you sure you don't want to lift that veto?'. He says 'I'd like to line them up across the street and look at them'. We thought a veto, when he was repeating grade 12. We thought he was a thinking boy, and we discussed it, and then a few months later he said 'what did I do about that veto mum?'" (Wendy).

"Both daughters put on a veto, one left a letter, the Department wrote back and said there is a letter and urged her to take it. The reason I fell apart when I heard about the letter was I thought what if there is something disturbing in the letter" (Dorothy).

"Neither of my children have placed objections. I think my daughter would like to see her mother, but she said she wanted to place a veto, I said 'leave it open, if

it's meant to be'. I said 'don't do it for me, not to please someone else'. I said 'leave it open, life has a way of sorting things out' " (Merle).

The picture painted above appears to be one where in many cases adoptive mothers informed their children about the legislative changes, and adoptees placed vetoes if they chose to do so. This is not true in all of the above instances, with several adoptive mothers (and an adopted sister) offering encouragement for the placement of a veto, including one adoptive mother for whom the perceived threat to the adoptive family unit appeared such that she influenced her son into placing a veto in the best interests of the family ("to maintain the family unit, I said a veto for a driving licence.....until the youngest is eighteen" (Mary)). However in other comments the reverse appears true with several adoptive mothers encouraging their children to leave things as they are, while in one instance an adoptive mother had encouraged her daughter to consider contact, this in opposition to the position taken by her daughter. It was the adoptive mother who responded to the initial contact from the birth mother. It appears that for the adopted daughter, time to adjust to the sudden contact against which an objection had been placed was needed, however the adopted daughter's negative attitude to contact appeared to change over time. Of particular interest is the comment from one adoptive mother that one of her children had placed a veto and one had not, and of concern, the comments from two adoptive mothers that the placement of a veto had not been respected and had not prevented contact.

The Possibility of Search and Reunion

For the majority of adoptive mothers in this study the reunion of their adopted child or children with the birth family was not yet a reality. For some adoptive mothers yet to face the reunion of their child with a birth mother or birth relative, there seemed to be some fears, reservations and uncertainty about the outcome of their children's search for information (or the outcome of a birth parent's search) and a possible reunion, as evidenced in these comments:

"I know it's going to be hard for me if he goes looking for something I didn't give him" (Dana).

"We always said to her we'd help her find her birth mother if she wanted to, but deep down we hoped she wouldn't" (Doris).

"Who does seek? Maybe they've had an unhappy life?" (May).

Yet, as earlier indicated in responses to the legislative changes and objections to contact, others appeared more open to the possibility of contact.

"I'd like to help my daughter find her birth mother, I mean I don't kid myself that I won't feel threatened" (Stella , mother of a child aged four).

"We've always said we'll help them find their mothers. I mean they're only on loan to you, your children. I suppose you can feel threatened, but if you've done your job, your part as a mother..... My daughter asked last year for the letters I had from the birth mother (the adoptee is entering the teenage years). I guess that will fulfil her for now. I think, help them rather than be a stumbling block" (Jill, mother of two adopted children).

"It's not a natural act, adoption. I'd want to know who my mother was, when they're eighteen , more mature. It does worry me. I think 'how will I cope?'. I know I am going to have to face it, I've got a fear of rejection, that they'll love them. It (the fear) is natural I think" (Diana , mother of teenage children).

"I don't feel at all threatened thinking that the kids' mothers might come through the door, I mean you've done most of your mothering" (Eve, mother of four older adopted children, and other biological children).

"It may be feared that the family may become a group of fragmented people, not a family. We're not fearful, we're family and that's all there is to it" (Rita, mother of an overseas born child, and other biological children).

"There is no counselling for adoptive parents, we need professional counsellors" (Denise, mother of an older adopted child and biological children).

"As I have stated so many times before, if they had wanted information or contact we could not and certainly would not have tried to stop them. I would imagine that would have been a sure way to lose their love and respect" (Flo mother of adopted children now adults, both have placed vetoes).

"I don't think I want to be a part of a big happy family. I don't think I'd be that accepting that I'd want to welcome the other parents into my life, but I'd be open, children are not kids forever and they are not possessions, they grow up and are adults, and they don't belong to you, but the biggest issue for me is protecting them" (Vera, mother of older teenage children, adopted and biological).

"I personally like the notion that people have the right to know about their family, or their offspring. I hope my daughter and her mother do get together. I wouldn't force it but I would encourage it, that's why I write to her now, I'm trying to build up a relationship now, so that when the time comes it will be easier for everyone" (Annette, mother of child aged under two years).

"I've got a fear that when they reach 18 they'll go looking and one of them (the birth mothers) will say 'go away'. I don't want to see that happen to my boys" (Annie, mother of a younger adopted child, and a child in the middle years).

"I've been tempted to say go and find them, this *mother*, but I don't. I don't think it will ever happen. He came and talked about it about five years ago out of the blue. He said he has no need to look. He said you're the only mother and father I need. I'd always prepared myself for it, his father and his uncle wouldn't be able to cope" (Iris, mother of one adopted 19 year old, and other biological children, a very difficult adoptive relationship).

I'd love my boys to find their birth mother whenever they can, even if they don't want to look, well I would want to" (Carol).

"I've got mixed feelings, as long as he didn't turn against us" (Madge).

Of particular interest are these two comments from an adoptive mother concerning her adopted children:

"I'd see him (son) perform, and I'd think 'It's a shame they (birth parents) can't see him, and I thought he must have inherited some wonderful talents. I thought gee they've missed a lot. That's why I'm talking to you. I want to see if we can change the rule that adoptive parents cannot get the information that there is or is not a veto. It would be best for him to search. He says he doesn't want to search, but we know him, he can't face rejection. I'd like to just be able to find out if there is a veto" (Helena).

However concerning her other adopted children Helena comments:

"When the letter (seeking contact) came, the children were facing exams. We had heard from friends that when adopted children meet the natural mother it can be traumatic. But the shock. When the letter came I went looking for the birth mother. I drove to the address but she wasn't home. I sat in the car crying. My husband cried for two days, he couldn't read past the second paragraph" Helena (mother of adopted and biological children).

Differences in attitudes appear evident in the many comments above, with a range of responses revealing fears, ambivalence, and reservations, while other adoptive mothers appear more open to the possibility of contact.

Discovering Influencing Factors

There is evidence in the above comments that there may be a struggle for some adoptive parents to acknowledge this situation of uncertainty for their adult children (contact) without feeling fearful, and feeling a sense of protection for them. Some adoptive mothers appear to fear that they may be rejected. At least one adoptive mother above admits to being ambivalent, having "mixed feelings" about contact between her son and his birth family, while others appear more willing to accept the possibility of contact. Several adoptive mothers appear very open to information about their child's past. For one adoptive mother (Helena), changed circumstances or even different children appear to trigger different responses to contact. These differing positions, of feeling threatened and protective, ambivalent, accepting of the possibility of contact, and very open towards their child seeking information or contact will be further considered as the data is re-examined.

It may be that this topic of search and contact attracts a complex set of attitudes from all those connected to adoption, these perhaps informed by, and interwoven with many values and beliefs. These include professional and societal folklore surrounding adoption, the issue of ownership of children, the supremacy of blood ties, and theories of the denial or acknowledgment of differences. Attitudes may be influenced by values concerning rights to knowledge of origins in order to develop a complete sense of self (self-actualisation), by values concerning deserving and undeserving birth mothers and by more recent recognition of the rights of, and the previous negation of rights of birth mothers. Further, attitudes may be informed by theories of the ingratitude, or conversely, the loyalty, of adoptees. Adoptive parents as members of the society may be vulnerable to and victims of such theories, and perhaps may have limited access to the current professional literature (while no specific question was asked concerning participant's knowledge of adoption research, only three participants mentioned knowledge of any adoption research findings concerning adoptees and searching, and how these findings had influenced the current directions in adoption policy and practice). The

surprise and even shock expressed by some adoptive parents after hearing about the legislative changes may illustrate the degree to which adoptive mothers were less than well informed about the direction of adoption practices. Nevertheless there may be further important explanations concerning differences in responses from adoptive mothers about contact.

Positive or Negative Adoptive Parental Attitudes

Tugendhat (1992) reports finding that adoptive parents were defensive and felt terribly threatened when reunion was mentioned. More broadly speaking, Midford (1994) states that it is widely accepted in the clinical area of adoption, that adoptive parents as a group are fearful of contact. These fears, she continues, are in stark contrast to the available literature on this subject, which has "consistently revealed that the one group which has the least to fear from search and contact is the adoptive parents" (1994,167). Midford (1994) confirmed her hypothesis that the children of adoptive parents who express less positive and more negative attitudes towards the search, will be less likely to search. Expressed differently, more positive attitudes expressed by adoptive parents to the search and less negative attitudes, may result in children more likely to search.

In this research several adoptive mothers of adoptees who had not searched revealed they could see few advantages for the adoptee in contact with birth parents:

"We think people search because they are looking for something, and unfortunately they don't often find it" (Meryl, mother of four adopted children - all have placed vetoes).

Further, ambivalence is evident in this adoptive mother's comment:

"They're so happy now (the adult children) what if it all went wrong? I don't think there's any need to disrupt people's lives, it can't effect us really, but we'd hate to see it go wrong. I mean you do get to think how they (birth mothers) must feel. I mean we can only speak about our family being happy about adoption" (Gwen, mother of two older children, one of whom has placed a veto).

However, interestingly, in this study several adopted children of adoptive mothers whose comments had conveyed a strong sense of mis-match (see goodness-of-fit), and who were not adverse to the idea of contact, and indeed appeared ready for it (one adoptive mother had "always prepared myself

for it", while another already had one son reunited with a birth parent), have not searched for their birth parents.

Midford's finding that it is primarily children of adoptive parents who had more negative views about contact and who were "afraid and suspicious" of the search, who were not searching, could not be confirmed from this data (Midford 1994,183). In fact the findings from this study perhaps suggest that for some adoptees, neither a less than satisfying relationship with their adoptive parents, nor an open or inclusive parental attitude to the search, are necessarily the ultimate motivating or balancing factors in the decision to search.

What is evident is that a hypothesis implicating parental positive or negative attitudes to the search as operating as a sole influencing factor to adoptees' likelihood of beginning a search, or accepting contact from a birth relative may not easily accommodate those situations where one child in an adoptive family has placed a veto while others have not, or where contact appears to be viewed differently by the same adoptive mother for different children, as occurred in several instances in this research. Additionally it could be interpreted to suggest that adoptive parents' attitudes are unchanging over time. It is considered by this researcher that further exploration of the many factors which could influence adoptive parent's and adopted children's attitudes to the search is applicable.

Adopted Only Families Versus Families With Adopted and Biological Children

In Midford's research concerning adoptive parents attitudes to search and contact, a second working hypothesis, disconfirmed in her study, was that adoptive parents with "adopted only" sons and daughters will express more negative views to the search, and children in these families would be less likely to search. The reverse appeared true. She explains this disconfirmation in part as attributed to the overall younger age of children in the "adopted and biological" families, after considering that it is most often children in their twenties and thirties who search, and children in the "adopted only" families were more likely to be in these age groups. However she states that this cannot fully explain this "somewhat surprising result' (1994,170) and she postulates that families with adopted and biological children may emphasise family similarities and boundaries which

would discourage the seeking of information. Searching then would be seen as undesirably setting adopted children apart from the biological children.

The sample in this research, excluding the babies and younger children, was comprised of a similar numbers of adoptees from "biological and adopted", and "adopted only" families. A small minority of those adoptees eligible to obtain information (47 adoptees were over the age of 18 and therefore eligible to receive identifying information) had contacted birth parents or relatives (three, one adoptee was under the age of 18 at the time of contact), and four adoptees had been contacted, including two adoptees who, according to their adoptive mothers, had placed vetoes. Two adoptees had set the reunion process in motion. According to Wark (1988) over 90% of Australian adoptees do not search for birth family (although it must be noted that Wark's study was completed prior to some states legislating for open records.

With such a small number of adoptees having undertaken to search for birth relatives no conclusions could be drawn on the differences in seeking contact between adoptees from "adopted only" and "adopted and biological families". It was not evident that adoptive mothers in adopted children only families were less open to contact than adoptive mothers of adopted and biological children, with both categories of adoptive mothers making comments displaying a range of attitudes to contact.

Distance (Geographical and Time Period) as a Factor

Re-examination of the data reveals that many mothers of younger children and babies, and mothers of overseas born children, expressed fewer fears, and more acceptance at the possibility of reunion than those mothers whose children were older, or were not born overseas.

"I don't feel at all threatened about him going to find his real mother, like I think that we all search for our history" (Katherine, mother of a baby under six months).

"I feel secure. I don't need to worry, I know they will never, ever turn up on my doorstep. They don't have the money" (Nancy, mother of two younger children adopted from overseas).

It is possible that the more open adoption policies and practice in recent years may explain the open attitude of several mothers of younger adopted children, although it seems that the event of reunion for some mothers is a distant rather than a current concern, with respect to both geographical distance and time. Further examples include these comments from mothers of younger children:

"I feel if we do our job as parents, at eighteen I'll be happy to support her and to know that I am the mother forever but that there are other relatives. It's about honesty and about realising there is another family, extended family members, the birth mother will probably have married and there will be half brothers and sisters, but I will always be the mother. I don't have a fear that she's only ours until she is eighteen" (Lorraine, mother of a baby under twelve months).

"I've got no qualms about my kids going off to find their biological mothers" (Maxine, mother of two adopted children under five adopted from overseas).

One mother's comment appears to clearly reflect the sense that situations of reunion may be less threatening from a distance, and that they can become more threatening as the time advances; that is, as they become closer to home:

"Letter writing (to the birth mother) is good, I know the openness is good. But the older he gets, it's getting more threatening, thinking about the contact" (Rhonda, mother of three young adopted children under seven years).

Further comments which may reflect a sense of apprehension growing as contact draws closer include this comment from an adoptive mother whose child was seventeen years:

"Eighteen is too young. Our son is coming up to seventeen. We feel if our son feels strongly about it we will have to go with it. But we've asked him would he put a veto on until the youngest child is eighteen in order not to upset the family unitWe know we have to stick with him or lose him, we know that" (Mary).

The above comment perhaps indicates some anxiety when contact was possibly imminent. However for some adoptive mothers, the reverse appears true, that the situation appears more readily faced once the child reached eighteen.

"My daughter was around sixteen or seventeen when she said 'will you help me when I'm eighteen?' But she didn't do anything. The boy said he'd thought about it a great deal and was happy to leave it how it was. The children have not

placed a veto. We came to terms a long time ago that there are others involved. A wave of fear used to come over me when they were younger, and I'd think what if someone knocked on the door" (Ivy, mother of older biological and adopted children one of whom is approaching eighteen).

"I think I could cope with it now. It's a bit easier for me to talk about it now they're over eighteen. but to me they're mine, I love them so much" (Merle, mother of older children).

Additionally, one adoptive mother who had previously felt capable of coping with her children's contact with birth families once they reached eighteen, indicated she felt less confident with the passing years:

"I've always said I would help them, but as I get older, I don't know if I will handle it as well" (Dorothy, mother of older children and several grandchildren).

These comments suggest that adoptive mother's attitudes to, and readiness for contact may be influenced by the adoptee's age or life stage (and how close the adoptee is to the age when contact is possible), whether contact seems imminent, whether contact appears less than probable due to geographical distance, and depending on the adoptive mother's age or life stage. These attitudes, and this readiness do not appear static, and may change over time for individual adoptive mothers, with a movement from feeling able to cope, depending on the circumstances, to feeling unable to cope, and visa versa. The closer to home the contact appears, the more likely it may be viewed with concern or ambivalence by some adoptive mothers. This "closer to home" theory appears to be supported by Sachdev who found that adoptive parents' answers to a simple "for and against question" on whether adopted persons had rights to information about their origins, became less distinct and more reservation and apprehension was perceived, when the question was asked about their own children (1991,253).

Similar Experiences- "I think I can see both sides"

When examining the data for other explanations for some "more open" attitudes to contact, other personal experiences of adoption, or situations where parallels could be drawn, appear relevant. One adoptive mother whose comment indicated a welcoming of the search ("I'd love my boys to find their mother whenever they can" (Carol)) was herself adopted. She had undertaken to contact her birth family. The birth mother was deceased,

however this adoptive mother/adoptee was welcomed by the birth family and she has forged strong friendships with other birth relatives.

Other adoptive mothers who had experiences which they felt were similar to the adoption situation in some way, also appeared less concerned over contact with birth mothers or birth relatives.

"I feel it's a bit the same with my son and his other family, and my experience of divorce, custody, and leaving a child in his father's care. My ex-husband had a girlfriend and they married, and I walked out of his (my son's) life and she was his other mum. He's seventeen and a half now. I was prepared for a door shut in my face - I went easy. I think I can see both sides now" (Marianne, mother of a baby under 12 months).

"I know growing up in my sort of family that if I had fallen pregnant, even if I had wanted to keep the baby, it would have been impossible" (Melissa, mother of a child under five).

"My sister didn't find out she was not the child of my father until she was going to get married. It is something I have never forgotten- that has shaped some of the ways I feel about adoption" (Vera, mother of older children).

"When my children were three and four I was having problems, my brother put me in an asylum. He looked after the children, fostered them. I haven't seen my brother for thirty seven years. I didn't ever get my children back. Everyday you think about them" (Doris).

The above adoptive mother (Doris) made comments indicating she felt a sense of betrayal at the changes in the legislation (she commented nine times during the first interview that "they said the records would be destroyed"), yet when her daughter wanted to find her birth mother, this adoptive mother went along with the plans for them both to receive counselling prior to arrangements being made for them to contact the birth mother.

For these adoptive mothers it appears that their experiences of considering or confronting broader issues in adoption has led to heightened awareness and increased compassion for other individuals in the adoption picture.

The Rewards

Appearing quite positive in the midst of some adoptive mothers' anxiety and uncertainty was this comment from one adoptive mother, conveying encouragement of her son seeking his past:

"About three years ago my son, aged fourteen said 'I want to meet my real mother'. I said when you are eighteen and if you still feel the same way, I'll help you, and we'll take the biggest bunch of roses to your mother. He never talked about it again. I asked my son about a month ago (now aged 17) does he want to, I'm curious, so very curious, what is the background? With the boys, they react differently, they might click with a younger mother. But I've had them for about twenty years, nothing can take that away. I mean children in ordinary families go away, to a profession, a girlfriend, go to in-laws to Melbourne or Weipa or join the army. I was hoping to have Damien in the house as an adult, an adult/parent relationship with him. We have such an enormous bond it would be lovely if we grow old to see their wives and children, but if it doesn't happen, we can cope with that. I have an idea from some adoptive parents they may fear the loss of the future, a future relationship, playing grandmother" (Nina).

Of interest, there appears in this comment, a sense that this adoptive mother (and she perceived others felt similarly), placed a high value on enjoying an ongoing adult child/parent relationship with her child, although for her, grandmotherhood was not necessarily as important. It appeared that this adult relationship may have been something she had looked forward to; a reward for the difficulties of early mothering (this mother spoke of ongoing, distressing behavioural problems with her children as school-age children).

In exploring their childlessness with voluntarily childless couples, Marshall (1993) examines the topic of selfishness. She considers that the label selfish (applied by others and by the participants themselves) implies parenting involves sacrifices and she wonders whether it is that the childless are not willing to make such sacrifices. She further explores this issue by discussing the ideology that there are "rewards of parenting", and asks whether the participants see any recompense from parenthood which would make "the sacrifices worthwhile" (1993,82).

It does seem possible from the above adoptive mother's comment that adoptive mothers may seek rewards from their mothering. It may be that these rewards are experienced at different times across the adoption life cycle, and that some may be awaited with anticipation. It also seems

possible that this receipt of, or expectation of a reward could influence an adoptive mother's thinking concerning reunion.

Further data analysis revealed that for one mother, who had expressed no reservations concerning reunion, enjoyment appears to have been experienced in the early mothering period:

"I actually like babies, I mean my mother doesn't particularly like little babies, but I do. They have to be held and fed, they have to come in at night and be close to you, that's love. I'm grateful for having John at two days old" (Maxine).

Similarly for Annette, the rewards appear to be being experienced in the early mothering years:

"She was a nice easy baby, she was an angel for the first twelve months. I love being a mother, I get more joy and satisfaction out of that than anything else I've ever done" (Annette).

However for another mother the rewards did not appear, as yet, to have been experienced; rewards seemed to be an anticipated part of the future:

"I reckon the time will come, when we see if we've given them the right values, done a good job, that's what I'm waiting for, when they have their own children" (Vera).

Obviously this adoptive mother saw the results of her mothering coming to fruition when her children were adults and had produced the grandchildren (Equally obvious is the strength of the ideology that having children is the destiny of every individual, this seemingly regardless of this mother's experience of infertility difficulties).

Different for these next mothers, the rewards were currently being experienced in grandparenthood, and the loss of treasured relationships were feared:

"I've always got the fear if she did get in contact with the birth mother, that I'd be left out in the cold (as grandmother), I'd be pushed out. I don't think my daughter would say that, but if the birth mother wanted to be a grandmother. I've got this fear she'll say 'I'm the *proper* grandmother you know'. My granddaughter says to me 'You know what you are, grandma, you're my life. When I grow up I'm coming to live with you; I love you more than the world'" (Doris).

"My biggest fear is that someone will come along and claim my grandchildren" (Denise).

For some of the above mothers the rewards of mothering were in later life. Perhaps for these mothers, reunion may not be welcomed if it is envisaged that a reunion would place the receipt of these later-life rewards in jeopardy. Sorosky, Baran and Pannor (1984) consider that there is a "great deal of status and enormous pride" attached to a woman's list of children, grandchildren and great grandchildren. The loss of such an achieved grandmother status and loss of the precious grandmother/grandchild relationship appeared to be a fear for the above adoptive mothers. However for some adoptive mothers there may be other influences linked to this sense of rewards.

Environment Versus Hereditary

Nina (the above mother who speaks of her desire for an adult relationship with her son) also speaks of being very curious ("I'm curious, so very curious") to learn about her son's biological inheritance. Several other mothers also indicate their interest in their child's origins when commenting about contact:

"When the boys were 13 and 15 I asked them about us getting information. I asked them again at 18. They were not interested at all. I would be quite interested. They were definite they didn't want contact" (Fay).

"I thought it was wonderful, but he (son) said 'I don't want to look'. I think sometimes he doth protest too much, but he said I've got a mother and a father and a sister..... he says this is where I belong. My husband and I would probably like to find out more.... I said 'I don't think it would hurt, it would make me happy', I wish he had" (Esther).

When this aspect of adoptive mother's curiosity about biological inheritance was further considered, it was thought that perhaps a belief in, or a curiosity concerning either hereditary or environmental influences on children's behaviour, could influence an adoptive parents' attitude to contact. Further analysis of the data revealed comments pertaining to beliefs in hereditary or environmental influences including further comments from Nina who is very open to contact:

"We have a saying that the child is the product of their education, and how the child is brought up, but I don't altogether agree with that. Our child was so determined, from day one. You can't mould them, they are what they are, the first one was always stubborn, and the second a handful from kindy, the character is there. If the children didn't behave, well, maybe it's a nasty streak in me, I thought 'it's not my flesh and blood'. He has done some terrible things. ... He hasn't got social graces. I don't think we did anything wrong" (Nina).

"I think it's 90% environment and 10% hereditary. We are all made up of human frailties. It annoys me when people say 'It's because they're adopted'. Years ago it was 'that seed is there, that wanton seed, the person will be this or that'. Now I believe they are like blackboards, ready to be written on - it's the environment thing" (Dorothy, unsure how she will cope with a reunion).

"We had four sons, I was a ballet teacher, and intermittently we wanted a girl.Our daughter went to the royal ballet in London at seventeen. She said 'Mum, you're still my Mum'. I thought it's lovely for her to know her people, otherwise she's got that nagging feeling all the time. No-one in her family danced". (Beryl, very open to contact).

"It's different than having your own child, you don't know the personality, you don't know the mother's health or anything, I find the differences between our children are to do with personality, definitely!" (Adele, open to contact).

Goodacre (1966) states that most applicants in her research "had a professed strong belief in the influence of environment" (1966,65) during the early stages but that this could change over time if it became obvious that "hereditary as well as environmental factors were forces to be reckoned with".

The examination of the data suggests that a strong belief in the influence of the environment or of hereditary factors may influence adoptive parents' attitude toward contact.. Support is found in this comment:

"I have a friend, an adoptive mother, who said she benefited a lot from seeing the brother of their adopted child when they met the birth mother. The birth parent's relationship had been an ongoing one. She (the adoptive mother) said that all their difficulties with their adopted daughter were almost identical, it was uncanny. It makes you think the genetic factor is stronger than we think. For her it was rewarding, because she had thought the problems she had been having were because of her" (Rita).

It appears therefore that a curiosity, and even an keenness to see their adopted children find information about their origins exists in the attitudes of some adoptive mothers and that a belief in hereditary or environmental influences may be a factor influencing these attitudes.

Life Events and Adoption: An Event For Life?

Other factors influencing adoptive mothers' attitudes to contact may be the existence and the impact of any other life events at the time when contact becomes possible or is being discussed, and whether adoption itself is experienced as a life event which changes the adopter's life and status for a lifetime.

For one mother who stated she would encourage her son, for the benefit of the family unit, to place an objection to contact at least "until the last child is eighteen", other life events were having an impact:

"I don't feel secure. I don't feel I can cope with someone else on the scene. Everything got too much, my mother dying and the great anxiety over the legislation changes. I felt the strain badly. It was emotionally draining. It was not really a breakdown, but" (Mary).

This comment suggests that facing a reunion between her son and his birth mother or birth relatives would be difficult for this mother and her family at this time, given other recent stressful events.

Other comments refer to adoption being perceived as a life long event which, for some, contact may challenge. In addition to this, one comment illustrates not only the lifelong nature of adoption, but also incorporates a sense of the definition and understanding between adoption workers and adoptive parents that family building for a lifetime was the job description, while another highlights a lack of common definition:

"Traditional family values are very important. Social workers were very pleased for us, congratulating us on our family, it was family building in the terms we understood, a lifelong thing" (Mary).

"Motherhood is a very big challenge, but our society doesn't understand that it's a big challenge, and that's something the legislation failed to address, that motherhood doesn't cease, it doesn't matter how old you are. A total commitment to motherhood is forever, a lifelong plan, that's family. Adoption is about a lifelong plan" (Beth).

Overall, any attitudes to contact in the comments by adoptive mothers appear to be related to a number of factors including the adoptee's age, issues of hereditary and environment, anticipation or receipt of rewards, current circumstances and events, the adoptive mother's perception that the adoptee might have little control over the unknown situation awaiting them, the adoptee's wishes concerning reunion and how these fitted with the adoptive mother's own attitudes, and if opportunities had arisen for adoptive mothers to confront wider issues in adoption. Other comments refer to their more personal reservations, concerning how they will cope when faced with the possibility of their child's reunion with the birth mother or birth family relatives. Some adoptive mothers appear to be more willing or able than others to face the prospect of their child's reunion.

Adoption: A Problem of Definition?

Adoption has been defined as the acquisition by an individual, through a regulated transfer process, of a new set of familial ties which supersede the old ones either wholly or in part. It is a social process, where a child (or adult) transfers or is transferred away from one set of parents and relations and is received into another, and it is a process which is sanctioned by the relevant customs or laws (Barker 1987, MacDonald 1980, Winick 1989).

However MacDonald (1980,5) believes that in reality, definitions of adoption in the past have failed to acknowledge sufficiently

"that the adoptee is defined prior to the adoption transaction by a different set of kinship relations, whether or not the imparting kin have an active part to play in the transaction".

She suggests a definition incorporating these points may be shown as:

"The imparting of a person from one set of kin relations and his or her reception into another, excluding those transactions ascribed by rules of marriage or descent"

The recognition that the adopted child imparted from a set of kin relations appears to have been minimal in the past when new adoptive parents were instructed to rear the child as their own. However this situation may have been reversed in recent years to where the social, adoptive kin relations may at times receive inadequate validation or recognition.

MacDonald (1980,13-14) discusses a delineation between adoption and "fosterage, tutelage and guardianship", which she states is sometimes difficult to define when examining adoption and kinship in traditional societies. However she states that:

"an adoptee is held to establish new kin relations, being brought into a network which extends beyond the adopter.....to the allocation of an adoptee to a cognitive kin class in relation to an adopter, which thus generates a whole set of kin relations".

In contrast, she states, a ward, foster child or tutored child holds kin-specific status in relation to the guardian, foster parent or tutor and no further extensions are made beyond this point.

Ban (1990,11) also refers to the differences between adoption and fostering as practiced by Torres Strait Islanders, stating that a form of fostering practised is known as "growing up" a child. Here the child concerned knows his/her biological parents, and calls them by the appropriate kin terms based on their biological connections. There is no alteration to kin terminology as is the case with adoption.

As stated previously (Chapter Four), when examining Holman's concepts for similarities between adoption and fostering, it was suggested that the differences between adoption and fostering may be partly identified in Holman's statement comparing exclusive and inclusive fostering; "one a kind of possessive love akin to natural parenthood, the other related to the fostering reality" (Holman 1980,77). It appears that whilst historically adoptive parents may have been recruited to give love akin to natural parenthood, thus operating under, and encouraging an "exclusive" definition of adoption, changes in adoption legislation, policies and practice internationally and in Australia are now encouraging a more "inclusive" adoption reality. Yet for some adoptive mothers who adopted in another era such attitudes may challenge their definition of adoption, and be perceived as challenging the very foundations of their families formed by adoption, as perhaps evidenced in this comment:

"I rang the MinisterI said it's not like rent-a-child you knowyou can't rear a child knowing you only have a few years, it's got to be forever, a lifelong thing" (Merle).

According to Rowe while similarities exist between adoption and fostering, and insight can be gained by comparing these processes, problems arise

when "workers start to transfer these insights wholesale to the adoption experience". This is because the "realities of adoption are different" with one major difference being that while foster children definitely had two sets of parents, an accepted definition of adoption is that the adoptive parents had replaced the natural parents (Rowe 1970,28).

It is considered that a clear definition of adoption, or adoption options, with shared meaning for all parties (including cultural propriety) may need to be developed. Such a definition could reflect a situation of an alternate familial placement being recreated for a child through the transference of parental rights and obligations from one set of parental and kin relations to another set of parental and kin relations. This may involve either totally and irreversibly, or only in part and conditionally, severing previous relations. The definition would indicate recognition of the existence and importance of previous kinship ties and recognise the new social placement established. Extended family members would be recognised as being affected by, and accommodating the new placement, whilst allowing for flexibility as to what conditions apply within such arrangements (for example conditions of a more inclusive or exclusive nature). A revision of terms with consideration of new terminology best describing the legal role of the replacement parents, for example legal parents could be appropriate for the future (Smith 1994). For situations where the adoption definition and terminology is not appropriate, a different terminology and process may be desirable, such as foster care, sponsorship, or guardianship.

Attitudes to Contact: Universal and Static or Differing and Subject to Change?

In summary, from the above discussion of factors, it appears that a number of situations exist which may impact on adoptive mothers' attitudes to search and reunion. As could be expected of women rigorously screened, and subsequently recruited to nurture to the best of their ability and to build secure life long relationships with their children, adoptive mothers were protective of their children.

Some adoptive mothers were fiercely protective concerning the impact of the search for identifying information on their children, and the ramifications for their own lives and for their families. These fears and this protectiveness is evidenced in these earlier noted comments: "I've got a fear that when they're

eighteen they'll go looking and one of them (birth mothers) will say 'go away'. I don't want to see that happen to my boys" (Annie); "children are not kids forever they don't belong to you, but the biggest issue for me is protecting them (Vera); and "I've always got this fear if she did get in contact with the birth mother...if the birth mother wanted to be a grandmother she'll say 'I'm the proper grandmother you know'" (Doris).

Other adoptive mothers seemed anxious, yet ambivalent about contact, experiencing mixed emotion and feeling both threatened by and empathic toward the situation of the rights of adopted children and birth parents to identifying information. Comments revealing such emotions included: "I've got mixed feelings, as long as he didn't turn against us" (Madge); and "They're so happy now, what if it all went wrong? we'd hate to see it all go wrong. I mean you do get to think how they (birth mothers) must feel (Gwen).

A number of adoptive mothers appeared accepting, supportive, and willing to face the outcome of their adopted children's search for the family of origin, with some adoptive mothers even discouraging their adopted children from placing a veto: "She said she wanted to place a veto, I said 'leave it open, if it's meant to be', life has a way of sorting things out I think I could cope now"(Merle); and "The children have not placed a veto. We came to terms a long time ago that there were others involved" (Ivy).

Finally some adoptive mothers appeared to be very curious, and actively encouraging of their children's search, this at times at odds with their child's wishes, as some of these comments indicated: "When the boys were thirteen and fifteen I asked them about getting information, I asked them again at eighteen. They were not interested at all. I would be quite interested" (Fay); "I thought it was wonderful, he (son) said 'I don't want to look' My husband and I would probably like to find out more I said I don't think it would hurt" (Esther); and "I'm so curious, so very curious" (Nina).

These attitudes of adoptive mothers do not appear simply explained in dualistic terms of either an open or inclusive attitude, or a closed or exclusive attitude to contact. Rather this research reveals that the taking up of these positions appears more complex, and may be governed by a range of important variables. These variables include: the adoption policies at the time of the adoption order, the "closer to home" contact was perceived to be (the age of the adoptee, geographical distance, and whether contact seemed probable and/or imminent); the adoption theories and folklore incorporated into the adoptive family's value system including the meaning (definition) of adoption for individual adoptive mothers; the goodness-of-fit between the adoptive mother and the adoptee; a goodness-of-fit

concerning the adoptive mother's and the adoptee's attitudes to contact; expectations related to the receipt of rewards of mothering; a strong belief in hereditary or environmental influences; the timing of the contact in terms of the life events and life stages being experienced by adoptive family members; adoptive mothers' values about birth parents; and whether other life experiences had led to a confronting of broader issues in adoption.

Of further importance, evidence from these findings suggests that attitudes to contact are not necessarily static, but rather they are potentially dynamic, changing over time as circumstances change. These changes, in turn, may be reacted to in different ways by different adoptive mothers. Examples of different, individual changing attitudes over time and circumstances included these comments: "Letter writing (to the birth mother) is good, I know the openness is good, but the older he gets , it's getting more threatening" (Rhonda); "I think I could cope with it now, it's a bit easier for me to talk about it now they're over eighteen" (Merle); and "I've always said I would help them, but as I get older, I don't know if I will handle it as well" (Dorothy).

With regards to a dichotomy such as that in Holman's model (which, while developed with reference to foster care, has been applied in adoption practice rhetoric to adoptive parents' attitudes, particularly concerning contact), it may be that its application assumes that adoptive mothers have an unchanging personal attitude which is either an inclusive (open) or an exclusive (closed) to contact. As such, the model, without adaption to the adoption context, fails to consider and understand the myriad of variables which may contribute to either position. It also it fails to recognise that a personal position to contact is not stable or static, but rather may be inconsistent and dynamic and may change over time or circumstances, or may even change for different adoptees in the one family. Such attitudinal variance is evident in Helena's comments. Pertaining to her son she states: "I'd like to just be able to find out if there's a veto It would be best for him to search. My son says he doesn't want to search but he has low confidence, he can't face rejection. We want to be able to say to him 'they haven't put on a veto, why don't you go and have a look". Yet, when a letter arrived from the birth mother of her other children, this adoptive mother's attitude appears to be different: "the shock, nothing prepares you, when the letter arrivedI drove to the address ...I sat in the car crying" (Helena).

A new model which incorporates this dynamic situation of many variables contributing to an adoptive mother's sense of feeling fiercely protective of their child, feeling anxious yet ambivalent, feeling willing to accept the

changing circumstances in adoption, or feeling curious to have answers to questions appears needed. Such a model, which also accommodates the notion of these attitudes changing over time and circumstances for different adoptive mothers is illustrated below. Arrows indicate the fluidity evident in some adoptive mother's attitudes to contact.

Figure 3. Attitudes To Contact: Subject to Change

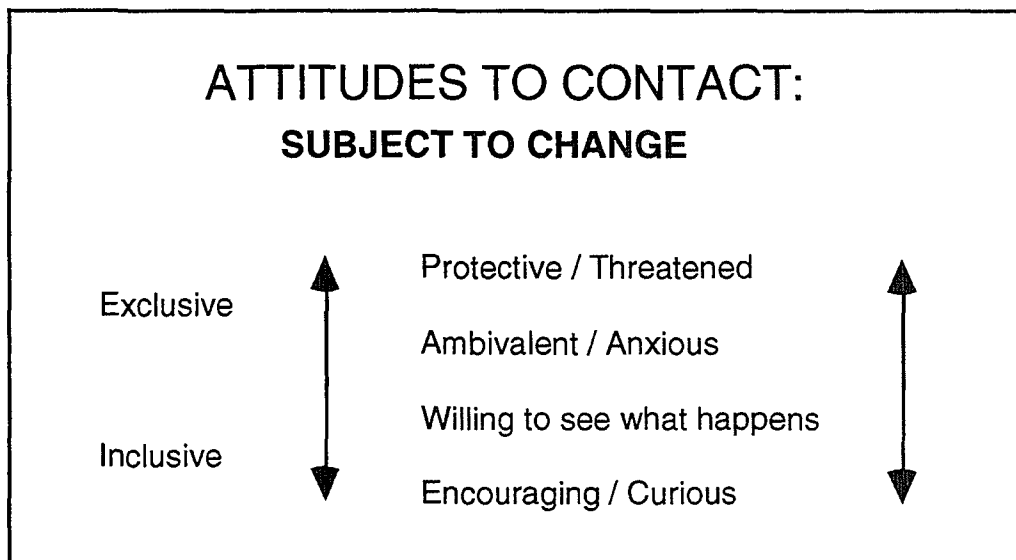


Figure Three illustrates the dynamic situation of adoptive mothers' attitudes to contact being subject to change over time and circumstances.

The Reality of Contact

Seven mothers had children who had sought contact or had been contacted. Those adoptees who sought contact were two adult adoptees, and one fourteen year old adoptee; two males and one female. Four adoptees had been contacted by a birth mother or birth relative or a mediator, including two adoptees who had reportedly placed a veto. All of those adoptees who were contacted were adult females. For two adoptees (females), the first steps toward contact had been taken, although reunion had not taken place.

"When Victoria's laws changed my son (aged fourteen) wanted to find information. We got an original birth certificate for him, and a private agency, under our instruction, contacted the mother. She was still living in the same house. We began writing, photos, with the agency acting as mediator. No fears at this stage, no problems, with contact through the agency I didn't feel threatened. We went to Melbourne to meet the birth mother. The physical

resemblance was remarkable, very like our son. She was very, very nervous, poor thing. We all went off shopping in Melbourne. The shock came when she revealed she was living with the birth father. I've spoken to him on the phone, and there is the same inflections in the voice, and he'd never ever met him, it sent shivers down my spine. I thought 'have I taught him to hold a knife and fork and nothing else'? Because he was stamped with the personality of the father. It was then that I started to become very fearful, because I thought 'we've counted for nothing'. There was a time when I thought we were losing him, he was so like them. He was their only child. The birth father offered to pay for boarding school in Victoria. He was doing badly at high school. We said if you're not happy with us, here's your chance. Off he went. He was showered with gifts. Each weekend they visited him at the boarding school. He came home here for holidays and we had trouble. All hell broke loose. He returned to Melbourne but refused to return to school. I think the birth parents tried to be another set of parents and for a teenager, that's what they least want. They put our son under such pressure to perform as their son. He returned home but shortly afterwards joined the army" (Adele).

"My son found his mother after he became a father. My son rang and he said I don't know how you're going to take this, but I've found my mother. I said that's wonderful, and I got off the phone and I got out all the baby photos and I cried and cried all weekend. But I felt you can't take away those twenty eight years I had with my son. He said you're still my Mum. My husband is a gentle man, he didn't feel threatened. The birth mother was nineteen, the father twenty four. Her parent's said she couldn't keep it. They married and had two other children. He (my son) met his full brother and sister. The birth mother rings me up, we talk for an hour or more, we think alike. People said aren't you angry about your son finding his mother? I never felt left out, I didn't feel forgotten. Our other son said 'I'd like to find my mother, she has to be better than the one I've got!' But he doesn't seem interested at all in finding information. My (other) son has made my life a misery" (Joan).

"I was a bit uptight when she went down to meet her, that she might like Ruth better than us, or something like that, get on so well she might think of her as her mother, and not think of us as Mum and Dad. But it was only for a week, or something, and then I knew it was alright, even her brother was upset, they are good friends, great mates, he was nervous for her, and a bit upset. I think he felt a bit like me really. My husband said 'don't be silly, she loves us'. We are going down for Christmas" (Joyce).

"We have always felt indebted to her natural mother, since growing up she (our daughter) has been happily reunited with her. The void has been filled in (both) their lives to a degree. My husband wasn't happy about the legislation, he said 'don't open up a Pandora's Box' " (Beryl).

"My daughter rang me after 8pm one night. She said I've just received a phone call . I said I know what it's about. I just knew from her voice. She said the Department had phoned and they said does the name mean anything to you. The social worker in Brisbane said a sibling is trying to contact you wanting medical information about his life threatening disease. It was the way the social worker put it, it was requesting information, she was asking for her permission to be contacted. She (daughter) hesitated and said to ring back in a week. The social worker rang back in a week. My daughter was very upset, so distressed really. She agreed to hear from the sibling. The sibling told her both parents were deceased and there were five siblings all given up for adoption. My daughter was shocked at the five siblings, she was very distressed. She had felt that she had been just one little mistake, it was a shock for her, she was so upset at five siblings all given up for adoption. They all met in Townsville, but it was so abrupt, she was so upset. She told her brother to put a veto on immediately. I said to him 'if you want to seek', I said that a couple of times but he said no, he was very vehement, he said 'you're the only mother I've known'. It was a bit traumatic for me, like the night the siblings all went out together, perhaps I wondered if it meant something would be different, something would be taken from me. You do hear of ones leaving don't you? I've met them now, and I'd never be rude to people but I wouldn't seek to extend the family" (May).

"The shock, nothing prepares you. (Helena read out loud the first letter that arrived from the birth mother, and read further letters from the birth mother, and her own letters to the birth mother, crying as she read them). The children were in the middle of exams. We'd heard that meeting with the birth mother can be traumatic. We wrote agreeing to a meeting after the exams..... I would have liked a letter from the Department to tell us she'd like to write.... the shock from the letter " (Helena).

In a study by McPhee and Webster (1993) the assumption that most adoptive parents would not wish to acknowledge the adoptive status of their children, or would refuse to facilitate contact between their child and a birth family member was not confirmed. Further McPhee and Webster claim that as the adoptive parents in their study were sought out by the Adoption Information Service and did not self-select, the reactions of these adoptive

parents "can be described as representative of adoptive parents generally" (1993,154). Wark (1988) also found that adoptive parents supported their children's decision concerning the search.

In support of the findings of McPhee and Webster (1993), and Wark (1988), this research cannot confirm any assumption that adoptive parents definitely and permanently would not wish to acknowledge or support contact between their son or daughter concerning contact. Some of the comments reported in this chapter do reflect anxiety in the face of reunion for some adoptive mothers after the legislative changes facilitated such contact. Equally, for some other members of the adoptive family anxiety appeared present as the adoptee planned and undertook reunion with members of the birth family. However these reunions generally have been viewed pragmatically after the event, the family situation reviewed, and the additional family members of their children accommodated to a lesser or greater degree.

The small percentage of contacts between adoptees and birth relatives in this sample could belie the above assertion of adoptive parental support for information and contact if that is the will of their adopted son or daughter. However this may be explained with several considerations. There is a total of eighty four children of the fifty adoptive mothers in this study, comprising sixty two children aged over five years of age and twenty two children aged under five. Another fifteen children were aged between five years and eighteen. Therefore a number of adoptees in this sample are not legally eligible to search. Of those adoptees legally eligible to search (forty seven adoptees), the majority were aged 19-29 years. McPhee and Webster (1993) write that when considering the figures for various age groups of adopted persons seeking information the highest proportion of searchers, of possible applications in Victoria, are aged in three groups: 58-61 years, 50-53 years and 22-34 years. They state that there is a tendency for adopted persons not to register interest in information before their early twenties. It could therefore be considered that the majority of adoptees in this study eligible to search are only now entering the ages where a search may be more likely. Further, Midford (1986) and Wark (1988) write that in Australia over ninety percent of adoptees do not search for birth relatives (1986,139), although this may change now that all Australian states have passed legislation making information available. In this sample four adoptees had been contacted and three adoptees had undertaken to search (one adoptee had not reached the age of eighteen). This

percentage of adoptees searching of the total eligible to search (6%) is therefore similar to estimated figure that less than ten percent of adoptees in Australia search for birth relatives.

In Queensland the peak years of adoptions were 1968-1974 (Zabar and Angus 1995). Using the example of Victorian figures it could be expected that current enquires concerning information will increase rather than decrease in the forthcoming years in Queensland.

Fallen From Grace: "Years ago ... relinquishing mothers were bad and adoptive mothers were good"

According to Verrier early in the "search and reunion movement", an adoptee was labelled as the "bad guy"; viewed as ungrateful and even unstable for voicing an interest in finding out information about the biological parents unless it was for socially acceptable reasons such as a need for medical history (1993,153). Birth mothers had also attracted condemnation, at the time of the birth, and later if they wanted to search, after all

"she had made her choice and should stick with it. What right does she have to intrude in the happy lives of the adoptive family?" (Verrier 1993,155).

Yet the adoptive parents may not be immune from having the "bad guy" label assigned to them (Verrier 1993).

For many adoptive families in this study who adopted under a previous legislation, the retrospective legislative changes came as a surprise. What was of additional surprise for them involved what they perceived as a great change in attitudes toward them, almost a reverse of attitudes they had encountered years ago, at the beginning of their immersion into adoptive child rearing.

When asked, some adoptive mothers did not feel they were condemned:

"I have never felt a baddie in the picture. Life's joys and sorrows are a part of the journey, we do the best we can at the time and remain loyal to that commitment" (Mavis).

"I have sympathy for the relinquishing mother, obviously it must be extremely hard to relinquish a child, but I have no feelings of guilt. We have provided two really nice boys with a loving, caring home and provided opportunities which

they may not have had in institutions, the only other alternative at the time" (Fay).

"We have never felt like the baddie in the picture. It is only recently that the stories of young mothers being forced to give up their babies has come to light. We know that was not the case here" (Beryl).

Other adoptive mothers, however, believed that community opinions of birth parents and adoptive parents were somehow related to one another through a movement of social acceptance. They believe that adoptive parents are now attracting condemnation where in previous years condemnation mostly was reserved for the birth mothers.

For those adoptive parents who contacted the Department after hearing the news of the legislative changes, this contact was not viewed by them as helpful for their own, or their family's adjustment to this new era in adoption and the possibility of reunion. Rather these contacts left adoptive mothers feeling they were somehow condemned.

"When the laws changed our first daughter was turning eighteen. I read it in the paper. I rang Family Services. I was really upset after that. I rang the Minister's office (Minister for Families, Youth and Community Care). The Minister's secretary rang back. He said 'you don't own them you know'? He said 'it will happen'. A worker said to me now it was time for the biological parents to have their turn. But this family has bonded, you just can't introduce another family..... I said 'this is not rent-a-child for eighteen years you know!' (Merle).

"We said to Family Services 'you mean we have raised our son for sixteen years and we have no rights', and they said 'that's right'. There was no green paper, nothing. Jigsaw had been lobbying the Government for years, but those not of Jigsaw opinion didn't know they had to say anything, you don't if there's no problems, you don't say anything, and so there's no objections. I don't think a lot of M.P.'s had thought about the implication, perhaps they didn't have all the information. People like us didn't belong to an adoptive parent's group, we were just parents. All I've read and seen in recent years has led me to believe that social workers are against what we've done. Family Services are condemning of us...in contrast social workers were pleased for us when we were adopting, congratulating us on our family" (Mary).

"My daughter decided that, with her husband, they'd seek further information about what the legislation meant. They asked for an interview with a Department worker. The counsellor told our daughter she should want to know, it was

normal, she wasn't natural if she didn't want to know. The social worker said 'of course you want to know the reason for the colour of your eyes, you must'. They stormed out" (Beth).

"It just never entered our heads that the legislation would be changed, we found out when we saw a small notice in the paper placed by a group. Our son didn't care much one way or the other, he says if she pulls up in a Rolls Royce he'll say hello. Our son didn't put a veto, our daughter did. Our daughter wasn't happy about it, that if anyone wanted to find her they could, she was always against it, she just wanted to stay with us. She was interstate, she said can you send me the forms. When we rang (the Department) they were rude to be perfectly candid, they were accusing us of interfering. I was so disgusted with them, as if we were in the wrong, ...they made us feel like criminals when we thought we'd done a good job. They said no (to sending the forms) because 'we are afraid you might try to influence your child, and they'll fill it out'. I said 'they're in their thirties, I haven't been able to influence them to make them change their mind about anything for years'" (Gwen).

Selbourne and Selbourne (1984) give an organisational context to Holman's concepts of Inclusivity and Exclusivity. They argue that while such concepts originally described the attitudes of foster parents, in fact whether a placement is "inclusive" or "exclusive" is dictated by more than the foster parents personal abilities and style. They have implicated the worker's style, the degree of knowledge the worker has concerning the placement history and the up-to-date placement details, the degree to which the worker operates in a professional manner with the foster parents, how the agency operates its policies, and whether the organisation "behave(s) inclusively or exclusively" (Selbourne and Selbourne 1984,20).

With reference to adoption, the above comments from adoptive mothers suggest that the Department and associated departments, may have been acting in an exclusive rather than an inclusive manner with adoptive parents, offering little support to adoptive parents who were anxiously seeking information to clarify the meaning of the legislative changes for their families and for their status as parents. Further the Department may have been acting in a staunchly inclusive manner with adoptees after the legislative changes, when some adoptees initially wanted only basic information about these changes. Berman and Bufferd (1986) write that a Family Systems approach can provide a framework for better understanding the adoptive family, and for mobilising their strengths. They

claim that some adoptive parents have little understanding of child development, adoption issues and family dynamics which are all factors in an adoptee's decision to seek information. They further claim that the professional worker can benefit the family by taking on the role of educator, and by encouraging the family to make structural reconceptions concerning adoption.

As found in earlier comments ("when the legislation was changing we wrote to the paper under our own name and we received hate mail" (Meryl)), for some adoptive mothers feelings of condemnation came more from the community:

"Years ago I think people thought relinquishing mothers were bad and adoptive mothers were good....." (Stella).

"Attitudes have changed towards adoptive parents, like towards birth parents" (Beth).

"From what I've seen on TV - the adoptive parents don't matter for anything, we were the baddies for taking the baby, it came through loud and clear, oh yes, like we don't matter, we were the baddies ... It's not really fair you give them all you've got, everything so they won't feel neglected, it was heroic in the early days to take a child, like the Aboriginal children, now it's bad news, you've done them a bad deed" (Madge).

"Adoptive parents do it for selfish reasons but they don't *take the child*, the child is available" (Annie).

"Its typical of women's magazines, there is a defensiveness about adoption, about seeking the real mother, as if the adoptive mother was only good for a while" (Maxine).

"As a mother with a family, the legislation seems to threaten that family and no-one asked me about it it's anti-family. Adoption is a success story. We did what was asked of us and now we're being pilloried because of it" (Denise).

"I think for older adoptions they are almost the baddies in the picture. I mean we are in a totally different climate of morality" (Rita).

"Years ago where would the babies have gone, adoptive parents were encouraged to adopt. It was how it was then. The feeling now is that we took the babies" (Dorothy).

"My husband went to a lecture about adoption and counselling skills for helping relinquishing mothers (after the legislative changes). He said he felt like a

mongrel dog. I went to a few meetings. I said aren't you forgetting another view, that of adoptive parents, and they said it doesn't really relate to them" (Ivy).

These comments paint a picture in stark contrast to the one experienced by many adoptive mothers in the early post adoption period, particularly for mothers of older children, where comments such as "aren't you wonderful" were common, and even such comments as "there's a special place in heaven for adoptive parents" were made by members of the community (see Chapter Nine).

Because adoption is mostly viewed as the result of a single woman's less than admirable behaviour, and a married woman's inability to conceive, birth mothers, adopted children and adoptive mothers may have all suffered in varying degrees from "the fall from grace thereby involved" (Helene Deutsch, cited in Sayers 1991,74). As discussed earlier in this thesis Deutsch further considered that adoption can

"either weaken or bolster the mother's self esteem depending on whether she experiences it, in fantasy, as robbery or rescue of a child of the natural mother" (Deutsch cited in Sayers 1991,74).

For adoptive mothers, (and fathers), the consequences of a changed social climate, of the adoption legislation heralding a new era in adoption, and of the associated media coverage must be faced. Such consequences appear to include a sudden, unavoidable confrontation with whether they were involved in a robbery or a rescue of a child. A further consequence of this changed social climate for some adoptive mothers appears to be an unexpected and deeply felt experience of falling from grace.

In a recent book by Doris Lessing a story is recounted of a visit to a house in Zimbabwe full of people, and of cats and dogs. One of these dogs, an Alsatian specifically recruited and trained for the protection necessary in another era (of civil war), no longer gains praise for good work. Lessing writes:

"Now its skills, for which it was valued, applauded and given titbits, are reproached: when it performs as it was trained to do, it is chastised and rebuked. This confused and unhappy dog ... seems to be silently weeping. If it were human, it would be saying, 'I am sorry, I can't help it, I don't know why I am wicked'" (Lessing 1992,350-351).

While it is not suggested that this situation resembles the situation of all adoptive parents, it illustrates a fall from grace which could be seen to be analogous to the experiences of some adoptive mothers in this study.

Conclusion

For many adoptive mothers mothering in the later years of the adoption lifecycle, the availability of information concerning their children's origins, particularly after the recent legislative changes in Queensland and other Australian states, is an important and emotional topic. Adoptive mothers may have a variety of positions on the topic of contact, and these may be better understood by considering the myriad of factors impacting on the taking of such positions, and by recognising the transitory rather than assuming the static qualities of such positions. For some adoptive mothers, perceived condemnation may have triggered feelings of uncertainty, and of being disregarded as important members of the adoption circle by professionals and by the community.

PART V

CONTEXTUALISATION

Introduction

According to Denzin (1989) Contextualisation begins with the essential themes and structures disclosed in Bracketing and Construction. It proceeds from this point, to give the phenomenon meaning by taking the preconceptions previously identified (in Deconstruction), incorporating the new concepts, and relocating the phenomenon back in the natural social world.

In Chapter Twelve, conclusions are drawn from the findings chapters, and recommendations are made with reference to social policy, service provision, social work practice and further research in adoption. Conclusions and recommendations are also made with reference to policy, practice and further research with women as recent mothers. Considering that an integral component of research using qualitative, feminist research principles is the provision of an opportunity for participants to have a voice of their own, in this chapter participant recommendations are presented together with the final researcher recommendations. A contribution toward broadening the theoretical knowledge base in adoption is also made in this concluding chapter.

CHAPTER TWELVE

REFORMING THE SOCIAL CONTEXT

CONCLUSIONS

"Just stating that you can't take the experiences of a few and then say these are the experiences of the majority, well that's a good thing to say I think, because we are all different".

(Dorothy)

The Study

The research presented in this thesis involved the participation of fifty women in a qualitative study documenting the experiences of adoptive mothers in their own terms. This study documented how adoptive mothers traverse a different road to motherhood, and how they encounter many similarities and many differences of experience from other women engaged in mothering across the life cycle in this society. In order to gather rich and valid data on a wide range of adoptive mothering experiences and emotions, two in-depth interviews were conducted with the participants. To extend and complement the qualitative data on adoptive motherhood, three objective measures were introduced: the Social Readjustment Scale (Holmes and Rahe Life Event Scale); the Edinburgh Postnatal Depression Scale; and the Interview Schedule for Social Interaction (this measure was abandoned in the early stages of the data collection after proving undesirable as a research tool in the context of the research). This study has resulted in the acquisition of valuable information and the construction of new knowledge concerning the experiences of adoptive mothers.

What was envisaged at the beginning of the study was a presentation of the united voice of adoptive mothers in Queensland. However the wide ranging, unique, complex and dynamic nature of the experiences of adoptive mothers presents both identifiable similarities, and an unexpectedly rich diversity of experience. The findings of this study of the experiences for adoptive mothers have significant implications for adoption

policy and practice in Queensland. Further, the many similar experiences of adoptive mothers in this study, particularly those of new adoptive mothers to those of many new mothers, suggests that this research can offer insight for informed intervention with many mothers in this society.

The overall aim of the research was to reveal the experiences of adoptive mothers as they mother their adoptive children across the life cycle. Whilst there had been well recognised research in the area of adoption, such research had focused only on certain key areas. In the 1960's and 1970's research was mostly conducted to see how adopted children fared, as a response to a perceived rising incidence of adoptees using mental health services and to the number of adoption disruptions occurring. Such research concentrated mainly on gaining follow-up information on the children's adjustment, and progress. Several important studies were undertaken between the 1960's and the 1980's concerning adoptive relationships, adoption from the adopted person's perspective, and access by adult adoptees to information about their origins. More recently the plight of the less visible birth parents was revealed and the enduring nature of grief many birth mothers suffer has received recognition. However, it seemed that inquiry into the lived experiences of adoptive parents across the adoption lifecycle had not attracted the same degree of interest as had research with other members of the adoption circle. This seems particularly so for adoptive mothers' experiences of the adoption process and of the adoptive mothering role. Through the research reported in this thesis it was envisaged that the unique experiences of adoptive mothers could be revealed, this contributing to a more comprehensive professional knowledge base of the experiences of adoptive mothers.

This research study involved the seeking of information from mothers of adopted children, at least one of whom was a non-relative baby or infant at the time of adoption, and whose adoption resulted in a total transference of parental responsibilities and rights to the adoptive parents. All of the women in this study adopted between the years 1958-1994, and all of the women except two adopted their children as babies under twelve months. The vast majority of women adopted under Queensland legislation, and all were living permanently in urban or rural centres throughout Queensland.

Adoptive mothers, still mothering babies and infants in the early years of the adoption life cycle, were sought in order to examine the early post adoption period. This portion of the research documented the range of experiences

of adoptive mothers prior to, and following the arrival of the new baby, and it explored many issues which were confronted early in the adoption life cycle, and prior to the school years.

Adoptive mothers mothering in later stages of the adoption lifecycle were also sought, in order to explore the later school and teenage years and the teenager-to-adult transition years of their children. In this part of the research the adoptive mothers' feelings and concerns associated with the availability of identifying information were documented, and the prospect of, or the experience of, their child's search and reunion with the birth mother and family of origin, were discussed. With both groups the research examined the process of the transition to first time motherhood for most of the adoptive mothers, while for other adoptive mothers it was an examination of the inclusion of an adopted baby into an already existing family. The research also focused on mothering, and highlighted the pressures and expectations inherent in this society's image of women as fertile, and as mothers. What was further highlighted was the unique, rewarding yet constant demands of the mothering role, and indeed the sometimes overwhelming and potentially health threatening demands of the mothering role in this society.

Whilst some may question the importance of research which documents the experiences of a reducing, minority group of mothers, in Queensland from the peak years in adoption (1968-1972) up until 1994 almost twenty thousand adoption orders were made, with approximately half this number made up of non-relative baby adoptions. After legislative changes in 1991, a significant number of adoptees and their adoptive families may now be facing issues surrounding contact with birth families (Clare 1991). While numbers of babies available for adoption continue to fall, in the last five years approximately five hundred non-relative adoption orders have been made in Queensland (Zabar and Angus 1995). These are not insignificant numbers of adoptive mothers, but rather a substantial number of adoptive mothers who may be in need of greater recognition, understanding, education and support, whatever the transition or life stage they are traversing.

The research used predominantly qualitative research methods and was guided by feminist research principles in the documentation of the experiences of adoptive mothers during the in-depth, semi-structured interviews.

What Was Revealed

The use of a life event scale (the Holmes and Rahe Life Event Scale appeared limited in gauging the particular experiences of adoptive mothers however a useful discussion on life events across the adoption lifecycle was facilitated by its introduction), and the use of the Edinburgh Postnatal Depression appears to have been supported. Results from this research indicate that scales, used as additional research tools in semi structured interviews, can assist in gauging the mothering experiences of adoptive mothers across the life cycle. However, it is considered that there may be a danger of failing to unearth all variables unless open questions concerned with identifying a range of feelings, emotions and experiences are included in interviews. Such a range of questions needs to incorporate family context, expectations, relevant policies and procedures, problems adjusting to the mothering role and the new lifestyle, enjoyment, perceived rewards, self esteem, social supports, community attitudes, ability to cope, anxiety, depression, losses, including the loss of a workplace identity, sadness, fears, anger, confusion and, particularly for new mothers, exhaustion, lack of sleep, the temperament of the baby, whether the baby has any health or behaviour problems, avenues available for ready support, how the mother perceives herself and her abilities, and any positive or negative feelings or behaviours toward the baby. The methods used in this research, a combination of in-depth interviews and the presentation of several standardised scales, have served to well illuminate a very diverse range of thoughts, feelings, experiences and needs of adoptive mothers, while some commonalities of experience also have emerged.

Adoptive mothers appear to be a somewhat hidden, minority group of mothers who, by way of a different road, have been given authorised permission to perform the mothering role. Whilst there are many inherent differences between the adoption and birth processes, there appear to be many shared similarities, including the role performed by all mothers in this society, and the feelings, emotions and experiences of mothers after the arrival of a new baby.

In this research participants often began by discussing the period prior to adoption. This included for many participants the life sentence of infertility, for some the intense grief of multiple miscarriages, and for other adoptive mothers, months and even years of infertility treatment and grief over failed conception (detailed further in Chapter Eight). For other adoptive mothers

infertility was viewed much more pragmatically, while for several adoptive mothers infertility was not a relevant issue.

With adoptive motherhood finally accomplished, the early post adoption period was revealed to be a time of overwhelming experiences. These experiences included the joy of long awaited motherhood and finally bringing home a new child. They included the warmth of the welcome ritual from supportive friends and family and a supportive community attitude. However in some instances, for adoptive mothers bringing home an adopted child (and this was highlighted by a number of mothers of children from a different cultural background to their own), the experience was one of feeling different and stigmatised. Further, bringing home an adopted child prevented some adoptive mothers from receiving the full endorsement and recognition (albeit the often devalued recognition given to all mothers in this society) that they were performing an equivalent mothering role to all mothers.

Many adoptive mothers experienced some initial adjustment difficulties. As has been documented for biological mothers raising their children, for some adoptive mothers, absorbing the impact of new motherhood was not without tribulation. Adoptive mothers spoke of the lack of expected unconditional supports, and the pressure to perform as perfect mothers. Further, the findings of this study suggested that adoptive mothers are not immune to the kinds of psychological stress and distress increasingly recognised in new mothers. Such a situation for adoptive mothers is apparent from the feelings of distress and depression expressed by some mothers during the in-depth interviews. It is also indicated by the results of the scored Edinburgh Postnatal Depression Scales (only introduced to the nineteen mothers of younger children, with six mothers scoring above the recommended threshold). In this study such depressive symptomatology could not be explained by biological birthing processes nor do the findings of this research support the notion that fault lies with individual adoptive mothers. Rather the findings revealed that conditions suffered by the baby, for example colic reflux, the behaviours of the baby including prolonged crying and screaming, the sleeping patterns of the baby, and the lack of opportunities available for the mother to gain regular periods of uninterrupted sleep are major contributing factors to the gaining of a high score on the Edinburgh Postnatal Depression Scale and to experiences of stress, distress and depression (detailed in Chapter Nine). Adoptive mothers in this study, as members of the mothering community, appear

vulnerable to the same pressures of modern society; and the same stresses, and depression experienced by some mothers after the arrival of a baby into their lives. However it must be clearly emphasised that, as documented of the general mothering community, many mothers in this study felt they had adjusted well to new motherhood and they did not reveal experiences of distress but rather experiences of feeling that they finally "fitted". It did appear that many adoptive mothers had high expectations of their role, had insufficient knowledge of the realities of new motherhood, and had limited knowledge of the realities of new adoptive motherhood.

It seems that adoption assessment policies insist that adoption applicants are very aware of the differences between their own situation and that of biological parents and parenting, and that they seem psychologically able to face a different mothering experience. Failure to successfully convince adoption workers of their psychological preparedness could jeopardise applicants' approval as adopters. Paradoxically, however, these differences do not appear to be recognised by policies and practice in the post adoption period. Adoption is suddenly largely accepted as the same as "if the child was born to" the adoptive parents and it is viewed as resembling unproblematic biological parenting.

The consequences of such a paradox appear to include adoptive mothers receiving little practical preplacement preparation for their transition to motherhood (since adoptive mothering is different to biological mothering), and some adoptive mothers felt ill-prepared. They also received inadequate forewarning of the full range of possible consequences of the adoptive mothering role, including the possibility of surprising, unexpected, negative emotions being experienced, in addition to or instead of the expected feelings of happiness and satisfaction.

In denying the differences in the early post adoption period, workers may, confusingly, be encouraging adoptive parents to take up a rigid rejection of differences position. Workers do not appear to maintain even minimal contact, and did not offer ongoing support services to the new families after an adoption order was finalised. There is a lack of professional supportive services, particularly in the post adoption period when potentially negative variables may be in existence, such as mothering stresses, or community or extended family ambivalence over accepting the new adopted child. Ultimately, it could be suggested that such a situation could be detrimental to the well-being of new adoptive mothers, and may place at risk these

mothers, their babies, and the sensitive, newly developing mother/child relationships.

For adoptive mothers the issue of perceived differences between experiences of mothering biological children and adopted children was an emotive one. Some adoptive mothers appeared able to articulate clear differences between biological and adoptive mothering concerning specific issues, while for others differences appeared to be few. However, for most adoptive mothers the issue of differences was not a clear or simple concept, rather the issue of difference and similarities was more multifaceted, shifting and contradictory than previous literature discussing differences in adoption has suggested. Rather than taking up stable positions of either acknowledging or rejecting differences, adoptive mothers appeared to take up different positions on the "differences and similarities" continuum, depending on the coping strategy which was useful under the prevailing circumstances. Changed circumstances and different issues at different times for different adoptive mothers and their children appeared to shape the position taken up, rather than a clear position taken up by adoptive mothers which was appropriate for themselves, their child and their circumstances for all occasions across all life stages. A life-span development perspective appears supportive of this suggestion, that learning and development is dynamic and ongoing across the life span through interactions with others, and different coping positions for different circumstances would be appropriate. Broadening Kirk's dichotomy of the existence of two coping strategies, of either "rejection of differences" or "acknowledgment of differences" to a model which can accommodate and validate a greater range of coping strategies, seemed most useful for adoptive mothers (and could be useful for other players in adoption including adoption workers). Such a "Broader Model" was presented in Chapter Ten.

Concerning the later years for adoptive mothers when their adopted children could access, or had accessed identifying information concerning their origins, wide ranging emotional responses were expressed. As could be expected of women rigorously screened and subsequently recruited to nurture to the best of their ability and to build secure life long relationships with their children, adoptive mothers were protective of their children.

Some adoptive mothers were fiercely protective concerning the impact of the identifying information on their child, and the ramifications for their

family of the relatively recent legislation allowing such information acquisition. For some adoptive families the legislative changes caused severe distress.

Other adoptive mothers seemed anxious yet ambivalent about the possible outcome of contact, experiencing mixed emotions, and feeling both threatened by and empathic toward the situation of the rights of adopted children and birth parents to identifying information.

A number of adoptive mothers appeared more accepting and willing to face the outcome of their adopted children's search for the family of origin. They were supportive, at times even discouraging their adopted children from placing a veto and offering the advice "to just see what happens". Finally some adoptive mothers appeared to be very curious, and actively encouraging of their children's search.

Significantly, these positions taken up by adoptive mothers do not appear to be simply explained. Rather the taking up of these positions appears much more complex, and may be governed by a range of important variables. These variables include: the adoption policy at the time of the adoption order, the timing of the contact in terms of the life events and life stages being experienced by adoptive family members, the "closer to home" contact was perceived to be (the age of the adoptee, the geographical distance from the child's place of birth, and whether contact seemed probable and/or imminent), adoption theories and folklore incorporated into the adoptive family's value system including their working definition of adoption, the "goodness-of-fit" between adoptive mothers and the adoptees, a "goodness-of-fit" concerning adoptive parents and the adoptee's attitudes to contact, the expected rewards of motherhood (and grandmotherhood), a strong belief in hereditary or environmental influences, and adoptive parents' values about birth parents. A model representing the range of attitudes, subject to change over different circumstances and pertaining to different issues for different adoptive mothers, was presented in Chapter Eleven.

Contrary to previous writings in adoption, overall adoptive mothers did not appear to universally, or consistently act in an inclusive or exclusive manner (toward birth families), nor consistently reject or acknowledge differences or similarities in adoption. Further they did not uniformly express opinions concerning adoption, birth parents, adoption processes, adoptive mothering, information concerning origins, contact, or adoption

legislation. Rather these appeared to be changing over time and circumstances for different individuals.

As referred to earlier, O'Shaughnessy (1994,31) believes that adoption discourse has assumed that the realities of adoption are universally homogeneous (universalist/atomist), however he argues that the universality in adoption has been overdrawn (1994,19). The findings of this research do not point to a universally experienced transition to adoptive motherhood for adoptive mothers. Nor is a homogeneous adoption experience shared by adoptive mothers of problematic, or of unproblematic mothering, as they mother adopted children across the lifecycle. Rather, for adoptive mothers commonalities are evident while differences unique to each of their situations are revealed. As members of the general community they appear influenced by the beliefs, attitudes, biases, expectations, rules and ambiguities of the dominant culture concerning adoption, however within their sameness, individuality of experience is evident.

Adoptive mothers did appear to experience the role of adoptive mother, with all its commonalities, in unique ways which were governed by their own, and their child's uniqueness, and by the myriad of factors which influenced in different ways, at different times in varying degrees, their acquired attitudes, beliefs and experiences. In part this may be explained by the sample, a group of adoptive mothers who adopted children spanning thirty six years of adoption policy and practice. Yet the simplicity of this suggestion, that different adoptive mothers from different eras, for different reasons at different times will react differently, and therefore will need and would benefit from different levels of understanding, support and education at different times and life stages, does not appear to be reflected in the literature, in attitudes towards adoptive mothers nor in support services.

Broadening Theoretical Understandings

Hapgood (1984,68) comments that in considering the term "knowledge base" with regard to any form of professional practice, it is important to distinguish between the theoretical knowledge gained from research, and knowledge held by skilled practitioners. Whilst not denying there is a wealth of worker expertise in adoption agencies, Hapgood's review "suggests that social workers engaged in adoption practice operate within a

very restricted knowledge base", as documented, evaluated or validated through research (Hagood 1984,78).

Illustrating the point of a restricted theoretical knowledge base in adoption, Grotevant and McRoy (1990,168) comment that "with the exception of Kirk's work, limited theoretical attention has been given to adoptive family relationships". Further, Kaye (1990) writes that one adoption theory, that of Kirk's acknowledgment versus rejection of differences, has remained for the past quarter-century an untested hypothesis which "has pervaded the clinical literature about adoption" (1990,121).

The theoretical overview presented in Chapter Four of this thesis incorporated a variety of perspectives on adoption, reflecting a number of currently acknowledged (to varying degrees) professional and social adoption discourses. The overview included Marris' theory of loss, the bonding and attachment theories, Kirk's theory of adoptive relationships and Holman's well known theory of inclusive and exclusive foster care. It further included psychoanalytic theories, theories of life-span development, and family systems and goodness-of-fit theories. The review also incorporated a perspective that has attracted minimal consideration or exploration in the adoption literature; a Postmodernist/Poststructuralist perspective. While a selection of theories was presented in this thesis, overall the adoption literature (the adoption literature is reviewed in Chapters Two, Three, Four and Five) rarely reflects such a theoretical range, but rather, as noted by Grotevant and McRoy (1990) and Kaye (1990), Kirk's theory most often predominates.

Payne (1991) argues that research concerned with the use of theories in social work reveals that different theories, or an appropriate combination of theories may be used effectively for different purposes. Further he suggests that modern social work can utilise features shared by many theories and that "the relationships and oppositions between theories provide a context in which their value can be assessed against one another, and against the modern social context in which they must be used" (Payne 1991,73,235-250). Turner (1986) advocates for an interlocking theoretical approach for a pluralistic theory base. In adoption, a broader theoretical knowledge base appears much needed.

Kirk's theory of understanding adoptive relationships through the application of role theory was a major contribution to the theoretical knowledge base informing adoption practice. However, when presented

as a narrow, dichotomous model, Kirk's theory paradoxically may introduce theoretical constraints. Broadening Kirk's model removes the constraints of the model and appears most useful in gaining a better understanding of the varying coping positions taken up by adoptive mothers (Chapter Ten).

Holman describes his theoretical concepts of exclusive and inclusive fostering as "one a kind of possessive love akin to natural parenthood, the other related to the fostering reality" (Holman 1980,77). While developed to describe foster relationships, these concepts have been taken up in adoption discourse. This may be understandable given the few theoretical options available in understanding adoptive relationship processes. Holman's concepts may assist in broadening theoretical understandings of the adoptive picture although the transference of these theoretical concepts to the adoption context without adaptation may, as is suggested of Kirk's model, restrict rather than broaden understandings. According to Rowe while similarities exist between adoption and fostering, and insight can be gained by comparing these processes, problems arise when "workers start to transfer these insights wholesale to the adoption experience" (Rowe 1970,28).

Using Holman's concepts it appears that whilst, historically, adoptive parents may have been recruited to give love akin to natural parenthood, thus encouraging an "exclusive" arrangement, changes in adoption legislation, policies and practice internationally and in Australia have laid the foundations for the more "inclusive" adoption reality model. However, the uncritical application of these concepts may contribute to the assumption that adoptive mothers have an unchanging personal attitude which is either inclusive (open) or exclusive (closed) toward contact. As such it may fail to consider and understand a myriad of variables which can contribute to either position, and fail to recognise that a personal position to contact is not static, but rather may be inconsistent and dynamic, changing over time or circumstances, or even changing for different adoptees in the one family. The model presented in Chapter Eleven attempts to reflect notions of different, ambivalent and changing attitudes to contact while utilising Holman's concepts.

A life-span development approach incorporating Rosenberg's model of developmental tasks and transitions across the adoption lifecycle appears most useful in attempting to understand adoptive relationships across the adoption life cycle, as does a family systems approach. Marris' theory of

loss of meaning appears most useful for understanding the experiences of many adoptive mothers. Other theories such as bonding and attachment theories, and goodness-of-fit theories are very useful, and Psychodynamic theory may facilitate an historical understanding of adoption practice. However further understanding of adoptive relationships may be gained through incorporation of a Postmodern, or more specifically, a Poststructuralist analysis.

In offering an understanding of the premise of Postmodernism, Richardson (1994) comments, as have others, that the core of Postmodernism is the doubt that any method or theory, discourse or genre, tradition or novelty, has a universal and general claim as the 'right' or the privileged form of knowledge (Walton 1992). In this thesis a Poststructuralist perspective on adoption is not offered as replacement knowledge, but rather it is offered as a perspective; making contribution to the theoretical understandings of adoption processes.

Richardson writes that Poststructuralism is a particular form of Postmodernist thought which links language, subjectivity, social organisation and power, and recognises that language does not "reflect social reality", it "creates social reality" (Richardson 1994,518). Similarly, Sampson (1989,1) writes that the previously held understanding of "psychology's subject" (the individual) as having uniform naturally occurring realities which can be studied, has received at least six discernible challenges. All challengers, asserts Sampson (1989), imply that if psychology's subject does exist, it is as a sociohistorical, sociocultural product, and must necessarily belong to its particular time and place. Sampson (1989,4) continues, presenting critical theorists' concept of the "interpenetration" of society and the individual, as a concept where

"we do not begin as two independent entities, individual and society. Rather society constitutes and inhabits the very core of whatever passes for personhood".

while according to Shotter and Gergen

"persons are largely ascribed identities according to the manner of their embedding within a discourse - in their own or in the discourses of others". Thus in this way "cultural texts furnish their inhabitants with the resources for the formation of selves", and, that beliefs about self are "constitutive of social pattern" (1989,ix).

According to Davies (1993) applying Poststructuralist theory makes it possible to see the multiple discourses through which people are inevitably positioned, including discourses of gender and the way in which gender roles are taken up. Central to Poststructuralist theory is the concept of subjectivity. This is different from the concept of identity. It shifts attention away from the unitary non-contradictory selves that individuals each struggle after as a result of immersion in humanist discourses and, rather, focuses on the inevitable shifting, fragmented, multi-faceted and contradictory nature of experiences.

Supporting this position Kitzinger (1989) asserts that subjectivities are not primarily the private property of individuals. Rather they are social constructions, suppressed and promoted in accordance with the political interests of the dominant social order.

It would seem that Poststructuralism has its origins firmly based in Symbolic Interactionism, with both theories drawing on role theory to varying degrees. For Mead (1971), Symbolic Interactionism posits that the self is not primarily a physiological organism, rather the self is a social self; that which the organised community or social group (generalised other) gives to an individual. That is, the experience of the self is given to the individual and experienced by an individual objectively rather than subjectively. It is gained by taking generalised others' attitudes towards the individual. Further it is not enough that individuals "take" the attitudes of other individuals toward their "self", but in the same way they must take up the attitudes and the roles ascribed by the generalised others concerning the social group in which they are engaged (Mead 1971,147-158). However, in moving from the use of "role" to the concept of "positioning", Poststructuralists believe that thinking about the more dynamic rather than static aspects of human encounters can be facilitated (Davies and Harre 1990).

Developing a Poststructuralist view of adoption, it was suggested in Chapter Four that during the adoption process, significant members of the adoption circle (birth mothers, adoptees, and childless women who becomes adoptive mothers) are all faced with the need for an altered subject (identity). These are the mother who is now without a child, the child who is now without a mother, and the childless woman who becomes the mother of a non-biological child (this is not necessarily to exclude birth fathers or adoptive fathers who may well fit into a similar model). However,

if the prevailing cultural discourses only value individuals who are living within society's rules, including religious and moral rules, and also including cultural rules of generational heirs and inheritance, blood ties, and fecundity (fertility), then those unlinked to their genealogical past or present, and those unable to produce a genealogical future generation, are devoid of alternate discourses and roles. As members of the society, they have little perceivable choice but to take on, to varying degrees, the available roles and accompanying discourses, however ill-fitting they may be.

In considering society's construction of the role and identity of a good mother as a natural, proper and valued role for married women (further developed in Chapter Five), single birth mothers would best fit if they pretended they were not mothers. Additionally, adoptees would develop an identity which fitted if they ignore the dual-family nature of their existence. Of major importance in this thesis, a position of equal denial would need to be taken up by adoptive mothers; adoptive mothers would find greatest acceptance if they emphasised the similarities between adopting and rearing a non-biological child, and rearing a biological child. It is not difficult to see that under such circumstances, birth mothers would find little understanding of their grief, adoptees could not avoid incorporating to some degree the non-acceptance of their adoptive status inherent in discourse, and adoptive mothers would be unlikely to develop a strong sense of their own unique role.

A Poststructuralist perspective can provide increased understanding of the positions taken up by major players in adoption. Of significance, it can provide understanding of the positions taken up by adoptive mothers when taking up the role to mother for a lifetime. However, what is crucial to understanding the perspective of the adoptive mothers in this study who adopted over a span of thirty six years of adoption policy and practice, is the major shift in societal attitudes in adoption. From a Poststructuralist perspective adoptive mothers wholeheartedly embraced the alternate legal, social and psychological role of good mother as made available by societal norms through societal discourses (although full endorsement as mother by the society was not necessarily forthcoming). Single birth mothers relinquished the role of mother as dictated by religious and moral norms (bad mother). This positioning of birth mothers and adoptive mothers existed as condoned by social norms and reinforced by social pressures. Changing social norms have rewritten the role description for adoptive

mothers leaving many adoptive mothers powerlessly repositioned by social discourse, and recast into a perceived lesser role than that offered by a previous society.

A Postmodernist/Poststructuralist analysis of adoption recognises that "cultural texts furnish their inhabitants with the resources for the formation of selves" (Shotter and Gergen 1989,ix) and that rewriting the text must impact on the role of adoptive mother. The role now prescribed as available to adoptive mothers is a result of a major societal shift in values, and, while it shares similarities, it is different from the role previously available; that role which was taken up, and that role which is the known reality for adoptive mothers. A Postmodernist/Poststructuralist analysis recognises the problems inherent in the language of good/bad, real/unreal, natural/unnatural mother and in the uncritical reinterpretation of past activities through modern lenses. A Poststructuralist perspective also recognises the constraints of discourses and the construction of the self within discourses. Further, it accommodates the concept of differences, and it acknowledges multifaceted rather unidimensional pictures of reality.

A number of writers are critical of a Poststructuralist explanation, criticism not the least targeting the opacity of Postmodernist/Poststructuralist text. Feminist writers further argue that a purist Poststructuralist view, while concerned with multiple voices, differing realities and otherness, disregards important structural and political factors. Further they caution that damaging disintegration of political solidarity will be the result of too closely aligning with theories of subjectivity, individuality and difference to the point where change through power in solidarity is viewed as ideological inconceivable (Featherstone and Fawcett 1994/1995, Luke 1993, McDermott 1996, MacDonald 1996, Tong 1989, Sarup 1993, Windshuttle 1994). Additionally, even advocates of a Poststructuralist explanation write of the inevitability of inflexible constructed selves; selves able to comprehend their positioning within discourses, but unable to easily escape from such positioning because they have "become part of the subjectivity of that person" (Davies 1992,54-57).

Disregard of political factors and structural theories is not proposed here. Nor is a Postmodernist/Poststructuralist perspective held uncritically to be an all encompassing grand narrative, as its own tenets must disclaim. Tong (1989) suggests that structural and poststructural perspectives are not necessarily incompatible, and it is suggested here that Poststructuralist

analysis can provide, in conjunction with other important theoretical perspectives, awareness, insight and increased theoretical choice for informed, supportive social work practice in adoption. Of significance, the research findings from this study do not necessarily reflect the Poststructuralist's notion of the inevitability of change as unlikely. Positions taken up by adoptive mothers concerning their attitudes to differences and similarities in mothering adopted children, and their attitudes to contact and reunion, appear dynamic over time and circumstances rather than static, indicating change can be and is accommodated.

Changes are advocated in the Recommendations section of this final chapter of the thesis concerning adoption practice with adoptive mothers. These include changes to adoption policies, social work practice and service provision in order that services become more sensitive and supportive of the common experience of adoptive mothers in their role in this society, while respecting their individuality, and the different, changing, complex and even contradictory nature of their attitudes and experiences. Support for such a Poststructuralist position for social work practice in the area of adoption may be found in the words of Howe (1994) concerning social work in a postmodern era. He writes that if being in a "critical, self-reflexive, decentred and deconstructive state of mind", recognising "difference, multiplicity, variety" and the "polymorphous, non-unitary, non-consensual nature of much of the social world", captures the mood of postmodernity then social work could be seen to fit with such a mood (Howe 1994, 523-524).

Recommendations from this research incorporate and reflect the individual adoptive mother in the broader adoption context. In particular the need for intervention at personal, interpersonal, societal and political levels appears to be the inherent message conveyed by adoptive mothers in this study; an examination of adoptive mothers as they negotiate and maintain the role of adoptive mother across the adoption lifecycle.

RECOMMENDATIONS

In this section, preceding my own recommendations, are those recommendations suggested by a number of adoptive mothers who participated in the research reported in this thesis.

Participant Recommendations

Community and worker education was seen as very important by adoptive mothers, for an informed community and informed professionals on adoption and mothering issues:

"I think we need to be telling girls in schools about what mothering will be like, and we need to teach people about adoption, that it's not a bad thing. People who aren't connected to adoption don't understand" (Lorraine).

"I think the general public really need education about adoption, it's really needed, like people say 'they're not *really* yours', people are really ignorant of adoption. (Stella).

"We need a lot of publicity about adoption, an adoption awareness week, then maybe the media will stop talking about real mothers" (Rhonda).

"I think at the Baby Clinic they are somewhat dated in their attitudes, they treated me like I would be less able. I felt like I was an idiot. I think if the clinic were not so judgmental, or maybe a home visitor bringing information about immunisation or maybe a worker (from the Department) who wasn't seen as judging" (Sheree).

A strategy suggested by one adoptive mother, for increasing community awareness of adoption issues was that I (the researcher) "organise a conference here in North Queensland". This mother also suggested that in order to increase the awareness of potential adopters concerning adoption as a life event, "a new (life events) list" should be developed for use in adoption practice (Nina). Another strategy suggested for education was the compilation of a "booklet containing general information on other people's experiences, or a video, not a rosy picture" (Eloise).

For several mothers community awareness also meant a community informed about experiences of adoptive mothers in the early post adoption period, as this comment illustrates:

"I'd like people to understand postnatal depression is not just for women who give birth" (Gena).

Adoptive mothers also made suggestions for a number of changes to current professional adoption services. Recommendations for both the period prior to and following adoption were suggested, although not all adoptive mothers thought alike:

"The waiting wears you down, waiting and not hearing anything. I think they could write to you every six to twelve months (Stella).

"Couples need a lot more screening, I was obsessed about failing not about wanting to nurture a child" (Iris).

"We needed some pre-adoption guidance, direction, and then later on, services, they should be made aware of things, it changed our lives completely. An anonymous helpline ?" (Vera).

"I think adoptive parents need more education from what I've seen and heard, and if I'd had problems, I'd have liked to be able to ring or something, but they never gave me the idea that was okay" (Jo).

"I think more services, counselling and support for relinquishing mothers. And counselling for infertility. And afterwards for adoptive parents. I think it's okay for the Department to do the adoption, but afterwards, an after service, well I'd feel like they were checking up" (Lorraine).

"Classes could be helpful, and we needed a book of stories of adoptive parents' experiences. If you know you're not alone that's half the battle. And a buddy system, another mother whose been there. I would volunteer for that, a buddy system" (Adele).

"I didn't know anything about babies, the simple things like bathing a baby, there's a lack of mothering skills" (Fay).

Of importance, recommendations were made by adoptive mothers in this study for improvement to social work practice in adoption:

"It could have been a bit more personal" (Laura).

"We need to be teaching social workers that there is a big range of experiences, and to ask themselves how they'd feel. But to recognise that that's *their* experience. There'll be a huge range of experiences and they are all okay. Social workers need to be cadeted to older workers, like (in) the police force. And adoptive fathers need to have their say" (Annie).

"Adoption should be a specialist area, and what do the young ones know, they are learning on someone else's lives. After their degree social workers should be attached to an experienced professional for a number of years" (Dorothy).

Suggested changes to policy included the degree and type of information recorded, and means by which information is collected and documented:

"If there's one thing that's needed it's medical history. It's terrifying when the doctor asks for it, and you have no idea" (Jo).

"I think the Department should keep up to date files on the relinquishing mother or father, if they are deceased, or if the child is deceased, I know a woman who went searching for her child (at 18) and the child had died at four years old. They could keep contacts with Births, Deaths, and Marriages" (Carol).

"They should change the Census form. A question says 'How many children living or dead have you had'? Is there double counting? I always have to write a note, there is no space to explain, it irritates me" (Fay).

Earlier placement of adopted children with adopted parents was another suggestion, while a broadening of the range of options which could be offered to birth mothers and adoptive parents was also recommended.

"The child could go to the adoptive parents earlier with the proviso that the mother has time to change her mind, a temporary placement. Adoption has a future, perhaps with options, knowing and choosing options" (Merle).

"There has to be options. I think people will abort rather than cope with not seeing their child. Closed adoption as an option, open adoption as an option, there's so much more they can do for women who relinquish their children" (Melissa).

"I think there should be a range of options, but always based around the best interests of the child. There have always been people who have been unable to have children, and people who psychologically shouldn't have children" (Rita)

One adoptive mother very strongly recommended that "adoptive parents should be able to find out if an objection has been lodged by the birth mothers of their children" (Helena), so they would know whether to encourage their children to search.

It would seem most appropriate that the above recommendations were offered by adoptive mothers in order that their experiences may direct future change. In the words of one adoptive mother who felt well justified to make recommendations: "We've lived with it for thirty-five years, we know about it"

(Gwen). My own recommendations in many instances build on those of participants, while other recommendations suggest further areas for change.

Researcher Recommendations

The Australian Association of Social Workers' Code of Ethics (1989) states that a social worker "will act, to ensure that all persons have access to the resources, services, and opportunities which contribute to their well-being" (1989,3), and that a social worker "...will advocate for changes in policy and service provision" (1989, 2). Such ethics inform these recommendations.

Implications For Social Policy

From its inception in 1921, movement toward increased secrecy in adoption is evident in early adoption legislation and policy in Queensland, that movement being a reflection of respected, international trends. Between the 1930's and the early 1970's it appears that conditions were established in order that a child placed for adoption could be completely transformed into the child of the adoptive parents. Birth mothers were expected to remain forever invisible. Currently, adoption policy in Queensland and elsewhere reflects a major shift away from the closed adoption practices of the secrecy era, toward a more open system (although it currently appears that it is not necessarily a certainty such a situation will prevail in Queensland).

Overall, it would appear that adoption policies in Queensland firmly advocate for adoption as operating in the best interests of the child, yet it could be suggested that a number of policies may need to be re-thought if adoption is to accurately reflect this dictum.

In undertaking assessment of potential adoptive parents, the availability of comprehensive preplacement education for applicants would appear to be appropriate, this enabling applicants to gain knowledge of adoption issues and their own personal processes, and to be active in the adoption process, this in turn encouraging greater self-selection as informed applicants. Informed, highly skilled adoption professionals are needed to implement such uniform, empowering adoption processes. Adoption applicants need

greater opportunities to more openly participate in processes which have major implications for their lives.

Wide ranging post adoption services do not appear to be available in most instances, yet post adoption services remain the most consistently recommended improvement to adoption services in the adoption literature. They would seem to be in the best interests of the child and the adoptive family, and some adoptive mothers in this study would have welcomed ongoing, non-judgemental support from an adoption worker. Community education in adoption issues to dispel the myths and reduce the stigma in adoption also would seem most appropriate.

It appears necessary that a workable definition of adoption that is flexible enough to accommodate the perceived needs of all parties to the adoption be advocated for and used in adoption practice.

It is considered that examination of some areas of current adoption policies reveal an ideology which primarily supports a family structure of a particular kind - a traditional male-headed, female dependant family. Such an ideology is conservative, and it is recommended that there be reappraisal of such policies, to recognise the needs of adoptive mothers to have the choice of employment options post adoption. It does not appear appropriate that full time mothering of new adoptive babies is considered in the best interests of the child in all instances. Rather, individual adoptive mothers need opportunities to develop those relationships and those life styles which are most mutually beneficial and most fulfilling for themselves and for their adopted children. An inflexible weight criteria also may need re-examination.

Further, policy changes as a result of legislative reform in 1991 may benefit from a review. In particular, reports of breaches of objections to disclosure of information need investigation.

Overall it appears to be a priority that there be an examination and re-evaluation of current policies governing adoption practice. This may be most important if a major objective of the Queensland Adoption of Children Act is to be achieved:

"that the welfare and interests of the child shall be regarded as paramount"
(Queensland Adoption of Children Act 1964 - 1991. Part III Division 1 :10) .

Implications For Service Provision

The major recommendation for service provision is that there be greater continuity of services for adoptive parents. It appears that educative, sensitive support may be of great benefit to adoptive mothers. It may assist them in developing informed attitudes to adoption, allow them to achieve more equal status in the adoption application processes, and promote the acquisition of ongoing knowledge in the adoption area.

While some applicants have questioned the need for parenting education prior to the adoption when no such education is a requirement for biological parents and, similarly, have questioned the need for ongoing post-adoption services when biological parents do not require them, nevertheless such education appears to be warranted. Where comprehensive, sensitive pre and post-adoption services are available, as reported in the literature (several mothers in this study spoke of some valuable information secured from compulsory pre-adoption workshops), they have been confidence-building and empowering for adoptive parents (Magee and Thoday 1995, Van Tuyll 1994).

Services ideally would include in-depth pre-placement work with adoptive mothers, individually and in groups, concerning their values over the birth mother, and their condemnation of single mothers and birth mothers for their behaviours (bearing illegitimate babies and placing them, or, conversely, not placing them for adoption). Greater inclusion of the birth mother (and birth father) in decision making seems appropriate to create a more positive birth mother (and birth father) identity, to establish a greater sense of openness, and for recognition of past familial links and future relationships. Further important issues are those surrounding the losses associated with adoption and the losses associated with infertility (while respecting and acknowledging differences in individual responses to loss and individual strategies for coping with losses), and an accurate understanding of the role of foster mothers (this role may also need to be further clarified with foster mothers).

Greater education concerning accurate expectations for the early post adoption period and the new mothering role also appears appropriate. It is suggested that pre-adoption services encourage the development of parenting skills, encouraging psychological preparation and building confidence for the new role and all it entails. Education could include the provision of programs to develop practical baby and child care skills, this

also reinforcing the learned rather than natural skills of motherhood. Clarity on the policy of the placement of a specific child matched to a specific applicant appears needed and would have reduced anxiety levels for several mothers in this study ("you can't go on holidays because you don't know if it will go to someone else"). They had literally placed their lives on hold and waited by the telephone for years and years.

In particular, adoptive mothers in this research felt unprepared for motherhood, and they had high expectations of themselves as perfect mothers and found the reality of adoptive motherhood different from that which they imagined. Normal adjustment during the early post adoption period, bonding and attachment issues, good enough parenting, differences and similarities in mothering adopted children, and the joys and stresses of adoptive mothering are issues to be explored with adoptive mothers during preplacement education. The role of "adoptive parent" is not a role learnt in childhood socialisation, and the existence of important differences between adoptive mothering and biological mothering warrant the education of adoptive mothers for this role. It could also provide all relevant information to parents concerning society's ambivalence about granting full endorsement to adoptive mothers, the stigma often associated with adoptive parent status, the many responsibilities and huge workload of motherhood, the major adjustments often necessary to existing relationships and lifestyle after the arrival of a child, and the possibility of maternal distress and depression in the post adoption period. This would seem advantageous for adoptive mothers and for adopted children. A list of life events or life experiences which may impact on adoptive mothers' lives across the adoption life cycle may be a useful tool in pre adoption education.

Post adoption services for adoptive families have been widely advocated in the literature and findings from this research further support such calls for services for adoptive mothers and their families. Support services for adoptive mothers and adoptive families could be provided during the early post adoption period, and as a part of ongoing adoption service provision. Whilst resources may limit the services offered, it would seem crucial that some post adoption support services are available. Encouragement may be needed for adoptive mothers and their families to use such services. However education, support and consultation with adoption applicants, individually and in groups, during the preplacement preparation may dispel fears of judgemental criticism in post placement support.

Support for adoptive mothers, when contrasted with social support and organisational support available to most mothers, may be reduced or conditional. In particular agencies such as nursing mothers and baby health centres may offer insufficient or conditional support to adoptive mothers. Professional adoption service providers could mobilise community organisational support for adoptive mothers through the provision of adoption education and support to a wide variety of community-based agencies who already offer support to new mothers and more generally to women, children and families (including child and maternal health services, religious groups, family and relationship counselling services, medical services, school counsellors and women's services). This utilisation of existing community services, in specific, planned ways, could reduce any stigma associated with adoptive parent status, by not creating or limiting services to this group only, and further would not place unrealistic support expectations on existing adoption services. For some adoptive mothers, support was available through Adoptive Parent's Support Groups and these groups, statewide, need ongoing professional and educational support to encourage adoptive parents to utilise collective strength for mutual support. It is also considered that the value of incorporating volunteer adoptive mothers into the adoption process should not be underestimated, and it is advocated here that, under guidance of professionals, volunteer adoptive mothers (and other members of the adoption circle) could be considered invaluable resources. Adoptive mothers may need professional encouragement to engage with other adoptive mothers in discussing both the similarities and the differences in mothering a non biological child.

Concerning the later years and the seeking of information and contact, many adoptive mothers felt unprepared for the legislative changes and some were fearful of the unknown ramification of this legislation on their families. Of those adoptive mothers whose adopted children had sought information and contact, several commented on their need for support in coping with the personal emotions generated by this situation, and the emotions generated within the adoptive family. Professional compassion for adoptive mothers shocked by the changes to the Queensland legislation was not generally reported in this study but is recommended here. Greater education of and consultation with the general community, concerning possible future developments, and proposed changes in adoption policy and practices, would facilitate and encourage informed community

participation and debate, and help to alleviate anxiety-provoking speculation concerning the impact of sudden changes in adoption legislation on adoptive families.

The figures for various age groups of adopted persons seeking information after legislative changes indicate the highest proportion of searchers in Victoria are aged 58-61 years, 50-53 years, and 22-34 years (McPhee and Webster 1993). In Queensland the peak years for adoption placements were 1968-1972. Using Victorian figures as a guide for forecasting possible applications for information in Queensland, it could be expected that current enquires concerning information will not decrease, and requests may increase. Findings by Midford in Western Australia support the notion that adoptees rarely search before eighteen years and most often search in their twenties and thirties. Therefore demand on support services available in Queensland are likely to increase under the current legislation of access to adoption records. Again, informed adoptive parents' groups and the use of volunteer adoptive parents with personal experience of the reunion of their adopted children with birth parents could be beneficial.

It would appear that a reformed, more comprehensive perspective of adoptive mothering is necessary in adoption practice, to recognise that for adoptive mothers there are shared joys, dilemmas, fears, anxieties and stresses when compared to all mothers, yet perhaps this has been little recognised or supported in the past. Equally, there are many critical differences. Individual mothers, adopted children and adoptive families may need variable degrees of support at different times across the adoption lifecycle to cope adequately with these similarities and differences.

Implications For Social Work Practice

One important implication for practice is the acknowledgment and examination by adoption professionals of some adoptive mothers' dissatisfaction with professional services during the adoption process and in the post adoption period. This would include recognition that the consumer's view "is not just an interesting aside" (Howe 1987,3) but is an integral part of social work practice. Further, developing an open trusting relationship in order to explore this consumer view, and provide support, seems vital. Robinson (1978) states that the language of social work is

filled with terms which exemplify the individuality and importance of clients, and promote the need to be concerned with the client's world view. Yet the practice of social work may not fully incorporate this ideology in real terms. Rather, as members of the community influenced by cultural texts, professional social work practice may merely reflect uncritically the dominant ideology. It is vital a consumer view informs social work practice with adoptive mothers. It is recommended that there be scrutinisation of the values currently governing adoption processes. Recognition is needed of the existence of values which may not be theoretically consistent, but rather are conflicting values, and further, that such conflicting values may not be consistent with good social work practice. Past adoption practices often may have been influenced by discordant social values and discordant social and psychological theories. The absence of a well developed theoretical body of adoption knowledge may have constrained adoption practice and adoption practitioners.

What needs greater recognition is that while principles of self-determination underpin social work values, where adoption workers are called upon to decide on the outcome for a key life event for adoption applicants, deciding whether to withhold or grant the opportunity to parent, the principle of client self-determination cannot be upheld. Comprehensive pre-adoption education programs empowering applicants to engage fully as active partners in the adoption process, and greater encouragement of self-selection at the completion of such programs may in turn empower adoption workers to better adhere to their professional principles and values.

Improvements to social work practice and adoption practice could be enhanced with the promotion of wide-ranging in-service training. Such training could include consciousness raising and further specialist training of social workers in the role of adoption professional, to increase their sensitivity and perception of the needs of adoptive mothers (and other members of the adoption circle), and for the development of a "client's perspective" of the adoption process. It is further considered that the incorporation of the ideologies of feminist practice would facilitate a greater understanding of adoptive mothers. Such a premise would serve to highlight the feelings of powerlessness experienced by some adoptive mothers, and would identify their need for greater, more open communication and more equal status during adoption processes. It would also serve to highlight adoptive mothers' need for reassurance and

encouragement, particularly concerning any surprising, unexpected feelings and emotions which may be experienced in the early post adoption period and throughout the adoption life cycle. Examination of emerging local and international research findings in adoption seems a necessary part of ongoing training, as does increased awareness of infertility and its varying impact, how to best meet the needs of adoptive families (and birth families) across the adoption lifecycle including times of reunion, and skills and strategies for community education. Further, continuing education for social workers appears vital, in order that they continually increase and update the knowledge base which informs their practice. Encouragement of mentor/protégé worker relationships may be beneficial to workers and clients. Greater ongoing, open, honest, informed and critical debate, with regards to adoption theories, differing international adoption practices and adoption practice across Australian states, appears vital for informed professional workers and an informed community.

What also is needed is greater community education and acceptance of family forms not necessarily based on kinship ties. Therefore it is recommended that adoption workers advocate for community education to combat inappropriate societal values and attitudes related to the absoluteness and supremacy of blood ties for rewarding relationships.

Support could extend to include associated issues such as advocating equality of conditions for adoptive mothers concerning working mother status, and equity of services such as parental leave, which appeared to be available in the workplaces of some adoptive mothers and not others.

Additionally, greater insight into the many enormous culturally-sanctioned beliefs, expectations and pressures inherent in the mothering role is vital. What also must be encouraged is a much broader conceptualisation of maternal distress and depression and its potential impact on the whole adoptive family. This could be achieved through exploration of the prevailing theoretical explanations concerning maternal distress and depression, and the values underpinning such explanations.

Implications For Research

As presented earlier Hapgood (1984,68) comments that in considering the term "knowledge base" with regard to any form of professional practice, it is important to distinguish between the knowledge gained from research, and

knowledge held by skilled practitioners. Whilst not denying there is a wealth of worker expertise in adoption agencies, Hapgood's review "suggests that social workers engaged in adoption practice operate within a very restricted knowledge base", as documented, evaluated or validated through research (Hapgood 1984,78).

Adoption

It appears that the strong value base which has largely shaped a policy and practice seeking to encourage the modelling of biological parenting, together with the emphasis on secrecy, may have inhibited research on the reality of how adoption is experienced by the adoptive families. It would seem appropriate that future research in adoption explore adoptive relationships and how adoption impacts on all members of the adoption circle. Informed adoption practice must rely on new, innovative and evaluative research to direct practice which is reflective of, and sensitive to the needs of all players in adoption. Further research examining adoptive parenting, including the role of adoptive fathers, appears needed, as does research concerning the changing face of adoption, the changing role of adoptive parents, the changing needs of birth parents, outcomes for international cross-cultural adoptions, and community attitudes to adoption and the extent to which these attitudes impact on adoptive relationships (including cross-cultural adoptive relationships). Further research is needed concerning the evaluation of the impact on adoptive families and adoptive relationships of policies allowing access to identifying information.

Maternal Depression

Research which appears to be equally vital is that documenting the exact nature of the experience of maternal depression for all new mothers (as recommended in the Queensland Women's Health Policy (1993,22) and the Queensland Mental Health Plan (1994,72)). Such research should involve a multidisciplinary approach and should resist taking a narrow focus based on traditional, convenient, readily accepted assumptions. Rather it should seek to address and challenge such assumptions, seeking also to document and highlight the huge range of sociocultural factors impinging on new mothers' transition to motherhood, and to highlight inconsistencies and contradictions in the scientific literature on postnatal

depression. In particular, there is a need for further research on the effect of sleep deprivation for mothers (and broken sleep cycles in babies). Further, examination of babies' behaviours and babies' health conditions, and how these impact on new mothers' attitudes and emotions and on the mother-baby relationship, is needed. The value of inclusion of such items on scales developed to detect postnatal distress and depression is indicated in this study.

It is considered most important that the aim of any such research must be to retain a focus on the attainment of knowledge, questioning for whom research is undertaken, and what function it serves, rather than focusing on the development of more rigorous measurement scales. It is recommended that research undertaken should also include investigation into the possible inappropriate use of medical diagnosis and labelling to identify a postnatal condition which is not necessarily biologically based, and may largely require the examination of sociocultural and environmental constraints, rather than medical intervention. Such research may therefore have major implications for social work practice, and the practice of associated health professionals, concerning the most effective, appropriate intervention strategies for the treatment of maternal distress.

It would seem imperative that any of the recommended future research be undertaken using a methodology which upholds the dignity and worth of women and gives validation to their experiences. Additionally, it is considered most important that the results of such research be disseminated not only through the professional literature, but also through the more popular literature where possible. In this way the above recommendations will assist in greater consumer knowledge.

Conclusions

These conclusions and recommendations are the culmination of the documentation of the experiences and needs of adoptive mothers at significant points across the adoption life cycle, and the analysis of the resulting data. Such information appears to be available in the adoption literature only to a very limited degree.

Due to the preferred methodology, the participants were able to define the nature of their experiences, and have made recommendations for improvement to adoption services, in their own terms. The use of several

more quantitative measures assisted in expanding and enriching the data. Consequently, the resultant qualitative and quantitative data provided a detailed, informative and very useful picture of the lived experiences of adoptive mothers. It is considered that the emergent new concepts and models for understanding adoptive mothers' experiences, the conclusions and recommendations, and the theoretical analysis are most relevant, are grounded in, and, have emerged from, the research findings and can contribute to improved adoption practice.

In conclusion it is hoped that this study will contribute to a heightened awareness of the varying impact of adoption processes on adoptive mothers, of the varying impact of the life event of motherhood for adoptive mothers and of the many similarities and the differences of experience for adoptive mothers who undertake to mother adopted children for a lifetime.

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APPENDIX I

Letter Of Introduction 1: Adoption Research

Dear Adoptive Mother,

While in the past adoption has been the topic of research, it has most often focused on the positive or negative effects of adoption for adoptees, or more recently, on the experiences of birth mothers. However, the experiences of adoptive mothers seems to have been of lesser concern. I am undertaking research in order to document the experiences of adoptive mothers, equally important, yet seemingly neglected members of the adoption triad.

This research has grown out of an earlier, smaller study undertaken in North Queensland. It will examine adoptive mothers' experiences of the whole adoption process, and will highlight in particular, the similarities and differences of their experiences of mothering, as compared to those of all new mothers. Another section of the research will examine the thoughts and experiences of adoptive mothers as their children reach the age when information concerning their past is available. I believe that when completed, this important study will fill a current gap in the literature on the adoptive mothers' perspective of adoption.

This initial contact has been made anonymously through the Department of Family Services. If you would be willing to share your experiences of the adoption process, and of new motherhood, and the role of mothering, I am very interested to have further contact with you. All information will be treated with the strictest confidence.

For further information concerning the research, please contact me at:

The Department of Social Work and Community Welfare,
James Cook University of North Queensland, 4811.
Ph. (077) 815158 (w), or (077) 726523 (h)

Yours Faithfully

Susan Gair

APPENDIX II

Letter from Department of Family Services to Participants

224 7602

Mr Malcolm Campbell

Adoption Section

Dear Mr and Mrs

The Department of Family Services and Aboriginal and Islander Affairs has agreed to distribute the enclosed letter on behalf of Ms Susan Gair, a Social Work student, who for her doctoral thesis is researching adoptive mothers' adjustment to parenthood as compared to those of all mothers.

The research Ms Gair is undertaking is, as she explains in her letter, to be undertaken in the strictest confidence. This research is not being conducted under the auspices of the Department of Family Services and Aboriginal and Islander Affairs. The Department is also neither funding nor sponsoring this research, but has agreed to advise adoptive parents that it is occurring.

I would like to stress to you that Ms Gair has not been given access to your name or address and that the decision to participate or otherwise in her research is entirely your own.

Adoptions Section is sending Ms Gair's letter to all new adoptive parents who have adopted since 1st February, 1991, and who have made a second application to adopt.

Yours sincerely,

Mary P. Twomey (Ms)

Manager

Adoptions Section

APPENDIX III

Letter Of Introduction 2: Adoption Research

(forwarded to several Queensland adoption groups
for publication in their newsletters)

Dear Adoptive Mother,

Whilst in the past Adoption has been the topic of research, it has most often focused on the positive or negative effects of adoption for adoptees, or more recently, on the experiences of birth mothers. However, the experiences of adoptive mothers seems to have been of lesser concern. I am undertaking research in order to document the experiences of adoptive mothers, equally important, yet seemingly neglected members of the adoption triad.

This research has grown out of an earlier, smaller study undertaken in North Queensland. One section of the current research will examine adoptive mothers' experiences of the adoption process, and will highlight in particular, the similarities and differences of their experiences of mothering, when compared to those of all new mothers.

This section of the research will examine the thoughts and experiences of adoptive mothers as their children reach the age when information concerning their past is available, and they face the outcome of this. I believe that when completed, this important study will fill a current gap in the literature on the adoptive mothers' perspective of adoption.

If you are willing to share your experiences of the adoption process, I am very interested in having contact with you. All information will be treated with the strictest confidence.

For more information concerning the research, please contact me at:

The Department of Social Work and Community Welfare,
James Cook University of North Queensland, 4811.
Ph. (077) 815158 (w), or (077) 726523 (h)

Yours Faithfully

Susan Gair

APPENDIX IV

Media Release

Myths and Adoptive Motherhood.

A Social Work research student is attempting to lift the veil that shrouds adoptive motherhood. Ms Susan Gair, a PhD student at James Cook University, is directing her doctoral research to the topic of adoptive mothering and she urges adoptive mothers, whom she sees as important yet hidden members of the adoption circle, to take part in the research.

Ms Gair said that "adoptive mothers are a unique group of mothers who nevertheless shared with many mothers, the joys, excitement, anxieties and frustrations of new motherhood". Yet often this may not be openly recognised, nor it appears, are adoptive mothers always accepted in this light.

Additionally, recent adoption legislative changes may trigger feelings that in reality adoptive mothers had not received lifelong permission of entry to the status of motherhood as promised. Ms Gair hopes her research will help to highlight some of the differences, similarities, dilemmas and myths associated with adoptive motherhood.

APPENDIX V

Interview Schedule

Interviews were conducted with two groups of adoptive mothers. These were adoptive mothers with infants and young babies, and adoptive mothers with children entering the teenage years or older children. Depending on the question areas appropriate to the group, the items below were used to guide but not constrain the interview process.

Topic Areas-

- * Where applicable, feelings associated with the realisation that the participant and her partner were an infertile couple,
- * Feelings during the waiting period,
- * Feelings at the time of notification that a baby was available,
- * Preparation for the role of mother,
- * Issues of bonding and breastfeeding,
- * Feelings about the mothering identity and role,
- * Expectations versus reality in motherhood,
- * Issues of workload, sleep deprivation, and the demands of a baby,
- * Stresses or ill health of the mother or the baby in the early post adoption period,
- * Community attitudes to adoption,
- * The adoption process,
- * Significant issues across the adoption life cycle,
- * The implications and the impact of recent adoption legislative changes on the lives of adoptive mothers,
- * Feelings concerning the availability of information to adoptees and birth parents, and concerning contact with birth family relatives,
- * Adoptive mothers' experiences of their adopted children reuniting with birth family relatives.

APPENDIX VI**The 10 item Edinburgh Postnatal Depression Scale
(Minimally Adapted)****1. Were you able to laugh and see the funny side of things?**

As much as I always could
Not quite so much
Definitely not so much
Not at all

2. Did you look forward with enjoyment to things?

As much as ever
Rather less than I used to
Definitely less than I used to
Hardly at all

3. Did you blame yourself unnecessarily when things went wrong?

Yes, most of the time
Yes, some of the time
Not very often
No, never

4. Were you worried or anxious for no apparent reason?

No, not at all
Hardly ever
Yes, sometimes
Yes, very often

5. Did you feel scared or panicky for no apparent reason?

No, not at all
Hardly ever
Yes, sometimes
Yes, very often

6. Were things getting on top of you?

Yes, most of the time I was not coping
Yes, some of the time I was not coping as well as usual
No, most of the time I have coped quite well
No, I have been coping as well as ever

7. Were you so unhappy you had difficulty sleeping?

Yes, most of the time
Yes, sometimes
Not very often
No, not at all

8. Were you sad or miserable?

Yes, most of the time
Yes, quite often
Not very often
No, not at all

9. Were you so unhappy you were crying?

Yes, most of the time
Yes, quite often
Only occasionally
No, never

10. Have you ever thought of harming yourself?

Yes, quite often
Sometimes
Hardly ever
Never

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APPENDIX VII

The Holmes and Rahe Social Re-adjustment Rating Scale

Life Change Assessment

<u>Life Event</u>	<u>Mean Value</u>	<u>Your Value</u>
1. Death of spouse	100	.....
2. Divorce	73	.....
3. Marital separation	65	.....
4. Jail term	63	.....
5. Death of close family member	63	.....
6. Personal injury or illness	53	.....
7. Marriage	50	.....
8. Fired at work	47	.....
9. Marital reconciliation	45	.....
10. Retirement	45	.....
11. Change in health of family member	44	.....
12. Pregnancy	40	.....
13. Sex difficulties	39	.....
14. Gain a new family member	39	.....
15. Business readjustment	39	.....
16. Change in financial state	38	.....
17. Death of a close friend	37	.....
18. Change to a different line of work	36	.....
19. Change in number of arguments with spouse	35	.....
20. Mortgage over \$10,000	31	.....
21. Foreclosure of mortgage loan	30	.....
22. Change in responsibilities at work	29	.....
23. Son or daughter leaving home	29	.....
24. Trouble with in-laws	29	.....
25. Outstanding personal achievement	28	.....
26. Wife begins or stops work	26	.....
27. Begin or end school	26	.....
28. Change in living conditions	25	.....
29. Revision of personal habits	24	.....
30. Trouble with boss	23	.....
31. Change in work hours or conditions	20	.....
32. Change in residence	20	.....
33. Change in schools	20	.....
34. Change in recreation	19	.....
35. Change in church activities	19	.....
36. Change in social activities	18	.....
37. Mortgage or loan less than \$10,000	17	.....
38. Change in sleeping habits	16	.....
39. Change in number of family get-togethers	15	.....
40. Change in eating habits	15
41. Vacation	13
42. Christmas	12
43. Minor violations of the law	11

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APPENDIX VIII

Interview Schedule For Social Interaction (ISSI)

First, I want to get some idea of the people around you in your life. This includes those you are closest to - your family, friends and neighbours - all the people you may meet from day to day. These first questions will be about people you know a little, but who are not close friends.

1. Now let's consider people you exchange a word or two with; that is, someone serving you in a shop or in an office, but whom you normally don't see apart from at their work. Most days, how many people like this do you see?

None 1
 1 - 2 2
 3 - 5 3
 6 - 10 4
 11 - 15 5
 More than 15 6

2. Would you like more or less of this or is it about right?

Less 1
 About right 2
 More 3

I shall be asking this sort of question throughout this section - would you want more or less of this or is it about right.

3. On most days, how many people do you see whom you know just a little, to smile or wave to, or to say good morning to? People you do not know well - you may not know their names-but you greet each other when you pass by.

None 1
 1 - 2 2
 3 - 5 3
 6 - 10 4
 11 - 15 5
 More than 15 6

4. Is this about right for you, or do you wish you saw more of fewer such people?

Less 1
 About right 2
 More 3

5. These days, how many people with similar interests to you do you have contact with?

None 1
 1 - 2 2
 3 - 5 3
 6 - 10 4
 11 - 15 5
 More than 15 6

6. Would you like more or less of this or is it about right? (persons, duration or frequency)

Less 1
 About right 2
 Depends on the situation 3
 More 4

7. On your job, do you usually work with others or alone?

Not employed (Go to Q. 10) 0
 With others 1
 Depends on the situation 2
 Alone 3

8. How often do you go out with the people at work?
- | | |
|--------------------------|---|
| Never | 0 |
| Once a year | 1 |
| A few times a year | 2 |
| Monthly | 3 |
| Weekly or more | 4 |
| Not applicable | 9 |
9. Would you like to go out together more or less than you do, or is this about right?
- | | |
|--------------------------------|---|
| Less | 1 |
| About right | 2 |
| Depends on the situation | 3 |
| More..... | 4 |
| Not applicable | 9 |
10. In an ordinary week, how many people whom you know would you say you have contact with?
- | | |
|-------------------|---|
| None | 1 |
| 1 - 2..... | 2 |
| 3 - 5..... | 3 |
| 6 - 10..... | 4 |
| 11 - 15..... | 5 |
| More than 15..... | 6 |
11. Would you like more or less of this or is it about right for you? (persons, duration or frequency)
- | | |
|--------------------------------|---|
| Less | 1 |
| About right | 2 |
| Depends on the situation | 3 |
| More..... | 4 |
12. At present, do you wish there were more, or less or are there about the right number of people in your day-to-day life?
- | | |
|--------------------------------|---|
| Less | 1 |
| About right | 2 |
| Depends on the situation | 3 |
| More..... | 4 |
13. I have been talking about people you may know a little but not call them all close friends. At this time last year, would you have said there were more such people in your life than now, fewer than now, or about the same number as now?
- | | |
|---------------------------------|---|
| Fewer last year, more now | 1 |
| Same | 2 |
| Depends on the situation | 3 |
| More last year, fewer now..... | 4 |
- Now I would like you to think about people you are close to who live in or near (this town). Close friends who are near enough physically so you can see them whenever you wish.
14. How many friends do you have who could come to your home at any time and take things as they find them - they wouldn't be embarrassed if the house were untidy or you were in the middle of a meal.
- | | |
|-------------------|---|
| None | 1 |
| 1 - 2..... | 2 |
| 3 - 5..... | 3 |
| 6 - 10..... | 4 |
| 11 - 15..... | 5 |
| More than 15..... | 6 |
15. Would you prefer more or less of this or is it about right for you?
- | | |
|--------------------------------|---|
| Less | 1 |
| About right | 2 |
| Depends on the situation | 3 |
| More..... | 4 |
16. How many friends do you have whom you could visit at any time, without waiting for an invitation. You could arrive without being expected and still be sure you would be welcome.
- | | |
|-------------------|---|
| None | 1 |
| 1 - 2..... | 2 |
| 3 - 5..... | 3 |
| 6 - 10..... | 4 |
| 11 - 15..... | 5 |
| More than 15..... | 6 |

17. Would you like to have more or fewer friends like this, or is it about right for you?
- | | |
|--------------------------------|---|
| Less | 1 |
| About right | 2 |
| Depends on the situation | 3 |
| More..... | 4 |
18. Overall, would you say you belong to a close circle of friends - a group of people who all keep in close touch with each other - or not?
- | | |
|--------------------------|---|
| Yes | 1 |
| Qualified response | 2 |
| No | 3 |
19. Would you like more or less of this or is this right for you? (persons, duration or frequency)
- | | |
|--------------------------------|---|
| Less | 1 |
| About right | 2 |
| Depends on the situation | 3 |
| More..... | 4 |
20. People differ in how much they need friendship. Would you say you are the sort of person who can manage without friends or not?
- | | |
|--|---|
| Cannot manage without friends
(Go to Q. 21) | 1 |
| Depends on the situation | 2 |
| Can manage without friends | 3 |
- A. Do you prefer to do without friends or would you prefer to have them?
- | | |
|----------------------|---|
| Do without | 1 |
| Have them | 2 |
| Not applicable | 9 |
- Now please think about all the people in your life who live in or near (this town). This includes the people you live with, your family and your friends.
21. Among your family and friends, how many people are there who are immediately available to you whom you can talk with frankly, without having to watch what you say?
- | | |
|---------------------------|---|
| None (Go to Q. 21D) | 1 |
| 1 - 2 | 2 |
| 3 - 5 | 3 |
| 6 - 10 | 4 |
| 11 -15 | 5 |
| More than 15 | 6 |
- A. Would you like to have more or less people like this or is it about right for you?
- | | |
|--------------------------------|---|
| Less | 1 |
| About right | 2 |
| Depends on the situation | 3 |
| More..... | 4 |
| Not applicable | 9 |
- B. With the one (those) you have, would you like to feel more free to be frank or is it about right?
- | | |
|--------------------------------|---|
| About right | 1 |
| Depends on the situation | 2 |
| More free..... | 3 |
| Not applicable | 9 |
- C. Who is this mainly?
(Go to Q. 22)
- D. Do you wish there were someone or not?
- | | |
|----------------------|---|
| Yes | 1 |
| Don't know | 2 |
| No | 3 |
| Not applicable | 9 |
22. If something unpleasant or irritating happens and you get upset or angry about it, do you have someone you can go to who isn't involved and tell them just how you feel, or not?
- | | |
|---|---|
| Yes | 1 |
| Depends on the situation | 2 |
| No (Code 0 for number,
and go to Q. 22C) | 3 |

- A. How many people like this are there?
Number -
- B. Do you wish you had more or fewer people like this or is this about right?
Fewer 1
About right 2
Depends on the situation 3
More 4
Not applicable 9
- (Go to Q. 23)
- (If no one)
- C. Is there no-one you can go to in that situation or do you prefer to keep such things to yourself?
No one 1
Depends on the situation 2
Keep things to yourself 3
Not applicable 9
23. These last questions were about close friends and people you know really well. At this time last year, did you have more or fewer people or about the same number?
Fewer last year, more now 1
Same 2
Depends on the situation 3
More last year, fewer now 4
24. And would you say that the quality of friendship you had a year ago was as good, less good, or better?
Less good a year ago 1
Same (Go to Q. 25) 2
Depends on the situation 3
Better a year ago 4
- A. What would you say is the main reason for this? (Record verbatim)
25. Now I want you to think about everybody in (this town) to whom you are close. Considering those you live with, your family and friends, who above all would you say you are closest to, fondest of, most attached to? Who would be next? Anyone else?.
26. Would you say you have a single, lasting relationship, someone you intend to go on sharing your life with or not?
No one (Go to Q. 26C) -
Yes -
- A. Who is this ?
- B. Do you wish you felt more certain of this or not?
Yes 1
No 2
Not applicable 9
- (Go to Q. 27)
- (If no one)
- C. Do you wish there were someone or do you prefer to be unattached right now?
Wishes there was someone 3
Don't know 2
Prefers to be unattached 1
Not applicable 9
27. Is there anyone very important to you whom you are no longer in close touch with?
No (Go to Q. 28) -
Yes -
- A. Who is it?
- B. Why don't you see him/her any more?
Died 1
Moved away 2
Conflict 3
Other (specify) 4
Not applicable 9

- C. When did this occur?
- Months ago -
Year ago -
- (If died)
- D. Would you say you still think about this person?
- Not at all 1
A little 2
Most days 3
All the time 4
Not applicable 9
28. May I ask if anyone (or anyone else) close to you has died in the last few years?
- No (Go to Q. 29) -
Yes -
- A. Who was it?
- B. When was that?
- Months ago -
Years ago -
- C. Would you say you still think about this person?
- Not at all 1
A little 2
Most days 3
All the time 4
Not applicable 9
29. Now I would like to ask if there is anyone who lives in or near (this town) who knows you very well as a person. (This includes friends as well as family members.)
- No one (Go to Q. 29E) 1
Yes (qualified) 2
Yes 3
- A. Who is this?
- B. Would you say _____ really knows you very well indeed?
- Yes 1
No 2
Not applicable 9
- C. Do you wish _____ did not know you quite so well, knew you better, or is it about right?
- Less 1
About right 2
Depends on the situation 3
Better 4
Not applicable 9
- D. Would you like to have someone else like this or not?
- Yes 1
Don't know 2
Depends on the situation 3
No 4
Not applicable 9
- (Go to Q. 30)
- (If no one)
- E. Do you wish there were someone or not?
- Yes 1
Don't know 2
No 3
Not applicable 9
30. Is there any particular person you feel you can lean on?
- No one (Go to Q. 30D) 1
Yes, but don't need anyone 2
Yes 3

A. What is his/her name?

B. Would you like to be able to lean more or less on _____ ?

Less	1
About right	2
Depends on the situation	3
More.....	4
Not applicable	9

C. Would you like to have someone else like this or is he/she enough?

Yes	1
Don't know	2
Enough	3
Not applicable	9

(Go to Q. 31)

(If no one)

D. Is it that you have no need for such a person or do you wish there were someone?

Wish there were	1
Don't know	2
No need	3
Not applicable	9

31. Do you feel there is one particular person who feels very close to you?

No one (Go to Q. 31D)	1
Not sure	2
Yes	3

A. Who is this mainly?

B. Would you like _____ to feel closer, or not so close to you,
or is it about right the way it is?

Closer	1
About right	2
Depends on the situation	3
Not so close	4
Not applicable	9

C. Would you like to have more or fewer people like this or is this about right?

Fewer.....	1
About right	2
More.....	3
Not applicable	9

(Go to Q. 32)

(If no one)

D. Do you wish there were someone or not?

Yes	1
Don't know	2
No	3
Not applicable	9

32. When you are happy, is there any particular person you can share it with - someone whom you feel sure will feel happy simply because you are?

No one (Go to Q. 32D)	0
Yes	1

A. Who is this mainly?

B. Would you like to feel this more with _____ or is it about right?

About right	1
More.....	2
Not applicable	9

C. Would you like to have someone else like this or is this enough?

Yes	1
Don't know	2
Enough	3
Not applicable	9

(Go to Q. 33)

(If no one)

D. Do you wish there were someone or not?

Yes 1
 Don't know 2
 No 3
 Not applicable 9

33. At present, do you have someone you can share your most private feelings with (confide in) or not?

No one (Go to Q. 33D) 0
 Yes 1

A. Who is this mainly?

B. Do you wish you could share more with _____ or is it about right?

About right 1
 Depends on the situation 2
 More 3
 Not applicable 9

C. Would you like to have someone else like this as well, would you prefer not to use a confidant, or is it just about right for you the way it is?

Prefers no confidant 1
 About right 2
 Depends on the situation 3
 Like someone else as well 4
 Not applicable 9

(Go to Q. 34)

(If no one)

D. Would you like to have someone like this or would you prefer to keep your feelings to yourself?

Keep things to self 1
 Like someone 2
 Not applicable 9

34. Are there ever times when you are comforted by being held in someone's arms or not?

No (Go to Q. 34C) 0
 Yes 1

A. By whom mainly?

B. Is there anyone you'd like to comfort you more in this way or is it all right the way it is?

All right as is 2
 Yes 1
 Not applicable 9

(Go to Q. 35)

C. Is this because there is not one to hold you or because you prefer not being comforted that way?

No one 2
 Prefer is that way 1
 Not applicable 9

35. Now, I have been talking about those persons (the person) who are (is) closest to you. At this time last year, would you say that you and _____ were closer, less close, or about the same?

(Code these on the Attachment Table. Ask about each of the first 4 people mentioned regardless of the question which elicited the information.)

(If response is not "about the same" for all 4 people, ask Q. 35A)

A. What would you say are the main reasons for the change?

45. Would you like more of this, or less, or is it about right?
 Less 1
 About right 2
 Depends on the situation 3
 More..... 4
46. Are there people around from whom you can easily ask small favours? Such as people you know well enough to borrow tools or things for cooking.
 No (Code 0 for number, and go to Q. 47) -
 Yes -
- A. How many? Number -
47. Would you like to have more of this, or less, or is it about right?
 Less 1
 About right 2
 Depends on the situation 3
 More..... 4
48. (Apart from those at home) are there people in (this town) to whom you can turn in times of difficulties? Someone you can see fairly easily whom you could trust and whom you could expect real help from in times of trouble.
 No (Code 0 for number, and go to Q. 49) -
 Yes -
- A. How many? Number -
49. Do you wish you had more of such help available or is it about right?
 About right 1
 Depends on the situation 2
 More..... 3
50. When things are difficult, do you find it more helpful to be with someone or to be by yourself?
 Be with someone 1
 Depends on the situation 2
 Be by yourself 3
51. How many people whom you have to see regularly do you dislike?
 Number (if none, code 0) -
52. Recently, have some things been unpleasant for you with any people outside your home?
 No 2
 Yes 1

APPENDIX IX

Participant/Researcher Contract and Consent Form

This study is currently being undertaken for the purpose of gaining a better understanding of the mothering experiences of adoptive mothers. Participation in this study will involve two interviews of two hours duration, to be conducted approximately eight weeks apart, during the period May to September, 1994.

Participation in this study is voluntary, and you are free to withdraw at any time. You are also free to refuse to discuss any issues you do not wish to discuss. This interview will remain confidential and identifying information will not be made available to anyone. Excerpts from this research data may become part of the final research thesis, however no identifying information will be included. Please accept my thanks and appreciation for your willingness to participate.

CONSENT

I agree to participate with the knowledge that the above conditions will be strictly adhered to in this research.

.....

Participant

.....

Researcher

APPENDIX X

The 10 item Edinburgh Postnatal Depression Scale (Scored)

Distribution of scores

Score		Total
	1. Were you able to laugh and see the funny side of things?	
0	As much as I always could	10
1	Not quite so much	2
2	Definitely not so much	5
3	Not at all	2
	2. Did you look forward with enjoyment to things?	
0	As much as ever	12
1	Rather less than I used to	4
2	Definitely less than I used to	1
3	Hardly at all	2
	3. Did you blame yourself unnecessarily when things went wrong?	
3	Yes, most of the time	7
2	Yes, some of the time	2
1	Not very often	4
0	No, never	6
	4. Were you worried or anxious for no apparent reason?	
0	No, not at all	6
1	Hardly ever	3
2	Yes, sometimes	4
3	Yes, very often	6
	5. Did you feel scared or panicky for no apparent reason?	
0	No, not at all	9
1	Hardly ever	3
2	Yes, sometimes	5
3	Yes, very often	2
	6. Were things getting on top of you?	
3	Yes, most of the time I was not coping	3
2	Yes, some of the time I was not coping as well as usual	9
1	No, most of the time I have coped quite well	5
0	No, I have been coping as well as ever	2

7. Were you so unhappy you had difficulty sleeping?

3	Yes, most of the time	0
2	Yes, sometimes	2
1	Not very often	1
0	No, not at all	16

8. Were you sad or miserable?

3	Yes, most of the time	0
2	Yes, quite often	2
1	Not very often	7
0	No, not at all	10

9. Were you so unhappy you were crying?

3	Yes, most of the time	0
2	Yes, quite often	1
1	Only occasionally	7
0	No, never	11

10. Have you ever thought of harming yourself?

3	Yes, quite often	0
2	Sometimes	2
1	Hardly ever	0
0	Never	17

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