Adopted Women as Mothers:
through the filter of adoption experience.

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ABSTRACT

Adoption in one form or another has always been part of the fabric of Australian society and thousands of adoptions have been legalised in the State of Victorian since the proclamation of its first adoption legislation in 1928. Despite a growing body of international knowledge about the life outcomes for those with an adoption status little is known about the experiences of adopted women at the life stage of parenting children. This research will contribute to redressing this deficiency.

The current inquiry has heard directly from twenty-one Victorian women about their own lived experience as mothers. To answer the research question that was posed, semi-structured interviews were conducted with sixteen participants. The resulting qualitative data was analysed in a variety of ways, initially through examination of each participant interview and then across interviews, using thematic content analysis. The codes, categories and themes that resulted were evaluated by a focus group of five participants who had not taken part in the interviews and also by two independent, social work inter-raters.

The study shows that each participant was an experienced mother with children spanning a number of developmental stages of childhood. Each woman was well embedded within the normative range of Australian mothers in terms of the stability of partnerships, education level and employment trends, and their approaches to parenting were consciously informed by their adoption status.

Mothering emerges as a time of confrontation and review for this group of women. Through their own children's childhoods, they engaged with memories of their early lives and the losses they and their own two mothers had experienced. Biological parenthood was the first choice for each woman in this study, and all expressed a high level of commitment to their family of procreation. They consciously sought to be the 'best mothers' they could be and to actively address any issue that might negatively impact on achieving this. The desire to be a good a parent, the values that informed their mothering and the models of mothering that they drew upon, included a strong wish to provide a sense of familial continuity and membership for their children.

Being a parent also raised complexities associated with personal identity that prompted further exploration of their adoption through obtaining records, seeking contact with birth family members and participating in counselling. In turn this had implications for their emotional wellbeing and the complexity of social relationships that then had to be negotiated.

The inquiry extends our understanding and sheds new light on the complex interplay between adoption status and the negotiation of the life stage of motherhood for adopted women. It points to the importance of understanding their support needs at this time, and suggests ways for including an adoption perspective in the assessment and intervention practices of social workers. This inquiry also has the potential for informing other areas of social work concern such as out of home care and assisted reproductive technologies.

DECLARATION

This thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

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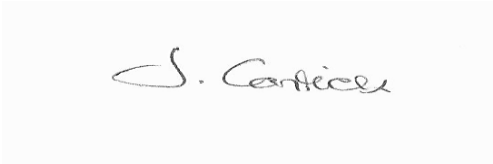

Date: 22 June 2016

The undersigned hereby certify that the above declaration correctly reflects the nature and extent of the student and co-authors' contributions to this work.

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Date: 22 June 2016

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Table of Contents

List of Figures

List of Tables

Dedication

This thesis is dedicated to my husband Phil Conrick with heartfelt thanks for his encouragement and constancy throughout the research process. It is also dedicated to Dr Alan Craddock and Professor Emeritus Len Tierney (1925-1996) for their past mentoring and invitations to a world not dreamed of, and to my parents who set me on the road.

My dear children, their partners and grandchildren have patiently made room for this other child and been prepared to share. Thank you.

The Road goes ever on and on

Down from the door where it began.

Now far ahead the Road has gone,

And I must follow, if I can,

Pursuing it with eager feet,

Until it joins some larger way

Where many paths and errands meet.

And whither then? I cannot say.

(Excerpt from JRR Tolkien 1954, *The Lord of the Rings*, Allen & Unwin, London, pp. 86-87).

CHAPTER 1 Prologue

1.1 Introduction

Adoption in one form or another has been known to exist in Western societies since the Code of Hammurabi (approximately 1772 BC, Babylon) and the Codex Justinian (5th century AD, Roman); and references to its practice are present in literature in such plays as Sophocles' tragedy 'Oedipus the King', Shakespeare's 'A Winter's Tale' and in Christian Biblical stories like that of Moses (Palacios & Brodzinsky 2010). Medieval British parish registers record the movement of children between households referring to the use of informal, 'adoption like' placements (Maddern 2010), a practice that continued into Victorian times in England (Walker 2006, p. 213). Throughout history the purposes for which adoption has been used have been many and varied, including the cementing of family ties and political alliances, ensuring succession, rescuing children from poverty and illegitimacy, and saving women from the disgrace of single parenthood. In the last century Western societies have also used adoption as a solution to infertility for childless couples (Quartly, Swain & Cuthbert 2013).

Since 1896 when the first Australian adoption legislation was proclaimed in Western Australia, over 250,000 adoptions have been recorded throughout the country (Senate Community Affairs Reference Committee [SCARC] 2012) with more than 64,000 having taken place in the State of Victoria (FIND & Connect 2015). While mid-twentieth century adoption was often characterised by the severance of all ties between child and biological family, within a closed, confidential system, adoption was not always a secretive status and the adopted person was not necessarily required to cut ties with their family of origin (Burguiere et al. 1996; Palacios & Brodzinsky 2010). Never-the-less little is known of the life course of adult adopted people generally and their needs largely remain hidden. The experiences of adopted women as they mother their own children (whether these children are born to them or are socially related) is one of the areas that has received little detailed attention in the research literature and this study seeks to address this gap.

The current research study introduced in this chapter, has heard from twenty-one adopted women in the State of Victoria in Australia[1], who still have children living at home, about their own lived experiences as mothers. The transcripts from sixteen semi-structured interviews have been thematically analysed, and the emerging categories evaluated by a focus group of five additional women who did not participate in the interviews. Two independent inter-raters reviewed several interviews, contributing to the trustworthiness of interpretation of findings.

While each participant account is unique (impacted by their individual life histories, partnerships and social networks), shared threads of meaning run through the combined narratives. Mothering for this group emerged as a time when their commitment to their family of procreation and the raising of their children, their sense of self and their evaluation of their position within society, is reviewed and 'made sense of' through the filter of their adoption experiences. Past losses re-emerged and the impacts of their adoption status required attention and further negotiation, while never completely vanishing. What also became evident throughout the study was the impact of the research process as a therapeutic intervention for the participants, which provided insight into the support needs of adopted women at this life stage.

1.2 A Definition of Adoption

In the current Victorian *Adoption Act 1984*, adoption is described as a legal process in which: "A child becomes a member of a new family [and] the birth parents no longer have any legal rights over the child. The adopted child becomes a full member of the new family, taking their surname and assuming the same rights and privileges as a birth child, including the right of inheritance. A new birth certificate is issued [and]…the [adoption] order may include ongoing contact with the child's birth parents and other relatives" (Department of Human Services 2014).

[1]Victoria is one of Australia's six States and two Territories. It has a population of approximately five million (one million children); and its capital is Melbourne. Victoria's first adoption legislation was proclaimed in 1929 and since then over 64 thousand adoptions have occurred in this State. Adoption in Australia is and always has been a State-by-State arrangement.

Due to the Constitutional division of powers within Australia, adoption and related matters (such as consent taking, relinquishment, eligibility to adopt, ongoing contact between parties and exchange of adoption information) are a State-by-State arrangement, which leads to differences in adoption legislation and associated practices. Currently Victoria provides for the adoption of locally born children as well as those from overseas. The placement of children who are born within Australia (including Victoria) or who are permanent residents is termed 'local adoption' and such placements can be either 'known child adoptions', where the child has a pre-existing relationship with their adoptive parents (including step-parents and other relatives) or 'non-relative adoptions' where children generally have had no previous connection to their adoptive parent(s). Intercountry adoptions involve the adoption of children from overseas countries according to the requirements of The Hague Convention[2] and expatriate adoptions are not usually included in the numbers of intercountry adoptions recorded by the Australian Institute of Health and Welfare (2015). Since 28th June 2014, an amendment to the *Family Law Regulations 1998 (Bilateral Arrangements-Intercountry Adoption)* known as the *Australian Citizenship Amendment (Intercountry Adoption) Bill 2014*, permits the immediate granting of citizenship to children adopted overseas by Australian citizens.

Since 1992, the State of Victoria has favoured the use of 'Permanent Care Orders'[3] in preference to adoption. The powers of these orders are unique within Australia with no other State having an equivalent, "although the intention to provide for non-adoption permanency is common across other States and Territories" (O'Neil, Ban & Gair 2014, p. 31). The 'Permanent Care' parents are granted the legal day-to-day care of the child until they reach the age of eighteen years, and the 'Permanent Care Order' provides the child with permanency, stability and safety, while not severing their legal link to their birth family. A 'Permanent Care Order' does not require a child to be

[2]The Hague Adoption Convention 1995 is an international treaty that has to date been ratified by 90 countries. It recognises the legal status of children adopted from one country to another and it aims to prevent the illegal abduction, sale, or trafficking of children for the purpose of intercountry adoption. Australia became an official signatory to the Convention in December 1998.

[3]Originally granted under the provisions of the *Children and Young Persons* Act 1989 (Victoria) and now under the *Children, Youth and Families Act 2005* (Victoria). These are usually part of the Out of Home Care system (OoHC).

issued with a new birth certificate and they retain their legal inheritance rights to the estates of their birth parents.

It is fair to say that the current Australian adoption legislation and practices attempt to reflect the sensitive and much debated tensions between the rights of adults to be parents, the rights of children to be raised by their biological family and the role of government in the private life of families. Additionally, alterations over time to adoption legislation, draws attention to the changing social norms regarding the form that a family may take and the means by which a family is formed. This includes the modifications to the cultural significance of a biological connection to the identification of individuals as members of a family unit (Swain & Howe 1995). It is now also acknowledged that adoption is not only a legal disposition that occurs at one point in time, rather it is a lifelong experience that has varying impacts for all involved (O'Neil, Ban & Gair 2014; Palacios & Brodzinsky 2010; Phillips 2004). However little information is recorded in Australia or indeed internationally about the life course of the adopted person, and studies about adoptees have focused primarily on children and adolescents rather than on the adult adopted person (Palacios & Brodzinsky 2010, p. 279).

1.3 Study Origins and the Researcher's Position

It is the distinctive nature of social work, a practice based occupation, to seek to address suffering and disadvantage, to give voice to those who are voiceless, and to seek change within society (Simmons 2012, p. 7), a focus that dates back to the work of the early twentieth century American social worker Mary Richmond (Simmons 2012, p. 7). It seeks to focus simultaneously on the multi-layered and complex reality of a person in relation to their environment (Hartman & Laird 1983, p. 22) and to effect change "through the intervention with human beings in (their) context" (Simmons 2012, p. 7).

This study has arisen from the researcher's clinical practice as a social worker within the adoption and child and family welfare arenas in the Australian State of Victoria. Between 2000-2003 the author held a position within the 'Adoption and Family Records Service' (AFRS), Department of Human Services (DHS) which is now

known as ‘Family Information Networks and Discovery’ (FIND) through which all parties to a Victorian adoption can apply for information. Working in this area provided insight into the life journey of adopted persons as observed through their patterns of requests for information and their responses to ‘outreaches’ from biological relatives. Additionally, the writer had also spent five years working within a post-natal depression project during which time she counselled women, some with an adoption experience, who had suffered depression following the birth of a child. Reflecting on each of these social work roles raised questions about whether having an adoption experience held any significance at the time of mothering children? Turning to the literature for answers, the writer discovered a dearth of studies specifically concerned with adopted women. What literature was available suggested that adoption had implications for the psychological vulnerability, identity formation and the course of close relationships for the adult adopted person (Baden & O'Leary Wiley 2007). In 2010 the researcher conducted her Master of Social Work research study as a pilot to the current inquiry (see Chapter 2) and the subsequent findings have provided a baseline which inform this present study (Conrick & Brown 2010).

While the researcher currently works as a practitioner within the adult adoption area, she does not have a personal adoption experience. In this study she takes the position of ‘practitioner researcher’, a unique role that seeks to contribute to the evidence base of the social work profession through inquiry into the lived experience of clients, with a view to refining practice and improving the services offered (Shaw 2005). It endeavours to be an inclusive approach to professional knowledge building “that is concerned with understanding the complexity of practice alongside the commitment to empower, and to realize social justice through practice” (Salsbury Statement, p. 5).

1.4 The Study Questions

The principal question asked in this study, “what meaning do adopted women draw from their experiences of parenting their own children”, has not assumed an automatic relationship between parenting and adoption, nor has it made an assumption that the experiences of adopted women as mothers, differ from that of non-adopted women. Rather the primary question has sought to capture a sense of ‘the lived experience of the study participants’ within their contexts, and it has been composed in such a way

as to leave an opportunity for participants to describe layered and nuanced experiences, whatever they may be. However, a potential link to the adoption experiences of participants is explored in the subsidiary questions that have been asked, namely:

- How do the research participants feel and think about being a parent?
- Do participants see any link between their own adoption experiences and the parenting of their own children?
- Does the experience of parenting create changes in relationships with adoptive family members and others?
- What role do participants' partners play?
- Is the experience of parenting a time when additional emotional or other assistance is needed?

At the outset of the research process the primary question presented, focused only on the 'experiences' of the research participants. Following feedback from the Monash University Higher Research Committee that examined the Ph.D. candidate's 'Confirmation of Candidature' presentation, it was decided to re-cast the question to include the 'meaning' derived from the lived experience of the research respondents.

1.5 Study Aims and Justification

Even though the past two decades have seen a growing acknowledgement and interest in understanding and describing the lifelong impact of adoption (Penny, Borders & Portnoy 2007), the focus has primarily been on specific aspects of the adoption experience such as adoption loss or search and contact experiences, rather than on the challenges that adoption status may present for adopted persons as they negotiate the usual developmental milestones. Only a very few qualitative research studies appear to directly engage adult adoptee accounts of their lived experience and studies have often focused on clinical populations rather than research within non-clinical groups (Palacios & Brodzinsky 2010; Penny, Borders & Portnoy 2007). In Australia, it has been found that while there is a wealth of primary material about adoption matters, "there has been little systematic research" (Kenney et al. 2012, p.1) and so by implication there is little systematic knowledge about adopted women as parents.

This study has sought to contact non-clinical populations of adopted women, to hear directly from them about their lives at the time of parenting, to give their experiences a public voice and to add to an evidence informed understanding of this particular adoption cohort at this life stage.

1.6 Significance of the Study

The study takes up the recommendations of 'The Past Adoption Experiences' project (Kenney et al. 2012) and 'The Impact of Past Adoptions Report' (Higgins 2010, p. 3) that note a paucity of "reliable empirical [Australian] research" and strongly call for systematic inquiry into all areas of adoption practice and policy. While it is located only within the State of Victoria, it has potential relevance for adoption practice in other Australian States as well as internationally. The study has particular relevance for social workers, as adoption has been an historical, as well as an ongoing area within which they are employed. By developing a "more overtly interpretive analysis which positions the initial 'description' of findings in relation to a wider social, cultural and perhaps even theoretical context" (Larkin, Watts & Clifton 2006, p. 4), this research contributes to a local evidence base that can expand social work knowledge about adopted women at this life stage and promote changes in programs, policy and clinical intervention while pointing the direction for future research.
In recent years there has also been a swing towards considering adoption as a permanency option for children in the Out of Home Care System (OoHC) in NSW and in Victoria. By increasing our understanding of the life course outcomes for adults, our understanding of the issues faced by a new wave of adoptees and those children in the OoHC system, may also be deepened.

In addition knowledge from the adoption field can hold relevance for the area of donor conception, where secrecy, limited information and difficulty in communication about origins can occur, and dual membership to social and biological families is experienced. In this field access to information has been tightly legislated and research into long term outcomes for those impacted by this method of family formation, has been slow to occur (Blyth et al. 2001).

1.7 Thesis Structure

This first chapter (**The Prologue)** orients the reader to the current research. It provides background information to the study and outlines the aims, the researcher's position and the significance of the research for the adoption field and social work practice. It also provides a definition of key terms that are used throughout the thesis.

Chapter 2 places the study within a number of significant contexts. It considers the historical and social environments that have helped shape attitudes and practices in Victoria, including noteworthy legislation and inquiries; the trends in adoption practices; the nature of the social work profession and its role in the adoption arena; and the social context of mothering, motherhood and the nuclear family within a changing social notion of family structure and function. The chapter concludes with a discussion of the researcher's Master of Social Work research study which was a pilot to the current research.

Chapter 3 presents Australian and international literature about adopted women as mothers, positioning the study within the wider adoption literature concerned with adult adopted people. The chapter outlines the protocols used for the selection and review of the literature, including a framework for assessing the quality of reviewed material.

A description of the logic of approach used for this study, the epistemological and theoretical influences on the research and the contribution these make to the study design, data collection and analysis, are the concerns of **Chapter 4** and **Chapter 5**. The limitations of the study's methodology are also reflected upon in these chapters.

Chapters 6, 7, 8 and 9 present the findings of the study in relation to the key research questions. **Chapter 6** provides a broad demographic description of the study's participants which locates them well within the normative range of Australian women who are mothers, for the factors that were described. This chapter also considers the reasons the women provided for taking part in the study.

Chapter 7 considers the two childhoods experienced by participants. Each woman recalled her own childhood (childhood 1), the quality of nurturing she received and her understanding of her adoption status. It became clear that these early years were foundational to each participant's later parenting life stage, and that a number of themes that began during childhood, re-emerge at the parenting life stage. The second part of the chapter considers the participant accounts of being a mother to their own children (childhood 2); their experiences of becoming a mother; the value and meaning of children for them; their expectations of motherhood; and the models of mothering that are called upon.

Chapter 8 describes the losses that participants identify as having experienced both in childhood and as an adult, and the restoration that occurs at the time of parenting. The significance of partners as husbands and fathers and the impact of search and contact with birth family are interwoven with these accounts.

Chapter 9 discusses the participant's personal sense of self and the review that occurs at the life stage of mothering. The chapter posits an additional layer of meaning and a restructuring of personal narrative that accompanies the renegotiation of relationships with adoptive parents and siblings, and as information about their adoption and birth family members, is sought. The emotional health of participants is also considered.

At times this renegotiation is an uneasy, incomplete, complex, and adaptive space, where their position as 'mother' is reviewed within the dominant social paradigm of motherhood and primacy of blood relationships.

Chapter 10 presents the final finding of the study which is concerned with the impact and the potential therapeutic outcomes that participation in the research process can have for the respondents.

Chapter 11 is concerned with linking the findings of the investigation to the questions that were originally posed at the commencement of the research, and considering them in the context of the wider literature.

Chapter 12 provides a prologue to the study. It considers the limitations of the investigation and the implications of the study for social work practice, policy and research. It offers a model of clinical intervention that emerges from the research findings.

1.8 Definition of Key Terms

The choice of terminology and the accompanying definitions used in this thesis, recognise the sensitivities surrounding the use of language within the adoption field in Australia (SCARC 2012, p. 2). In an attempt to respectfully tread a complicated path as well as allow the reader to more easily differentiate between the different parties to an adoption, it was decided to use where ever possible the terminology and language recognised within the SCARC Report (2012, p. 6) when referring to those who have been adopted, been separated from a child or who have adopted a child themselves. Language falling outside of this report has been taken from the review of the literature (Chapter 3), or is the language used by the study participants themselves when describing their experiences. The author's apologies are extended to those who may remain dissatisfied with what follows.

adopted person: A person over the age of 18 years who was separated from their parents and legally incorporated into the family of their adoptive parents. The terms 'adopted baby', 'adopted infant' and 'adopted child' will be used when describing the adopted adult person at an earlier stage of their lives.

The term 'adoptee' is used from time to time to assist with the flow of the document.

adoption: A status and a process involving the separation of children from their parents of birth to be raised by non-biological parents (see the following definitions for 'mother', 'father', 'adoptive mother' and 'adoptive father').

adoption circle: All individuals who have a first-hand experience of adoption as well as those extended family members who are impacted by an adoption. This term takes into account the intra and inter-generational 'ripple effect' of an adoption.

adoption dissonance: Adoption dissonance is a term used by the researcher in her Master of Social Work study to refer to the ongoing dichotomies, contradictions and conflict of unreconciled ideas or situations associated with the state of being adopted. This potentially has a cumulative effect over time impinging on identity formation, educational achievement, partnerships and life satisfaction (Conrick & Brown 2010). This concept is based on Leon Festinger's notion of cognitive dissonance and is alluded to by Schechter and Bertocci (cited in Brodzinsky & Schechter 1990, pp. 80-81).

adoptive mother: The social and legally recognised mother of the adopted person.

adoptive father: The social and legally recognised father of the adopted person.

attachment: "Repeated and consistent patterns of early interaction between the infant and caretaker resulting in the internal working models of representations of relationships" (Newman 2008).

closed adoption: An adoption in which information about the parties to the adoption cannot legally be exchanged once the adoption order has been made.

contact: The process of meeting parties to an adoption following a search.

father: The biological father of the adopted person and where further clarity is needed, the term 'birth father'. The term 'birth father' is also used from time to time to assist with the flow of the document.

forced adoption**:** is a term defined by the Senate Inquiry' into the Commonwealth Contribution to Former Forced Adoption Policies and Practices (2012, p.6) as 'adoption where a child's natural parent, or parents, were compelled to relinquish a child for adoption'. The period between 1940-1970 has been designated as the major period in which these practices occurred.

lived experience: refers to the first-hand perspective of participants of current and past life events, attitudes and actions (Irvine, Molyneux & Gillman 2015; Byrne et al. 2013).

micro aggressions: These are intentional or unintentional questions and comments made by others that can lead to a sense of discomfort or reduced social worth, on the part of an adopted person. They reflect the dominant cultural view of the desirability of biological connection (Baden 2016, pp.6-7).

mother: The biological mother of the adopted person. Where further clarity is needed or to assist with the flow of the document, the term 'birth mother' is also used from time to.

motherhood: In Australia 'motherhood' is usually associated with a woman having given birth to a child as well as being involved in the raising of that child. However, a woman may be the biological mother of a child and claim the status of 'motherhood' and not be involved in raising them. This is the case for many women who were separated from their child by adoption. A woman may also be the legal 'mother' of a child and be the provider of their daily care, but not be the one who gave birth to them. This is the situation for 'adoptive mothers'.

mothering: Refers to the process of raising a child and meeting their daily instrumental and affective needs within kith and kin networks, in a community.

network: The web of social contacts (family, friends and others) that a person inherits, develops and maintains (Mitchell & Campbell 2011).

open adoption: An adoption in which information about parties to the adoption can legally be exchanged.

participant: The women who have volunteered to be part of this research study. The term 'respondent' is used from time to time to assist with the flow of the document.

P-I: refers to the participant interviewed.

P-FG: refers to the participant in the focus group.

reunion: The process of meeting parties to an adoption following a search. This term is used interchangeably from time to time in this document, with the term 'contact' previously defined.

role: A set of behaviours and expectations associated with a position in society, such as that of mother (Bronfenbrenner 1986).

SCARC 2012 or Senate Inquiry report 2012: refers to the Senate Community Affairs References Committee Report on the Commonwealth Contribution to Former Forced Adoption Policies and Practices, tabled on 21 March 2013.

search: A process of attempting to locate birth family members. This may occur in Victoria once information about an adoption has been obtained.

status: A position in society (Bronfenbrenner 1986).

third space: This refers to the study participants' descriptions of their sense of simultaneously 'belonging' while 'not belonging' to two sets of families. It is a term used by Homi Bhabha to describe a sense of marginalisation that members of a minority culture can experience within a dominant culture (Bhabha cited in Mitchell 1995, p. 9).

transition: "A passage or movement from one state, condition or place to another" (Webster's Third International Dictionary).

1.9 Summary

This chapter introduces the reader to the current inquiry. It draws attention to the invisibility of adopted women as they parent their own children in spite of the long history and large numbers of adoptions that have occurred in the Australian State of

Victoria. The chapter describes the origins of the study and the roles of the author within the investigation as both social work practitioner and researcher, thus adding a background against which the trustworthiness of the research can be measured. The study is of significance and utility for adopted women who are mothers and by adding to our knowledge of their lived experience, more informed and coordinated interventions can be developed. It also has the potential to have relevance for other areas of social work practice.

The structure of the thesis is presented and key terms used throughout this thesis are defined. The next chapter will present a more in-depth account of the historical, social and professional contexts within which this research has been conducted, including an outline of the national adoption Inquires and Apologies that have taken place in past decades.

CHAPTER 2 CONTEXTS OF THE STUDY

2.1 Introduction

This chapter considers the historical and social environments that have helped shape community attitudes to adoption as well as adoption practices in Victoria, and reflects on societies current notions of motherhood. Significant legislation, government inquiries and apologies of the past two decades are outlined, and the chapter concludes with a discussion of the researcher's Master of Social Work study which was a pilot to this investigation.

2.2 A History of Adoption in Victoria

The first Australian adoption laws were introduced in Western Australia in 1896, based on New Zealand's *Adoption of Children Act 1895* and Victoria's inaugural legislation was proclaimed in 1928 (O'Neil, Ban & Gair 2014, p. 27). This occurred two years after Great Britain's Adoption of Children Act sought to regulate their placement of children, and forty-eight years after the proclamation of the earliest modern adoption law in Massachusetts USA in 1851 (Marshall & McDonald 2001, p. 19).

In 1835 the Port Phillip District of New South Wales was established, later becoming the separate colony of Victoria in 1851. From the beginning there were "unprecedented numbers of children rendered destitute through parental unemployment, ill health, imprisonment or death" (Twigg 2000, p. 1). The desperate plight of many women and children during these early years led to a range of measures that attempted to respond to the observed need, such as the establishment of the great private orphanages of Ballarat, Geelong and Melbourne (between 1850 and 1865) followed by 'industrial schools'[4] and shelters for women. However infanticide was not uncommon and "the unwanted child might well be farmed out to someone

[4]The industrial schools were residential institutions where children up to the age of 15 would be housed, educated in secular and religious subjects, and trained in 'industrial' skills appropriate to their station in life.

who had no interest in his welfare[5] or he might be placed in a benevolent home or gaol" (Tierney 1963, p. 3).

Legislation specifically designed to protect Victoria's children, was not developed until the passage of the *Neglected and Criminal Children's Act of 1864*, *Neglected and Criminal Children's Act* (amendment in 1874) and the *Infant Life Protection Act 1890*, which went some way to providing a legally sanctioned alternative to baby farming, infanticide and abandonment. Children who were perceived to be in moral and physical danger began to be placed in 'children's homes' or 'boarded out'[6] or in some cases, placed with families in an adoption like situation termed a 'defacto adoption'[7] (Barnard & Twigg 2004, p. 61). A child rescue mentality existed alongside a concern that the neglected child might pose a future threat to society. This view was entangled with the prevailing poverty, unmitigated by financial assistance from the State, and lead families to relinquish children they could no longer provide for (Scott & Swain 2002, pp. 5-7). There was also a profound stigma associated with being a single, unmarried woman, that lead women to be separated from their infants. This sprang from the deeply rooted Christian morality of the late nineteen and the early twentieth centuries. The 'taint of the single mother' was also transferred to their child, and the status of being a 'bastard' would often affect the child's social standing and future place in society (Swain & Howe 1995).

Steps to further protect the welfare of children occurred in 1907 with the introduction of the *Infant Life Protection Act 1907 (No.2102)*, an amendment to the former *Infant Life Protection Act 1890).* This amendment required the licensing of providers of alternate care for children. It was intended to regulate brokered 'adoption-like' placements, by setting guidelines for the surrender and matching of infants with 'adoptive parents' (FIND & Connect 2015). The Neglected Children's Department was the nominated authority responsible for administering matters relating to infants and children.

[5]A form of care often known as 'baby farming'.

[6]'Boarding out' was similar to current foster care.

[7]Jaggs (1986) notes that where a boarding out' situation persisted over time, it could be like an adoption in all but name (1896 Annual Report of Department for Industrial and Reformatory Schools (Jaggs 1986).

Despite the large numbers of children separated from their birth families at the beginning of the twentieth century, it was not uncommon for a child's mother to remain involved in the care of her infant until the child was weaned, prior to being placed with the new 'adoptive family'. It was also not uncommon for information about the child's family to be shared with the adopting parents (Barnard & Twigg 2004). Concerns for the permanency and confidentiality of these early adoption arrangements, were later legislatively addressed with the introduction of the *Adoption Act 1928*. However, adoption remained a double-edged sword. On the one hand it was seen as a solution to single motherhood, while on the other the fear of the child harbouring 'bad blood', remained. These notions coexisted with a competing concept that the infant was a blank slate or 'tabula rasa', on which the environment of the adoptive family could write a new script (Chalmers 1982, p. 115). This latter view was supported by a study conducted in 1948 by Oswald Barnett[8] of the first one hundred children adopted through the Methodist Babies' Home[9]. Not unsurprisingly the study found that the adopted children had flourished with their new families, and no mention of any placement difficulties was made.

The recovery period in Australia following World War 2, emphasised the importance of the nuclear family and the need to expand a population depleted by war. It was also a time when the numbers of ex-nuptial children in the community was growing (Swain & Howe 1995) and the Victorian State Government was becoming increasingly aware of the mounting costs associated with institutional care for those children who were unable to remain with their family (Tangled Web Part 1 2009). Adoption of infants was subsequently promoted and the numbers of adoptive placements in Victoria rose significantly between 1939 and 1946. This period in Australian history has been conceptualised as a peak time in the 'market in babies', when the earlier notion of 'infant rescue' was replaced by the idea of infants of single mothers being the commodity in a market of supply and demand (Quartly, Swain & Cuthbert 2013). This preference for infant adoption was supported by the emerging

[8]Oswald Barnett was the founder of the Methodist Babies' Home in Victoria.

[9]A number of babies homes were established in Victoria in the early part of the twentieth century by religious and philanthropic organisations to accommodate babies under three years of age and their mothers. Many infants were later adopted. Many such homes were initially staffed by religious and later by Mothercraft Nurses.

work of Bowlby and Spitz and other early childhood practitioners, regarding the pathways to infant 'attachment' and the adverse effects of institutionalisation on young children's emotional, social, and cognitive development. Their work realised that children could be raised by unrelated adults, and do well (Bowlby 1951; Spitz 1965).

During the 1950s and 1960s single motherhood continued to be morally and socially unacceptable and adoption was generally perceived as the preferred solution. The reputation and futures of single women and the illegitimate status of their children[10], were the stated reasons for secrecy about these matters and the notion of a 'clean break' from birth parents was strengthened and enshrined in adoption legislation. Adoption records were now sealed, with little information or post placement care being provided to any party, and the adopted child was to be raised by their new parents 'as if born to them'. This practice is called 'closed adoption'.

Adoption placements were usually arranged by religious and charitable organisations or by private individuals such as doctors, nurses, legal practitioners, religious clergy and the almoner services of maternity hospitals. The Royal Woman's Hospital in Melbourne, established in 1856, provided an adoption service from 1941 to 1964 and had "developed a firmly entrenched view as to the desirability of adoption for ex-nuptial children" (Quirk 2012, p. 66), a perspective that reflected the wider societal attitudes to illegitimate children and single mothers (Marshall & McDonald 2001, p. 2). The State Children's Welfare Department (1924-1960), which replaced the Department for Neglected Children, usually only became a party to an adoption where a child had become: a state ward[11], was a "child of a state ward; was a ward of the Aborigines Welfare Board, or the child of a person certified insane" (Tierney 1963, p. 55). With the proclamation of the *Adoption Act 1964,* adoptions could only be arranged by organisations 'licensed' by the government in accordance with the requirements of the *Act,* and privately arranged adoptions became a thing of the past.

[10]The *Victorian Status of Children's Act 1974* changed the legal position of children of single parents prior to an adoption order, no longer describing them as illegitimate.

[11]A child could be declared a state ward due to physical impairment, racial origins or if they were migrants under twenty-one years of age who had arrived in Victoria without parents or relatives (FIND & Connect 2015; Marshall & McDonald 2001, p. 5).

Progressively the 1960s and 1970s saw an increasing liberalisation of society and a loosening of old moralities. Sexual relationships outside marriage began to be more readily tolerated and the feminist movement 'was having an effect on how women were thinking about themselves and their rights to make their own decisions' (Marshall & McDonald 2001, p. 10). Abortion had been legalised in Victoria following the Menhennitt Judgement (1968); the pill and other forms of family planning were available; and income support for single parents was now guaranteed with the introduction of the nationally implemented Supporting Mothers Benefit (1973). An increase in the availability of public housing and child care was also occurring. Within the general Australian community there was a growing acceptance of the rights and capacity of single parents to keep and raise their children as expressed by a young single mother in an article from the Australian Women's Weekly (Bequaert 1976, p.51): "I think there's something special in the fact that I have my freedom as well as having my daughter".

Within the midst of these social changes, the voices of all parties to an adoption began to be heard (Bender 1978). Groups such as ARMS (Association Representing Mothers Separated from their Children by Adoption), GAP (the Geelong Adoption Program), JIGSAW (a self-help group that lobbied for legislative change) and VANISH[12] (a service for those who have an experience of separation from family of origin), began to advocate for their members and appeal to government for changes to legislation that would enable parties to adoption to access information. The rights and needs of everyone with an adoption experience were debated at conferences[13], forums and meetings and a plethora of research (Picton 1980; Triseliotis in Parker, Hill & Feast 2013) and opinion pieces appeared in magazines such as the widely read Australian Women's Weekly.

[12]VANISH Inc. is a non-sectarian, community organisation, established in Victoria in 1990, to provide information about the life long impacts of adoption and assist with search and support services to those with an adoption experience (adopted people, birth mothers and fathers, adoptive family members). It has contact with people living in Victoria as well as other States of Australia and overseas countries.
[13]The first three Australian Conference on Adoption occurred in 1976 (Sydney); 1978 (Melbourne) and 1982 (Adelaide).

In the period 1961 to 1964, Commonwealth and State governments considered unifying adoption legislation and practices across the country based on 'the best interests of the child'; and the need for the legal recognition between states of each other's adoption orders as well as those orders made overseas, for children adopted by Australian citizens. A 'model bill' reflecting these issues was enacted in the Australian Capital Territory *Adoption of Children Act,* in 1965[14] and the principles of this ordinance were progressively incorporated into the Adoption Acts of other states and territories between 1964 and 1968 (SCARC 2012, p. 113).

At a professional level within the Victorian child welfare sector, a preference for protecting the continuing birth parent-child relationship, was beginning to emerge as a dominant policy and practice paradigm; and a broader debate about the rights of all citizens to access information about themselves, was occurring concurrently within government departments. The first Australian freedom of information legislation was proclaimed in Victoria in 1982 (*Freedom of Information Act 1982*) and two years later, after almost a decade of community consultation, the Victorian Parliament proclaimed the *Adoption Act 1984,* which made provision for parties to an adoption to access and receive information about an adoption. This shift from secrecy to openness, was a significant change in policy[15], and similar changes occurred in other states of Australia during the 1980's. The closed adoption system was exchanged for a less restrictive one, in which birth mothers had extended opportunity to participate in the selection of adoptive parents, and the legislation provided for the exchange of information and ongoing contact between the child, their birth parents and the adoptive family. Adoption Information Services (AIS) were formed following the proclamation of the Act, to assist people access information via a legislatively prescribed process. A new phase of agitation then began to seek acknowledgement of illegal practices within the in the adoption field, a goal that has been recognised in some measure by the Senate Inquiry into Forced Adoption (2012).

[14]Adoption of Children Act also known as the Adoption of Children Ordinance 1965 (FIND & Connect 2015).
[15]The Hon. Pauline Toner (who died in 1989) was an important figure in the introduction of this legislation to the Victorian Parliament.

Subsequent amendments to the *Adoption Act 1984* have continued to change the adoption landscape in Victoria. A more recent amendment to the Act in July 2013, extended birth parent access to identifying information about their adult children while simultaneously introducing 'contact statements' (intended to remain in place for up to five years) which regulated the type of interaction that adopted people may wish to have with their parent(s). This amendment was viewed by advocacy groups such as VANISH and ARMS as a retrograde step[16] that increased the disparity between adoptees and birth parents in terms of access to identifying information and the subsequent potential for contact between parties. These statements were repealed in June 2015 after lobbying by many interested parties.

In 2014, an amendment to the Victorian *Children, Youth and Family Act 2005* within the broader child and family welfare arena, nominated adoption as one of the possible placement options for children in the child protection system, who were in need of a permanent care placement. This option had already been introduced in New South Wales and linked adoption to the continuum of care available for children unable to remain with their family. While it is too soon to assess the impact of this legislative change and to determine whether Victoria will retain a preference for the use of permanent care orders rather than adoption, it is a step that is viewed by consumer organisations such as VANISH, as retrograde. In a radio interview in April 2015, the Chair of the VANISH Management Committee, voiced concern about the longer-term impacts of returning to adoption, for the identity of the adopted person (Radio National Breakfast, 2015).

Another new aspect of adoption practice that is being introduced within some states of Australia, is the adoption of children by single people and same sex couples. The Northern Territory *Adoption of Children Act 2007* allows for a single person to adopt in 'exceptional circumstances' and in 2007, the Victorian Law Reform Commission recommended that single people should be considered as potential adoptive parents, using the same criteria as is applied to couples wishing to adopt (Victorian Law Reform Commission Final Report 2007). Adoption by same sex couples is already

[16]A call to repeal the contact statements was outlined in a bulletin to VANISH members in July 2015 <http://vanish.org.au/media/66557/Call-to-Members-re-Repeal-Contact-Statements-June-2015.pdf>.

available in the Australian Capital Territory (since 2004), New South Wales (since 2010) and Western Australia (since 2002) and is still being debated in other States. Same sex couple adoption is also now legally available in other Western countries such as the United Kingdom (since 2005) (Jennings et al. 2014) and in a number of States within the US (Appell 2001) and is in line with the movement to recognise gay and lesbian partnerships as having the same legal rights as heterosexual partnerships. The inclusion of both single parents and same sex couples in the adoption process, reflects contemporary notions about what constitutes a family.

2.3 The Nature of the Social Work Profession

What is significant to the context of this study are the perspectives and values of the social work profession, in which the researcher has been socialised. Throughout the history of the profession the 'person-in-environment' paradigm has remained an important one that has been able to encompass the variety of theories that are drawn upon in the broad arenas of practice: whether the focus is on the individual (Woods & Hollis 2000), kith and kin networks (Pincus & Minahan 1973), or the interactions between the individual, their networks and multiple systems (including historical, social, political, organisational, scientific, and ecological) (Campbell & Mitchell 2007; Germain & Gitterman 1980; Green & McDermott 2010). Indeed, Green and McDermott (2010) and Healy (2005) express the view that the social issues that social workers seek to address can only be understood within the contexts in which they occur. These contexts include the influence of the service delivery organisation, the wider social welfare arenas such as health, mental health, community welfare, the disability and justice systems, as well as the legislative frameworks that prescribe these arenas. In addition, Healey (2005, p.4) argues that this attention to reciprocal interdependence between contexts, differentiates social work from other professions.

It is this multi-faceted, holistic approach of the 'person-in-environment' that provides this study with a framework for the collection and interpretation of the data. It embeds the investigation within a constructivist perspective that prioritises personally construed, "culturally derived and historically situated interpretations of the social life-world" (Crotty 1998, p. 67) of adopted women at the time of mothering.

2.4 The Social Work Profession and Adoption Practice

Embedded within the history of adoption in Victoria, is the role played by the social work profession, and its approaches to the field of adoption. While this is not well documented in the literature, it seems appropriate to provide an account of the professions' involvement, with the potential for this study to inform and advance social work practice in terms of clinical, program and policy development in the adoption arena.

As has been previously noted in this chapter, much of the early welfare work in Victoria involving children and families was the province of charitable and philanthropic organisations, the State Government being occupied with the needs of those who came within the province of the various Welfare Acts that it administered. Until the *Adoption Act 1964* solicitors, clergy, public servants and medical staff were amongst those who took responsibility for arranging adoptions, which were then recorded in the State's Adoption Register. The Royal Women's Hospital (RWH) in Melbourne appointed their first Almoner Linda Dixon (O'Brien & Turner 1979, p 143) on 14th May 1934 (RWH website 2016) and the first adoption arranged by the hospital occurred in 1941 (Quirk 2012, p. 56). However, it was not until the establishment of the first Victorian Social Work education course in December 1940 at the University of Melbourne, that the "'neophyte social work profession' began to find a footing in the community welfare arena" (Miller 2014, p.6). With the introduction of the licensing of adoption agencies and the establishment of standards for adoption workers (*Adoption Act 1964*), social workers became the preferred employees to take consents, assess prospective adopters and to facilitate local adoptions within the non-government and governmental sector. Mendes (2005) observed that the adoption field became a foothold for the burgeoning social work profession, however not all who called themselves social workers or who have subsequently been identified as social workers, were social work trained (Fronek & Cuthbert 2013; Gair 2009).

Yet for some social workers employed in adoption work, their footing was an uneasy one. This was due to the felt tensions between their professional values and ethics and

the perspectives of other professionals, public servants, and religious bodies (Gair 2009; Healy 2012; Marshall & McDonald 2001; Quartly, Swain & Cuthbert 2013; SCARC 2012). By the 1970s social workers were beginning to raise concerns about the ways in which adoption was administered, as well as questioning the benefits of separating children from their mothers through adoption. In 1976, the Victorian Adoption Legislation Review Committee was formed with the assistance of two notable social workers Kath Lancaster and Cliff Picton. The work of this Committee, in association with the ground breaking national adoption conferences, and the lobbying of social workers and those with an adoption experience, contributed to ground breaking legislative change in Victoria with the *Adoption Act 1984*. This introduced open adoption practices and the access to adoption information for those with an adoption experience (Picton 1976). Ironically this occurred at a time when major change to income security policy enabled single women to keep their infants.

However, in the years following the introduction of the *Adoption Act 1984* Victorian social work, by and large turned its back on the local adoption field, embracing the growing child welfare philosophy of family preservation and preferring to use permanent care arrangements, in association with foster care for children unable to remain with their biological families. This meant that, as a profession, social work paid little or no attention to the ongoing welfare needs across the life cycle, of those with an adoption experience. Scant post-placement support was provided to parties to an adoption, and over time the profession's clinical expertise in the adoption area declined with little adoption research conducted. This appears to have been a slightly different trajectory to other Australian states such as NSW, where organisations like Barnardos continued to research and document their direct practice (Tregeagle & Voigt 2014). It is also different to the situation that existed in the United Kingdom and parts of the US, where post-placement adoption services have been offered to adopting families over the past two decades and research into varying aspects of adoption has been conducted (Selwyn et al. 2009).

Social work in Victoria has moved into the adoption information field since 1984/5 when information services were established in line with the new *Adoption Act 1984*. The purpose of this service was to assist with the release of adoption records and with

searching for birth relatives. Also with the rise of the Australian government sanctioned Intercountry Adoption programs (ICA), social workers were employed to assess and monitor the placement of children born overseas and adopted within Victoria. As Fronek and Cuthbertson (2013, p. 405) note, this produces a "false dichotomy which seeks to segregate domestic and intercountry adoption": a situation in which apologies occur for past local Australian practices, while sanctioning adoption of children only available because of socio- economic factors in their country of origin.

In recent years there has been a resurgence of interest in adoption matters within Victoria, primarily from the fields of history, sociology and psychology. Following the reports from the Senate Inquiry into Forced Adoption (2012) and the Australian Institute of Family Studies (AIFS) into the 'Impacts of Past Adoption Practices' (Kenny et al. 2012), significant consideration has been given to the use of adoption for some children within the current 'care system'. As mentioned above, the *Victorian Children Youth and Family Act 2005* was amended in 2014 to include adoption as one of the placement options for children in OoHC, and social workers working within child protection as well as those involved in the substitute care systems, are again being asked to be aware of adoption as an option for children unable to remain with their families.

Australian research canvasing all parties to adoption and focusing on adoption experiences as well as adoption outcomes, is gradually emerging within the fields of social work and psychology (Conrick & Brown 2010; Gair 2009; Masso & Whitfield 2003; Mateljan & Priddis 2010; O'Neil 2011; Passmore et al. 2006; Passmore et al. 2005); and the online Journal of Australian Adoption established in 2009, now provides a forum for research publication and comment.

Current clinical support provided by social workers and other professionals for those with an adoption experience, varies depending on the type of adoption, the stage of the adoption process and the Australian state in which the service is provided. Social workers generally conduct mandatory education and information sessions as part of the Intercountry Adoption application process in Victoria, and as mentioned

previously, they usually work within the Australia wide adoption information services that assist people to access adoption records and to search for birth family members. However, counselling support across the life cycle for those with an adoption experience, varies. Several states such as New South Wales, Western Australia and South Australia have substantial post-placement support services that are professionally staffed and funded by their State Governments. In contrast Victoria has several smaller services that provide self-help, clinical and educative programs (such as VANISH and PPSS) and are only partially government funded. Professional staff are not always social worker trained. By and large however, it seems that there is still an expectation by Australian Government that people requiring post legalisation adoption support, will access the universal welfare, health and mental health systems or private practitioner networks. It has been found however that these systems, staffed by a range of professionals, currently hold a paucity of adoption sensitive practice knowledge (Kenny et al. 2015).

The more contemporary social work literature informing practice, has primarily originated from Britain and the US and has focused on the selection of adoptive/ permanent care parents, and the support of children placed through adoption, foster care or permanent care (Barth et al. 2005; Neil, Ban & Gair 2014). It has been informed by the child development field (Bowlby 1988; Bruner 1990; Erikson 1968; Piaget 1964; Vygotsky 1978), attachment literature (Ainsworth 1989; Fonagy & Target 2005; Main 1986; Slade 2005; Steele et al. 2014), and the research into the impacts of trauma and loss (Bomber 2007; Hughes 2003; Perry 1997; Siegal 2003). Programs that have been developed to support children and adoptive parents have also been developed in the United Kingdom (UK) and United States of America (USA) and can be found in examples such as 'It's a Piece of Cake' (UK)[17], the SafeBase program (UK)[18]; Webster Stratton skills training (UK and US)[19] and the Attachment and Behavioural Catch Up program (ABC) developed by Mary Dozier (US)[20].

[17]'It's a Piece of Cake' developed by Adoption UK to assist adoptive parents to parent hurt children (Selwyn et al. 2009). The Program modules comprise: Module 1-Expectations, Realities and Loss; Module 2-Attachment; Module 3-Claiming and Belonging; Module 4-Trauma and Adaptive Behaviour; Module 5-Rewiring (Creating parenting strategies to help the child achieve better relationship); Module 6 – The Last Piece of Cake **(**managing anger and the importance of self-care for parents).

[18]The 'SafeBase' therapeutic parenting program' was devised and provided by the British organisation, 'After Adoption', viewed 26 May 2013, <http://www.safebase.org.uk/>.

The lack of timely support to adoptive families is one of the factors also identified by Julie Selwyn and her colleagues in the United Kingdom, as significant to the success or disruption of adoptive placements, along with other factors such as the age of a child at placement, preplacement factors such as abuse, neglect and domestic violence, and delay in the stable placement of a child, as well as the child's own behaviour (Selwyn et al. 2014, p.18). What is missing in the social work literature, is clearly articulated approaches to clinical intervention with all parties to an adoption, across the life cycle.

The Australian Institute of Family Studies in their survey of the adoption literature and of current Australian post placement adoption practices, identified that there has been a dearth of empirical evidence that specifically relates not only to the impacts of past practices but also to the therapeutic (and broader psycho-social) needs of those affected by adoption and family separation (Higgins et al. 2010; Higgins et al. 2014; Kenny et al. 2012). This sets a challenge for the social work profession to become familiar with what has been learned over the past three decades about the repercussions of adoption placements for adult adoptive persons, and to develop appropriate adoption sensitive assessment and intervention practice, applicable across the life cycle, that are included in the training of new social workers.

2.5 Adoption Statistics

As previously noted more than 64,000 adoptions have occurred in the Australian State of Victoria since the proclamation of its first adoption legislation in 1928 (FIND & Connect 2015) and comparable numbers of legalisations have also been passed in the other States and Territories of Australia. It is thought 'that one in six Australians still has a close connection with adoption through family or friends' (Hindsight 2011).

From June 1969 there has been an annual collection of nationwide data regarding the number and types of adoption that were legalised each year. This collection has been undertaken by the Australian Bureau of Statistics (ABS) and the Australian Institute

[19]Webster Stratton is a parenting skills training program for use with adoptive families. It has been used by the Anna Freud centre in partnership with Corum (Henderson & Sargent 2005).
[20]The ABCs is a coaching and support intervention designed to assist parents understand their children's behaviour and maintain nurturance in the face of distress (Dozier, Dozier & Manni 2002).

of Health and Welfare(AIHW) as part of the Standardisation of Social Welfare Statistics project (WELSTAT) (SCARC 2012, p. 6). Although national data was not collected prior to 1969, the Senate Committee Community Affairs Committee (2012) has extracted figures from files held by the National Archives of Australia (NAA) and claims this to be the 'most complete record to date of adoption statistics in Australia' (SCARC 2012, p. 7). This information shows that over the past forty years the national pattern of adoptions has changed, steadily declining from a national peak in the period 1971-72 of over 9,700 children (usually domestic adoptions), to 441 in 2008-09 (this includes all categories of adoption). The total number of adoptions has remained relatively stable since the mid 1990's at around 400- 600 children per year. Victoria has followed a similar trend to these national statistics with over 1,700 children adopted between 1971-72, and 41 children adopted in 2008-09, with an average of 137 children adopted annually over the past twenty-two years (AIHW 2010). Since the early 1990's intercountry adoption has been the primary form of adoption in Australia, with a peak number of related legalisations occurring in the mid 2000's. Approximately three quarters of all current adoptions in Australia are now intercountry and locally placed non-relative adoptions; with 'known child' and 'indigenous adoptions' making up the remaining proportion of placements.

A comparison of the available Victorian adoption figures (across all categories of adoption) to the national figures from 1939 to 2014, is represented in Figure 2.1. The available statistics prior to 1969 are non ABS data taken from the Senate Inquiry Report (2012) and those from 1969 onwards are WELSTAT and ABS figures. The national figures included for comparison, are AIHW data only.

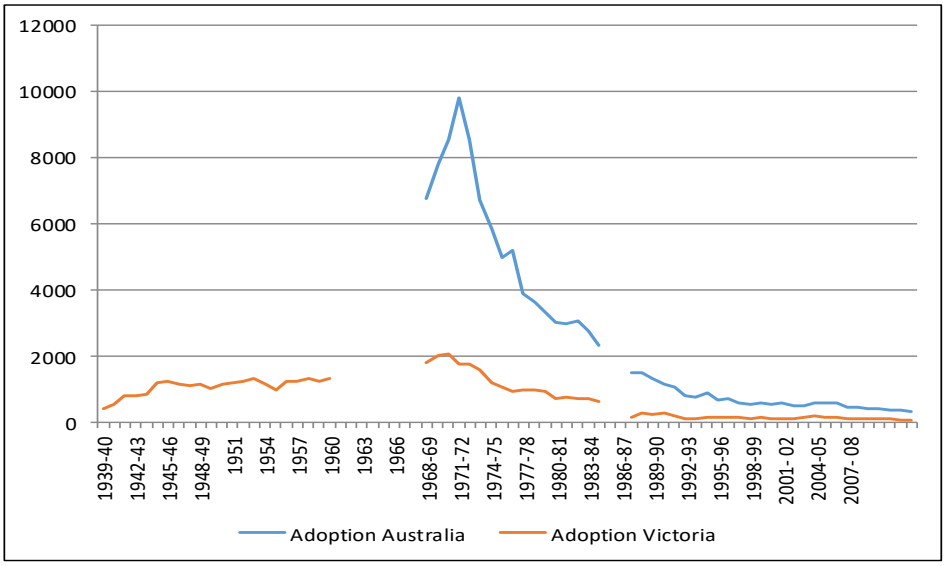

Figure 2.1 Australian and Victorian Adoption Statistics

Based on Appendix 1 of the Commonwealth Contribution to Former Forced Adoption Policies and Practices Report (SCARC 2012, p. 7) and the AIHW Adoptions Australia Report 2013-2014 (AIHW 2014).

The additional Senate Inquiry (2012) national archival material has not been included due to the Inquiry's unclear and changing definitions of what constituted 'national'.

If the state and national figures are examined in terms of the various categories of adoption, a different statistical picture emerges. For instance, prior to 1974 all adoptions were classified as either local or relative adoptions. Since the mid 1990's classifications recorded by the AIHW have expanded to include 'local non-relative', 'known child', and 'intercountry' adoptions. These figures are displayed in Figure 2.2.

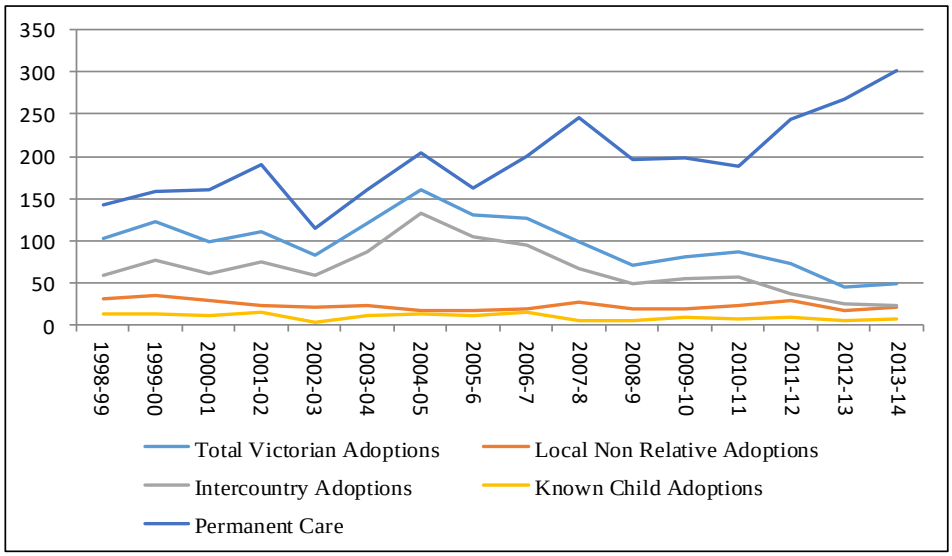

Figure 2.2 Types of Adoption and Permanent Care in Victorian 1998- 2014

Based AIHW statistics, Adoptions Australia 2013-2014 (AIHW 2014).

Another source of Australian information about those with an adoption experience is the numbers of applications to Adoption Information Services (AIS) for access to adoption records and/or assistance with their search for relatives (see Chapter 3.5). However, these figures do not tell us how adopted people have fared over the life course. The data referred to previously, is broad based demographic information that describes historical and more recent Australian trends concerning the social phenomenon of adoption. While it is possible that government departments hold other information such as the gender of adoption information applicants and the numbers of reunions that have occurred between adopted persons and their birth parents, this data unfortunately is not publicly available. From time to time snap- shot studies provide insights into adoption outcomes and the life course experiences for children and adolescents. One such study conducted by O'Neil (2011) of 1671 homeless youth across Australia, found that 1.2 percent of the participants were adopted persons. Another study found that the rate of disruption of adoptive placements in Australia ranged from less than 1 percent to more than 50 percent (Rosenwald 2003). However, there is no central and available source of information about the rates at which adopted adults and access mental health, justice or the family law systems; nor is there information about the numbers of adult adoptees who access the non-government

sector for counselling or support. Data about how adopted adults fare in later life, is currently reliant on submissions to public inquiries and published autobiographical and biographical material.

In terms of this current study it is important to note that in 2012 the mean maternal age for giving birth to children in Australia was 30.1 years (compared with 29.5 years in 2003); and that approximately 42 percent of these women were prima gravida (Australian Institute Health and Welfare 2012, p. 9). The average age of mothers giving birth in Victoria and the Australian Capital Territory in 2012 was slightly higher (30.7 years in both) than the national average. Combining this statistic with the adoption figures for the late 1970s and 1980s (primarily local adoptions with no gender differentiation), it is estimated that there are many locally adopted women within our community who are still in the child rearing life phase and for whom this study is relevant.

2.6 Significant Inquiries, Reports and Adoption Apologies

Government inquiries have a long history in Australia and over the past two decades a number of national and state reviews have questioned the functions, responsibilities and effectiveness of past adoption processes; and have greatly contributed to an understanding of adoption policies and practices, their impact for individuals, as well as patterns of past service use and the current service needs of those affected. In Australia these inquiries and reports stand alongside primary sources of information such as case studies and personal accounts; but also occur in lieu of published, empirical research (Higgins et al. 2014).

On the basis of the Senate Inquiry into Former Forced Adoption Policies and Practices (SCARC 2012), and the continued lobbying of consumer organisations, a number of government apologies have occurred that acknowledge the experiences of those affected by ‘forced adoptions’. These significant inquiries, reports and adoption apologies, are reviewed here and a summary of them can be found in Table 2.3.

2.6.1 Inquiries

The 'Releasing the Past 1950-1998 Report' (Legislative Council Standing Committee on Social Issues 2000), was a comprehensive review of adoption practices in New South Wales over a forty-eight year period. The Inquiry Committee heard representations from a small number of adopted people who expressed a range of views as to their continuing sense of powerlessness, and feelings of isolation or abandonment due to the social morality and bureaucratic systems of the times during which they were adopted, and the impact of this on their emotional wellbeing and identity formation. Participants also identified the distress they experienced due to inconsistencies in their birth records. These findings were similar to those of the Tasmanian Parliament's Joint Select Committee inquiry conducted in 1999 into adoption and related services between 1958 and 1988. The inquiry was held largely in response to petitioning from two peer-support services, Adoption Jigsaw and Origins, and while noting the impacts for adopted persons, the findings of the inquiry particularly recognised the adverse effects on mothers.

In 2012, the report from the national Senate inquiry into the 'Commonwealth's Contribution to Former Forced Adoption Policies and Practices' (2012)[21] was published. This inquiry focused on Commonwealth Government policies and practices that related to what is now termed 'forced adoptions'[22] as well as on the potential role of the Commonwealth to assist those who had experienced the consequences of these policies (SCARC 2012, p. 2). The Community Affairs References Committee received over 418 individual submissions and held ten public hearings. It described 'forced adoptions' as primarily taking place between 1950 and 1975 (a period during which adoption records were sealed), although it also heard from those whose adoptions occurred outside these years. This time period has been criticised by adopted individuals as being too narrow in its scope, and the view that all adoption is 'forced', has been expressed (Comments made at the launch of 'Without

[21]Section 51 (xxxvii) of Australia's Constitution outlines the legislative responsibilities of the States and Commonwealth regarding adoption legislation. The Commonwealth had responsibility for providing a range of social security benefits to single women and also took a direct coordinating role in the 1960's adoption law reforms in which a model adoption bill, known as the *Uniform Adoption Legislation 1966* was formulated.

[22]The term 'forced adoption' is defined by the SCARC (2012) as 'adoption where a child's natural parent, or parents, were compelled to relinquish a child for adoption' (p. 6).

Consent', National Archives Forced Adoptions History Project, 30 March 2015, Melbourne). The majority of adopted persons who provided submissions to this review, described living with a range of ongoing challenges including, struggles with mental and physical health; identity and relationship issues and challenges associated with parenting their own children (SCARC 2012, pp. 71-95). Fifty of these respondents have been identified by the researcher as being women, with a subset of seventeen identified as having their adoptions arranged and/or legalised within Victoria.

Several other Australian inquiries have alluded to the intertwining of adoption and other past community welfare practices: The 'Bringing Them Home Report' (Australian Human Rights Commission 1997) that investigated the removal of indigenous children from their families; the 'Forgotten Australians Report' (Senate Community Affairs References Committee 2004) that examined the experiences of those Australians who were placed in institutional or out of home care as children, and the 'Lost Innocents Report' (SCARC 2001) that inquired into the experiences of post-World War 2 child migrants. While there are clear similarities between adopted persons and the experiences of those who are the subjects of these reports (such as identity issues, past trauma, grief and loss, attachment and reunion sensitivities), the events that have been described have their own historical, social, legislative, and cultural complexities, which are beyond the scope of the current study.

2.6.2 Research Reports

Complementary to the government inquiries have been several commissioned national research projects. The 'Impact of past adoption practices: Summary of key issues from Australian research' conducted by AIFS (Higgins 2010), reviewed available adoption literature and pointed not only to the breadth of material available about adoption in Australia but also to a dearth of reliable empirical, Australian research into adoption matters. This finding echoed that of the 'Releasing the Past Report' (Legislative Council Standing Committee on Social Issues 2000) and the 'Annual Report of the Australian Institute of Health and Welfare 2009-10' (AIHW 2010), and pointed to the need for systematic research into all areas of adoption practice and policy.

A more recent study, ‘Past Adoption Experiences: National Research Study on the Service Response to Past Adoption Practices’ (Kenny et al. 2012) also conducted by AIFS, sought to evaluate “the range of impacts of past adoption practices as well as patterns of past service use and current service needs of those affected’, with an aim to ‘improve the adequacy of the evidence base for understanding the issues and needs of those effected” (Kenny et al. 2012, p. xi). Adoption literature was again reviewed and a series of quantitative surveys, interviews and focus groups were conducted with voluntary respondents who represented mothers, fathers, adult adopted persons (823), adoptive parents, and other family members. The impacts of past adoption practices were considered across a range of domains, including relationships, psychological well-being, quality of life and life satisfaction, and the impacts that were recorded echoed the past findings outlined previously.

2.6.3 Apologies

Since 2010, seven of the eight Australian states and territories, and a number of organisations and professional associations previously involved in adoption practices, have offered apologies for what has been described as ‘past wrongs’ associated with ‘forced adoption’. Interestingly the Northern Territory and several key professional bodies such as the Australian Medical Association and the Law Association, have not yet issued any apology statements (see Table 2.1). A formal National apology, one of the recommendations made by the ‘Community Affairs References Committee’s report into ‘Past Forced Adoption Practices’, was delivered by the then Prime Minister, the Honourable Julia Gillard, on 21 March 2013 (See Figure 2.3). Notably the apology recognised the long-term impact and the wide-reaching repercussions not only of ‘forced’ adoption but adoption generally, and committed to facilitating access to the support needed by those affected.

The Australian apologies are in the vanguard of a movement in Western societies, ‘that recognises the impact of past adoption practices. On February 19, 2013, following a governmental inquiry into the running of the Magdalene laundries in the Republic of Ireland, the Irish Prime Minister, Enda Kenny, offered an apology to

survivors of those institutions[23]. The U.K 'Movement for an Adoption Apology' (MAA) established in 2010, is now petitioning the Irish and Scottish governments for national apologies for the 'forced adoption' system within both countries (Roberts 2013).

Another recommendation of the Australian Community Affairs References Committee's report into 'Past Forced Adoption Practices' was to promote an understanding of forced adoption issues within the broader community. This resulted in the National Archives of Australia establishing a "Forced Adoptions History Project" team that canvassed community contributions nationally, through online and paper forums and focus groups. The project culminated on the 30 March, 2015 with the launch of the touring exhibition, 'Without Consent', that tells the stories of those effected by past adoption practices, as well as the 'National Archives Online Forced Adoptions History Project' website. Interestingly the Foundling Museum in London launching an art exhibition in 2015 called 'The Fallen Woman' that explored the experiences of mothers separated from their children by adoption (Kennedy 2015).

This recent wave of review in Australia, some thirty-five years after the lobbying of the 1970s and 1980s, has brought an awareness of the lifelong impact of adoption. It has responded to concerns about the practices associated with past adoption practices, potentially influencing public opinion about adoption matters and contributing in some measure to changes in service provision. The inquiries, reports and the adoption apologies, have led to additional funds being provided through the Department of Social Services (DSS) for post-placement support, to those with a forced adoption experience (Higgins 2016). While it is still too early to see what the longer term policy outcomes may be, as Smith and Weller (1978, p.2) noted in their discussion of the impacts of Australian government inquiries, sometimes "the more important results may occur through a process that is more akin to seepage than to the clear making of intended changes".

[23]Four religious orders ran the 11 Magdalene laundries in Ireland for 70 years, the last one closing in 1996. Some 10,000 girls passed through these institutions. They worked for no pay and were known as the "'Magdalenes'-fallen women" (Johnston 2013).

National Apology for Forced Adoptions

21 March 2013

Today, this Parliament, on behalf of the Australian people, takes responsibility and apologises for the policies and practices that forced the separation of mothers from their babies, which created a lifelong legacy of pain and suffering.

We acknowledge the profound effects of these policies and practices on fathers.

And we recognise the hurt these actions caused to brothers and sisters, grandparents, partners and extended family members.

We deplore the shameful practices that denied you, the mothers, your fundamental rights and responsibilities to love and care for your children. You were not legally or socially acknowledged as their mothers. And you were yourselves deprived of care and support.

To you, the mothers who were betrayed by a system that gave you no choice and subjected you to manipulation, mistreatment and malpractice, we apologise.

We say sorry to you, the mothers who were denied knowledge of your rights, which meant you could not provide informed consent. You were given false assurances. You were forced to endure the coercion and brutality of practices that were unethical, dishonest and in many cases illegal.

We know you have suffered enduring effects from these practices forced upon you by others. For the loss, the grief, the disempowerment, the stigmatisation and the guilt, we say sorry.

To each of you who were adopted or removed, who were led to believe your mother had rejected you and who were denied the opportunity to grow up with your family and community of origin and to connect with your culture, we say sorry.

We apologise to the sons and daughters who grew up not knowing how much you were wanted and loved.

We acknowledge that many of you still experience a constant struggle with identity, uncertainty and loss, and feel a persistent tension between loyalty to one family and yearning for another.

To you, the fathers, who were excluded from the lives of your children and deprived of the dignity of recognition on your children's birth records, we say sorry. We acknowledge your loss and grief.

We recognise that the consequences of forced adoption practices continue to resonate through many, many lives. To you, the siblings, grandparents, partners and other family members who have shared in the pain and suffering of your loved ones or who were unable to share their lives, we say sorry.

Many are still grieving. Some families will be lost to one another forever. To those of you who face the difficulties of reconnecting with family and establishing ongoing relationships, we say sorry.

We offer this apology in the hope that it will assist your healing and in order to shine a light on a dark period of our nation's history.

To those who have fought for the truth to be heard, we hear you now. We acknowledge that many of you have suffered in silence for far too long.

We are saddened that many others are no longer here to share this moment. In particular, we remember those affected by these practices who took their own lives. Our profound sympathies go to their families.

To redress the shameful mistakes of the past, we are committed to ensuring that all those affected get the help they need, including access to specialist counselling services and support, the ability to find the truth in freely available records and assistance in reconnecting with lost family.

We resolve, as a nation, to do all in our power to make sure these practices are never repeated. In facing future challenges, we will remember the lessons of family separation. Our focus will be on protecting the fundamental rights of children and on the importance of the child's right to know and be cared for by his or her parents.

With profound sadness and remorse, we offer you all our unreserved apology.

The Hon Julia Gillard MP
Prime Minister

Figure 2.3 National Australian Apology for Forced Adoptions

Table 2.1 Commonwealth-State Government Inquiries, Reports and Adoption Apologies

Citation	Level of Government	Purpose	Participants	Findings- Overall themes
Inquiries				
Commonwealth Contribution to Former Forced Adoption Policies and Practices 2012 National	Community Affairs References Committee	Inquiry into the nature of the Commonwealth's role in former 'forced or coercive' adoption policy and practices from the late 1940s to the 1980s.	Submissions were received from over 418 individuals & organisations & 10 public hearings were held.	The Commonwealth's role has been indirect but significant with lifelong impacts for those involved. The breadth of experiences of adopted people ranged from a positive adoption experience to a range of negative experiences impacting on health, mental health, identity, relationships and an insecure sense of self. The Senate Committee made 20 recommendations- 7 related to issuing apologies at the National & State levels, as well as by non-government institutions that were involved in adoptions during the forced adoption period. The remaining 13 recommendations were related to concrete measures to address the reported issues arising from the Inquiry, such as the development of a national framework to assist states & territories to address the consequences for those affected, the provision of support services & the education of the service providers about adoption matters.
Protecting Victoria's Vulnerable Children 2012 Victoria	A State Inquiry reporting to the Minister for Community Services	Victorian Inquiry into its child protection and OoHC system	More than 220 written submissions from individuals & organisations; verbal submissions from around 130 organisations & individuals; 18 public sittings across 16 different locations in Victoria	Adoption recommended as a possible option for achieving permanency for children unable to be reunited with their biological family or to be permanently placed with suitable members of the extended family.

Citation	Level of Government	Purpose	Participants	Findings- Overall themes
			Consultations were conducted with community service workers, child protection workers, children & young people from Aboriginal communities, and those from culturally and linguistically diverse communities	
Releasing the Past 1950-1998, Report No 22, Parliamentary Paper No. 600 2000 NSW	Legislative Council Standing Committee on Social Issues	Review of adoption practices in New South Wales over a 48-year period	All members of the adoption community- a small number of adoptees	Adoption status & practices had lasting impacts for adoptee identity & their efforts to come to terms with their separation from birth parents. This could be complicated by inconsistencies in their records. The inquiry recommended the resourcing of post adoption services & further research relating to the impact of adoption.
Adoption and Related Services, 1950-1988 1999 Tasmania	Parliament of Tasmania Joint Select Committee	To provide birth mothers, separated from their children in Tasmania between 1950 & 1988, with a forum in which to put their case	59 written submissions & evidence from 40 witnesses at 6 hearings	The social circumstances of the time in which adoptions occurred, have left deep psychological wounds for those involved. Recommendations: the availability of counselling services; the waiving of search fees for adoption related documents; the availability of medical history of birth families to adopted individuals; increased post adoptive and fostering follow-up; notification of birth parents following the death of a child who was adopted**.**
Reports				
Past Adoption	Commonwealth	To: provide best estimates of the	Surveyed 1,528 individuals impacted	Hurt from secrecy surrounding their adoption and

Citation	Level of Government	Purpose	Participants	Findings- Overall themes
Experiences National research study on the service response to past adoption practices 2012 National	Department of Families, Housing, Community Services & Indigenous Affairs in conjunction with the AIFS	number of mothers and adopted persons currently living in Australia who were affected by past adoption practices; understand their experiences; determine current support and service needs of adoption populations; development of appropriate service responses	by adoption-823 were adopted individuals	a sense of betrayal; identity problems; feelings of abandonment; feeling obligated to show gratitude throughout their lives; low levels of self-worth; and difficulties in forming attachments to others. Health issues**.**
Impact of past adoption practices: Summary of key issues from Australian research 2010 National	Commonwealth Department of Families, Housing, Community Services & Indigenous Affairs	Review of available Australian adoption literature	None (literature only)	Past adoption practices can be viewed through a 'trauma lens'& potentially have lifelong consequences for all members of the adoption circle. Although there is a wealth of primary material, there is little systematic research on the experience of past adoption practices in Australia.
Assisted Reproductive Technology & Adoption Final Report 2007 Victoria	Victorian Law Reform Commission	While primarily reporting on matters to do with ART, the commission also examined aspects of adoption in relation to same sex couples & single persons	1000 submissions	In relation to adoption the report recommended that same sex couples, the same-sex partner of the parent of a child and single people should be able to apply to adopt a child.
Apologies				
Western Australia, 19 October 2010	State Government	Apology provided	Delivered by Mr R.F. Johnson-Leader of the House.	
Catholic Church Australia	Welfare/ Religious	Apology provided	Delivered by Mr Martin Laverty,	

Citation	Level of Government	Purpose	Participants	Findings- Overall themes
& Catholic Health Australia 25 July 2011	body & Health		CEO Catholic Health Australia.	
Royal Women's Hospital, Melbourne 23 January 2012	Health	Apology provided	Delivered by Ms Dale Fisher, CEO Royal Women's Hospital.	
Victorian and Tasmanian Synod of the Uniting Church 28 February 2012	Welfare/Religious Body	Apology provided	Delivered by Ms Isabel Thomas Dobson Moderator of the Synod of Victoria and Tasmania.	
South Australia July 17, 2012	State Government	Apology provided	Delivered by the Hon. Jay Wetherill MP, Premier of Victoria.	
ACT 14 August 2012	Territory	Apology provided	Delivered by Katy Gallagher MLA. The ACT Legislative Assembly.	
NSW 20 September 2012	State Government	Apology provided	Delivered by the Hon Barry O'Farrell MP, Premier of NSW.	
Tasmania 18 October 2012	State Government	Apology provided	Delivered by the Hon. Lara Giddings MP, Premier of Tasmania.	
Victoria	State Government	Apology provided	Delivered by the Hon. Ted Baillieu MLA, Premier of Victoria.	

Citation	Level of Government	Purpose	Participants	Findings- Overall themes
25 Oct 2012				
Salvation Army Australia Eastern Territory (NSW, Queensland & ACT) 19 September 2012	Welfare/Religious Body	Apology provided	Unknown.	
Australian Association of Social Workers (ASSW) 21 March 2013	Professional Association	Apology provided	Delivered by Ms Karen Healy, AASW National President.	
Queensland 27 November 2012	State Government	Apology provided	Delivered by the Hon Campbell Newman MP, Premier Queensland	
Anglican Church Queensland 12th Feb 2013	Welfare/Religious Body	Apology provided	Delivered by Dr. Phillip Aspinall Anglican Archbishop of Brisbane.	
National Apology 21 March 2013	Federal Government	Apology provided	Delivered by The Hon Julia Gillard MP, Prime Minister.	
Monash Health, Melbourne 20 March 2013	Health Sector	Apology provided	Delivered by Ms Shelley Park, CEO Monash Health, on behalf of maternity hospitals now closed and/or merged such as the Queen Victoria Memorial Hospital, Prince Henry's Hospital & Moorabbin Hospital.	
Northern Territory	Territory	Not yet provided an apology		

2.7 Social Context of Mothering, Motherhood and Primacy of Nuclear Family

'Mothering' is defined by the Oxford Dictionary (2015) as "bringing up [a child] with care and affection" and involves meeting the instrumental and affective needs of children while locating them within nurturing kith and kin networks in a community. How mothering and motherhood are understood however, depends on the world-view taken.

From a social constructionist point of view, the dominant discourse about motherhood in Western societies and the ways in which the activities of mothering are organised, is culturally and socially determined (Cowdery & Knudson-Martin 2005) and carry multiple and often shifting meanings (Arendell 2000, p. 1196). The dominant discourse about 'motherhood' in Australia still appears to be associated with having a biological connection (achieved one way or another), as evidenced by the performance of over 64,905 assisted reproductive technology (ART) treatment cycles nationally, in 2012 (Macaldowie et al. 2014, p. vi), and the media coverage of debates around surrogacy, that occurred in the case of baby Gammy, reported in newspapers across the country in July 2014 (*The Age* 12 August, 2014, editorial)[24]. At the same time, the primacy of the nuclear, heterosexual family is being challenged by a new diversity of family forms: gay and lesbian families, reconstituted families following separation and divorce, a growing number of single parent families as well as those created through ART and surrogacy. Families are defining themselves through social kinship as well as genetic linkages and these changing family forms have shifted gender roles to some extent between parents (Jennings et al. 2014). But adoption is still a second or third choice for forming a family (Fisher 2003; Jennings et al. 2014; Leon 2002; Wegar 2000) and in the minds of some, question persists as to whether the relationships between adoptive family members are as enduring as those formed between biologically related family members (Fisher 2003). Fears still exist about the role of the birth family in the life of the adoptive family (Neil, Beek & Ward 2014), as

[24]Gammy was born to a Thai surrogate mother, Pattaramon Janbua, commissioned by his Australian biological parents, David and Wendy Farnell. He was later left in Thailand, while his healthy twin sister returned to Australia with the Farnell family.

well as a eugenics concern about the adopted person themselves (Farr et al. 2014). Garber (2014) and Baden (2016) report the regular occurrence of 'micro aggression' experienced by adopted people. These are questions and comments that can lead the adopted person to experience discomfort or a sense of having less social worth than those who are biologically connected to the family in which they were raised. These micro aggressions "may be intentional or unintentional but that communicate adoption-related and biology-related judgments" (Baden 2016, pp.6-7) and reflect the dominant cultural view of the desirability of biological connection.

From a feminist standpoint, a distinction can be made between 'motherhood' which is often associated with the conception and birth of an infant, and 'mothering' linked to the activities of protecting and nurturing dependent children. Within this concept of mothering, specific cultural messages are recognised about the nature of childhood, the role of family, the socially ascribed roles of women who mother, and the place of a woman's individuality while parenting (Arendell 2000; Earle & Letherby 2003). These social messages are composed of the competing voices of labour markets, governmental policies related to the family, the utterances of a variety of child and family 'experts', and the often contending normatives associated with class, subcultural memberships, age and personal relationships (Smyth 2012). Second wave feminism has described mothering as a constructed gendered model of behaviour for all women, even those who have not given birth or raised children (Earle & Letherby 2003; Reger 2001). Indeed, Oakley (2005, p.119) suggests that in modern Western societies the overall effect of motherhood is to control and commodify women's bodies.

Mothering ascribes to women an 'ethic of care' (Gilligan 1982, p. 16) which encourages the embracing of a nurture role both in and outside of the family, and subsequently reinforces the notion of patriarchy (Reger 2001). This view is illustrated in Bonnie Fox and Velma McBride Murray 's study of forty Canadian couples during the first year of parenthood. Framed within a social relations perspective with political economy overtones, the participant stories tell how many couples (not all however), shift towards greater, more traditional, inequitable and gendered division of labour as they take on the roles of parenting (Fox & Mc Bride Murray 2000, p. 334). Indeed,

the concern of second wave feminism with shifting the traditional allocations of gender and power, has in the view of some, failed to achieve change in many areas of social endeavour: including equal distribution of parental responsibility as well as coherent policies that recognise the effect of parenting on workforce participation (Cox 2016).

Moving from a macro to a more micro view of mothering, a psychodynamic perspective describes becoming a mother as involving the emotional transition from being someone's child to becoming someone's parent and leads to a redefinition of 'the self' (Schmidt Nevin 1996). While many second-wave feminists denounce psychoanalytic approaches as misogynist and toxic to any understanding of women, Mitchell, a British feminist, argues that a psychoanalytic perspective "is not a recommendation for a patriarchal society, but an analysis of one" (Mitchell 1986, p. 167).

Daniel Stern developed the notion of the 'motherhood constellation', a four dimensional model to describe how a woman adapts her mental life in order to care for her infant (Stern 1995, p. 3). The first element of his model concerns the mother keeping her baby alive. For Donald Winnicott, paediatrician and psychoanalyst, a state of 'primary maternal preoccupation' (Winnicott 1958) permits the survival of the infant, and the concept of the 'good-enough' mother counterbalances the fantasy of the 'perfect mother'. The notion of the 'good-enough' mother also allows for the ambivalences that usually accompany the lived reality of mothering (Paul 2014, p. 27).

The second element in Stern's motherhood constellation, discusses whether a woman is able to love her baby and feel the infant's love in return. He notes that mothering is a time when the woman's reflective functioning[25] in relation to understanding the motivations behind her child's actions, is significant to the formation of the attachment relationship between them and the emerging attachment style of the infant (Dozier & Rutter 2008; Fonagy & Target 2005). Mothering impacts on the new parent's ability to emotionally hold her personal aspirations, losses and projections, so

[25]Reflective functioning is the attempt to understand the intentions, feelings, thoughts, desires, and beliefs behind the actions of another (Slade 2005).

as to clearly see, interpret and meet the needs of her infant (Bion 1965). Seligman and Shanok (1995) suggested that the intimacy between the mother and infant, can itself be reparative of past maternal issues.

A mother's ability to create and sustain a protective support network around herself and her child, that enables her to accomplish the first two tasks of the motherhood constellation, is Stern's third theme, and is echoed in the work of (Cowdery & Knudson- Martin 2005) and Mitchell and Campbell (2011). The new mother also renegotiates her relationship with her own mother in terms of autonomy, identity and attachment style, while simultaneously seeking to know her mother as a woman in her own right (Stern 1995, p. 179). Finally, Stern notes that the expectations of the mothering role can lead to shifts in a woman's personal identity (Stern 1995, p. 180). What the role of mother means to a particular person and the individual's perception of personal success in achieving this role, is significant for their sense of wellbeing (Simon 1997) and Rogers and White (1998) remark that mothering is more powerful than either marital status or occupation in relation to personal identity.

The demands on women can be high at the time of parenting as they seek to balance the responsibilities of caring for their children, participate in employment and meet a variety of social obligations. Ambivalence can be felt, isolation experienced and for some, post-natal depression (PND) may occur. It is estimated that PND affects between 8 and 14 percent of Australian women who give birth (Beyond Blue 2012; Bowen et al. 2014) and international studies suggest that PND affects between 10 and 15 percent of mothers (Markhus et al., 2013). While many variables have been proposed as predictive of post-natal depression such as a personal or a family history of depression; marital difficulties and single parenthood; a lack of social support and stressful life events; birth experiences and obstetric complications; and biological factors such as thyroid dysfunction and hormonal changes (Brown and Harris 1978; Pope, S et al. 2000), a study conducted by GB Parker et al. (2015) suggest that the only consistent predictors across measures such as the Edinburgh Post-Natal Depression Scale (EPNDS) and the DSM IV criteria, are high levels of stress in the post-natal period, previous depression and higher depression scores during pregnancy. Given this finding, it could be postulated that these are factors that may have

significance for adopted women as they parent, and about which there appears to be little in the adoption literature.

The attachment literature offers another window into the world of the mother. The relationship that infants develop with their mother was initially described by John Bowlby from his work with displaced and orphaned children, following World War 2. He posits that infants are biologically primed to survive and to keep their primary caregiver close. The style of relationship that develops between mother and child, particularly seen when the infant is distressed, he nominated as the 'attachment relationship' (Crittendon 2005). Mary Ainsworth (1989) developed a classification system using the 'Strange Situation'[26], that describes three main patterns of infant attachment behaviour namely: 'secure attachment' that develops in the presence of responsive, sensitive, consistent and attuned parenting; 'insecure- avoidant attachment' associated with intrusive parenting styles in the face of positive affect from the child and distancing strategies when the child is distressed; and 'insecure-ambivalent attachment' relationships where the infant is overly engaged with the attachment figure that tend to emerge in a setting of intermittent or unpredictable emotional availability from the caregiver. A fourth category of child-caregiver attachment designated as 'disorganised attachment', was later described by the psychologist Mary Main (1986), and is usually found in children who have suffered major trauma including abuse or neglect.

Attachment styles are said to influence the self-regulatory competence of the individual and may be a significant factor in determining the quality of the individual's relationships throughout life. Disturbances in early attachments may result in feelings of inadequacy and impact on the ability to form and sustain interpersonal relations (Slade 2010) and Hazan and Shaver (1994) posited that adult patterns of proximity and distance in relationships, are influenced by early attachment styles. Although Bowlby believed that attachment patterns were by and large resistant to change, he did think that could be modified, a finding supported by Mary Dozier

[26]The Strange Situation is a procedure devised by Ainsworth to observe the reactions of a child (approximately between the ages of 9 and 18 of age) to separation and reunion with their mother, viewed 3 May 2015, <http://www.youtube.com/watch?v=DH1m_ZMO7GU>.

(2002) in her work with children placed in foster care. Patricia Crittendon (2005) suggests that significant, positive adult partnerships can provide an opportunity for modification to attachment styles, a finding supported by Rosnati, Greco and Ferrari (2015) in their research with adult adoptees.

This body of literature also suggests that the attachment experiences of one generation can influence the attachment style of the next generation (Crittendon 2005; Slade 2005; van IJzendoorn 1995) as an infant's primary carer interprets and responds to the infants emotional demands (Steele et al. 2009). A meta-analysis of the attachment literature has found that the Adult Attachment Interview (AAI), developed by Mary Main to ascertain parental attachment style, has predictive value in terms of the attachment patterns developed by the parents' children (van IJzendoorn 1995). The infant and adult attachment literature has significance when considering the impact of the preplacement and early placement experiences of adopted women, and what it may mean for them as mothers.

2.8 Master of Social Work Pilot Project

The researcher's Master of Social Work study was conducted in 2009 and was intended as a pilot to the current research. It was a small in-depth study that documented the parenting experiences of three adopted women, and based on the paucity of literature about this area of adoption, it assumed that the participant voices had been rendered inaudible regarding this stage of life, with little chance for their interests to be presented.

As well as giving voice to each woman's experience and looking for themes that were shared, the research sought to gauge the potential for recruiting participants to this larger study and to test the overall efficacy of the chosen qualitative research design. The pilot did not advertise for participants as widely as the current study, only seeking engagement through responses to a poster outlining the study (displayed at the ninth Australian Adoption Conference 2008 held in Sydney Australia). The response to the call for participants was such (ten in all), that advertising more widely, held promise for the recruitment to the current research project.

2.8.1 Pilot Study Methodology

In the pilot study, data was collected via in-depth interviewing (using open ended questions) and a demographic questionnaire. Both these methods have been retained with modifications, in the current study. For example, in the pilot interviews, participants were not asked about their knowledge of their pre-placement experiences. However, because each woman made several references to this part of their lives, it was decided to include a specific question on this in the interview schedule for this study (see Appendix 7).

Each interview in the pilot research was electronically recorded and transcribed, and transcriptions were accompanied by observational notes about the interview process (nonverbal cues, pauses and so on). This means of data gathering was gauged to be successful, as each woman spoke freely and at length about her experiences as a mother. This approach has again been employed in this current study.

An analysis of data in the pilot study proceeded line by line, to identify recurrent terms, central people, or key events which were labelled as codes. These codes were then grouped into broader categories within each interview and comparisons between interviews were then made. From these categories, umbrella themes were conceptualised and exceptions observed (Minichiello et al. 1995; Neuman 2006). This strategy has again been used in this study.

Several limitations to the pilot study sample were noted. The first was that the response to the call for participants, was primarily representative of those attending the adoption conference rather than the broader population of adopted women who were mothers. With this realisation it was decided to advertise more widely for the larger enquiry in the hope of reaching those women who may not have an academic or professional interest in adoption, and were possibly outside of any known clinical population or advocacy group. This subsequently influenced the broader advertising strategy used in this larger study, that is outlined in Chapter 4.

The second limitation to the pilot study sample was that during the course of interviewing, it became evident that the analytic requirement of thematic ‘saturation’

from the data was not reached, and so the breadth of categories and themes was potentially limited (Minichiello et al. 1995; Neuman 2006). It was anticipated that a larger sample size, as has been used in this current enquiry, will enable data saturation.

A third limitation had to do with the lack of triangulation of the findings. Within the current investigation, member checking and inter-raters have been added to strengthen the integrity of the study (see Chapter 5).

2.8.2 Pilot Study Findings

The results of the pilot study indicated that each participant had experienced a strong and lasting marital partnership and that their partners knew of their adoption prior to marriage. The commitment of all participants to their children and family of procreation was high and parenting was reported as a shared responsibility with their partners. Each woman spoke about her hopes and aspirations for her children and about the pleasure as well as the challenges that they experienced as mothers. The participants appeared to draw on the supports available to them during early parenting years, such as the resources within their adoptive family and family by marriage, friendship networks and normative organisational contacts such as the Maternal and Child Health services.

For two participants, anxiety and 'break down' were emotional issues that were wrestled with during these mothering years and one woman reported having experienced postnatal depression. Each had made contact with members of their birth family and they expressed a sense of obligation to maintain a level of contact with them because they had initiated the search and contact. Divided loyalties became a voiced theme around search and reunion and participants were sensitised to any perceived threat that the contacts might bring to their family of procreation.

Birth family contact assisted the participants to answer long held questions about their adoption, and there appeared to be more congruence between their childhood experiences and recollections and their adult situation. They appeared to have furthered their identity integration or in terms, their 'ego integrity' (Erikson 1980).

Each woman had remained embedded within her adoptive family networks and each spoke of a strengthening of their relationships with adoptive parents following search and reunion with members of their birth family.

All participants had experienced their adoption as having an impact on them throughout their lives. They voiced their belief that this status played a significant role in forming them as adults, their feelings, their behaviour, their social relationships and what they brought to their role as a parent. What also emerged was a clearer picture of the impact of the historical and social contexts that permitted their closed adoptions, fostering an ongoing state of 'adoption dissonance' (Conrick & Brown 2010).

2.9 Summary

This chapter has provided a contextual backdrop to the current research. It has examined the changing roles and practices of adoption within the State of Victoria and has noted Federal and State inquiries and commissioned studies concerning past adoption practices. The plethora of apologies given since 2013 from Australian governments, community welfare organisations and professional bodies concerning past adoption practices have also been outlined.

The notion of motherhood and mothering and implicit community assumptions about sexuality, moral behaviour and family life, have been considered from social constructivist, feminist, psychoanalytic and attachment perspectives; and in turn, the ways in which adoption practices reflect these changing norms have been noted. The chapter also considered the role of the social work profession in the delivery of adoption services, and the profession's role as an advocate for change in this arena.

Finally, the researcher's Master of Social Work pilot study, that informed this current inquiry, was reviewed. Where the current study fits within the adoption research and practice literature, and how the reviewed literature has apprised the direction of this study will be addressed in the next chapter.

Chapter 3 Literature Review

3.1 Introduction

This chapter reviews existing Australian and international research about adopted women as mothers, that has been generated in the past fifteen years. Additionally, the review positions the current study within the broader literature about adult adopted people and includes identified seminal works that are outside of the time frame designated for the review. Much of the literature comes from the fields of psychology, sociology and history, and while a considerable amount is within the positivist and ethnographic traditions, more recent studies have begun to be concerned with the daily lives and experiences of those who are adopted. A summary of the key findings of this material as well as the gaps in existing knowledge, are presented.

Also included in the chapter is an outline of the protocols developed for the selection and review of the literature, including a framework for assessing the quality of the reviewed material.

3.2 Positioning this Study within Adoption Literature

"Most of what we know about adopted persons refers to adopted children and youth…much less is known about the adjustment of adult adoptees, and, specifically about how they function in different roles" (Palacios & Brodzinsky 2010, p. 279).

Palacios and Brodzinsky (2010) in their analysis of the trends in modern adoption research, beginning in the late 1950s and early 1960s, posit two strands of study, both of which have been influenced by the focus of the discipline from which the inquiries have sprung: One strand comes from the child welfare field including social work researchers, where the focus has been on exploring issues related to adoption practices such as the stability of placements and the adjustment of the child and adoptive parents. The second strand has been championed primarily by psychologists and psychiatrists and is concerned with outcome studies and comparisons between adopted and non-adopted populations (Palacios & Brodzinsky 2010). These two strands of enquiry appear to reflect not only differences in the interests between

disciplines and fields of practice, but also a more fundamental division at the level of epistemology embedded in the aims of the research endeavours, the questions that were asked and the methods that were chosen to answer the questions. At times the empirical research appears to: ignore the complexity that overlays developmental issues; fails to account for the diversity of experiences between adopted and non-adopted persons, and does not account for the multiple factors that can influence an outcome for an adult adoptee (Baden, O'Leary & Wiley 2007; Passmore, Feeney & Foulstone 2007). Empirical adoption studies can seek to isolate factors from the adopted person's social and/or historical contexts, which inevitably exclude significant, dynamic elements of the lived experiences of adoption. This is of particular importance in terms of the growing understanding about how a person makes sense of the impact of adoption in their lives (Brodzinsky 2011; French 2014; Von Korff & Grotevant 2011). Palacios and Brodzinsky (2010) also note that certain research areas can be more prevalent at different periods of history, when similar questions are explored from different perspectives and by different disciplines(Palacios & Brodzinsky 2010).

The past two decades have seen a growing acknowledgement and interest in understanding and describing the lifelong impact of adoption for individuals, particularly the challenges that adoption status may present as individuals negotiate the usual developmental milestones across the lifespan (Penny, Borders & Portnoy 2007). However much of the literature that examines the adult experiences comes from clinical case studies or personal accounts rather than research within the non-clinical population (Palacios & Brodzinsky 2010; Penny, Borders & Portnoy 2007). It also appears that only a very few qualitative research studies have directly engaged adult adoptees in collecting information about their own experiences and many of these inquiries have focused on specific issues such as loss, searching and contact with birth family, rather than a more comprehensive consideration of the adoption experience and the reflections of adopted adults on the meaning of adoption for themselves.

It is within this gap in knowledge about lived experience and meaning, that the current inquiry is positioned. Information has been collected directly from adult adopted

women, and the meanings that they make of their lives at this particular stage, has been sought. A preliminary search of the peer reviewed literature undertaken for the researcher's Master of Social Work pilot study (2010) revealed a dearth of published research about the experiences of adopted women as mothers (described in Chapter 1). Since then further studies relating specifically to the current enquiry, have been published, however they are still small in number. Given this situation, it was decided to include a search of the 'grey literature' for information that could potentially add to the researcher's understanding of adopted women as mothers.

3.3 Literature Review Protocol

It was decided to use an 'extended literature review' (Alston & Bowles 2012) or what has also been termed a 'traditional review' (Jesson, Matheson & Lacey 2011) for this enquiry, given the paucity of material relating to the current area of study. This type of review includes 'grey literature', and is appropriate for the exploratory nature of this investigation, as it is concerned with the perceptions and experiences of participants, rather than a systematic review (often used in empirical research), which focuses on outcomes and uses randomised control trials.

Jesson, Matheson and Lacey (2011, p. 54) define 'grey literature' as including "any document that is not an academic journal article", and that is often intended for a restricted audience. This current review has included Australian Federal and State Government inquiry reports; commissioned organisational reports and/or research; conference papers; theses; writings from clinical practice based on clinical case studies and biographical material. A knowledge of a substantial portion of the Australian grey literature, has also come from the researcher's work within the adoption field in Victoria, the Australian State within which the study has been conducted.

Due to the dearth of peer reviewed material directly relating to the focus of this enquiry, a further decision was also taken to expand the search of the peer reviewed literature to other areas of adult adoptee experience such as identity development, loss, search and contact, and overall psychological adjustment (Baden, O'Leary &

Wiley 2007). These particular areas have significance in the literature and have been explored as a means to providing further insight, to this research enquiry.

It is recognised that a number of adopted persons in Australia have overlapping experiences with the populations termed, the 'Stolen Generation'[27], the 'Lost Innocents'[28] and the 'Forgotten Australian'[29] (briefly referred to in Chapter 2 section 2.6.1) as one of the contexts to this study. These additional experiences will not be evaluated as part of this literature review, as they have their specific bodies of research that capture an array of complexities outside of the adoption experience.

The search of peer reviewed literature, used the search terms 'adopted women as mothers/parents', 'adoptees as parents', 'adoptee AND parent', 'adoptee AND mother'. Separate searches of three adoption journals and several social work journals, were also undertaken. The search of the social work journals was of particular significance to this study as it has been conducted by a social work practitioner within the School of Social Work at Monash University (see Table 3.1). The search included electronic articles as well as print sources and seminal works outside of this time frame have also been added. Only English language literature and research translated into English was reviewed as the researcher is an English speaker only. The literature search was conducted primarily through the Monash University Library, (including the electronic databases) as well as through the World Wide Web.

The time period covered by the review aimed to span 2000 to 2015. While this was achieved in the area of adopted women as parents, it became more fluid in the associated areas of adoption literature, as seminal works and other important research material outside of this time frame were identified and included.

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[27]The 'Bringing Them Home Report' (Australian Human Rights Commission 1997) investigated the removal of indigenous children from their families (also known as the Stolen Generation).

[28]'Lost Innocents: Righting the Record -Report on child migration', Australian Senate Community Affairs Reference Committee 2001, investigated the roles of the Australian & British governments in bringing child migrants to Australia & the subsequent experiences of these children.

[29]The term 'forgotten Australians' was coined in the 'Inquiry into Children in Institutional Care', Australian Senate Community Affairs Reference Committee 2004, to refer to those who had spent time as children, in institutional care across Australia. In NSW this population is also known as 'care leavers'. Many of these children were wards of the state.

Literature was only sought for local/domestic adoption and has not included that relating to intercountry adoption. This was in order to limit additional factors such as cross cultural experience, which accompany intercountry adoption. Only literature specific to adult experiences, rather than that of children or adolescents, has been included as the study is about adult women. Where relevant, literature specific to the adopted female experience (rather than male experience), has been privileged, because of the focus of the research questions. This review does not claim to be exhaustive, however it has provided a substantial understanding of what is known about this research area and has informed the open-ended questions used with the participants in this study.

Table 3.1 Sources of Peer Reviewed Literature Specific to the Research Topic

Data Bases	Adoption Journals	Social Work Journals
PsychcINFO ProQuest Scopis Informit Google Scholar Ovid Medline Taylor and Francis	Adoption Quarterly Adoption and Fostering Journal of Family Issues	Australian Social Work Australian Child British Journal of Social Work Child and family Social Work

3.3.1 Quality of Included Studies

A framework for determining the quality of the literature included in this review has been based on criteria outlined by Alston and Bowles (2012) and Jesson, Matheson and Lacey (2011) and is also reflective of the quality measures that the researcher has used to evaluate this current enquiry (see Chapter 5). The framework is applicable to the qualitative studies which make up the bulk of the literature reviewed and will be referred to as literature is discussed. It is assumed however that the peer reviewed material already fulfils the following criteria.

The quality framework examines:

- whether the researcher states their epistemological position;
- how ethical considerations are addressed;

- the description of the overall research design;
- the rational for and clarity of sampling strategies- inclusion and exclusion criteria;
- the congruence between the research question, methodology and methods used for data; collection and analysis;
- the strategies that are used for ensuring rigor, including the transparency of process;
- the statement of results and their interpretation;
- the type of review process employed; and
- the publication type and impact factor of the journal where applicable (Jesson, Matheson & Lacey 2011).

3.3.2 Review of Identified Literature: Adopted Persons as Mothers

3.3.2.1 Sources and Focus of the Reviewed Literature

As has previously been mentioned, the interest in the life course experiences of adopted persons has grown since this study commenced. Research and governmental and/or organisational projects conducted by a range of disciplines from a variety of countries around the world have been identified as taking note of adopted women as parents (see Table 3.2).

Of the peer reviewed literature specifically concerning with female adoptees as mothers, one small, qualitative study was conducted within the social work field in Australia (this being the researcher's research study carried out as a requirement for her Master of Social Work and framed as a pilot to this current research) (Conrick & Brown 2010) and the other was an autobiographical and analytic reflection by Phillips, herself adopted, about her own mothering experiences (Phillips 2009). Four other peer reviewed studies: Moyer and Juang (2011); Richardson, Davey and Swint (2013); Rushton et al. (2013), and Roche and Perlesz (2000), also mention the parenting experiences of adopted women as a finding that emerged as part of broader investigations about other aspects of adoption. These studies came from the disciplines of psychology and psychotherapy and are from the United States, the United Kingdom and Australia. Three studies used a mixed methods approach and one a qualitative approach to data collection and analysis.

Of the grey literature reviewed, two studies were Ph.D. dissertations conducted by Turner (2014) and Pinkerton (2010) both in the United States, within the field of psychology (each used a qualitative approach to data collection and analysis, with small sample sizes). Another study conducted by Masso and Whitfield (2003) on behalf of a community service organisation in NSW, Australia and this research used larger sample sizes and a mixed methods approach. Two further Australian Inquiries, one examining the impact of forced adoption practices (SCARC 2012) and the other concerned with the history of adoption (Kenny et al. 2012), used large samples and mixed methods approaches (see Table 3.2). Additionally the seminal volume written by Brodzinsky, Schechter and Marantz Henig (1992), while outside the time period for review, could not be excluded from the literature because of its ground breaking insights into adult adopted life (Brodzinsky, Schechter & Marantz Henig 1992).

The specific means of recruiting participants in all the literature reviewed, varied depended on the purposes and aims of the studies and included such strategies as recruiting through adoption agencies (Rosnatti, Greco & Ferrari 2015), advertising at conferences and word of mouth (Horowitz 2011; Conrick & Brown, 2010), through social network sites (Turner, 2014) and extracting subset information from a larger study (Rushton et al. 2013). The two Australian inquiries (Kenny et al. 2012; SCARC 2012) were each advertised on government websites and through public media, and following written submissions, willing participants were selected for interview. The variety of recruitment strategies reflect the hidden nature of the population and the difficulty in contacting them.

In all the reviewed research, the notion of ‘mother’ referred to the woman who had day-to-day care of her child. In the specific studies that focused on women as mothers, participants were generally reported as being biologically related to their children, although those in the Conrick and Brown study (2010) had both biological and adopted children. Another study (Rosnatti, Greco & Ferrari 2015) and a dissertation (Turner 2014) both included adopted men as fathers as well as adopted women, although it is not clear whether the mothers had a biological or social connection to their children. Horowitz (2011) compared the attitudes to parenting of adopted and non-adopted parents of biological and adopted children, and Moyer and

Juang (2011) in their study were concerned with gauging the future responses to parenthood for participants who were not yet mothers. The participants in the peer reviewed studies included, local and intercountry adoptees, men and women, varying in age from early adulthood to older adulthood. The dissertations that were reviewed contained male and female adopted adults, who are both biological and social parents, locally born and of various racial origins, as well as those who were intercountry adoptees.

In the non-peer reviewed material and in the government inquiries, the concept of 'mother' appears to be used broadly than in the peer reviewed literature, often relying on the self-definitions of those who contributed to the written reports. For example, in the Senate Inquiry (2012) into former Australian 'forced' adoption policies and practices, participating women were self- selecting and they could have biological and/or adopted children, who they may or may not have raised themselves. No mention is made in any of the reviewed literature to the participation of lesbian mothers. The variation in purposes and samples of the studies, also contributes to difficulty in making comparison between the studies, and self-selection of participants inevitably raises the question as to the broader application of the study's findings.

The sample sizes of the studies discussed, range from three women to one hundred and forty-nine women, and in several instances include men. Methodologies were both qualitative and quantitative. A variety of methods were employed to collect data (such as open ended questions, standardised questionnaires or standardised questions for face-to-face interviews) and the methods used for analysing the data also varied. Several studies using thematic analysis as well as standardised tools associated with particular interview schedules. Despite the differences in the purpose of the studies and the variations in sample size and methods, it was significant to note a several shared findings between the studies that will be outlined in the following discussion.

3.3.2.2 The Findings of the Reviewed Literature

Brodzinsky, Schechter and Marantz Henig (1992) identify the parenting life stage as one of the key points in the life course that can present challenges for the adopted person. They note that the absence of a known genetic history may impact on the adopted woman's decision to have children or it may raise anxiety about genetically

inherited conditions as the time of delivery approaches. Masso and Whitfield (2003, pp. 22- 31) supported this finding in their study, noting that 83 percent of adopted women with children felt that their adoption had in some way affected their experience of being a mother, and that 56 percent felt that their adoption was a factor in their decision to have a child. Of the adoptee respondents to the to the 'Past Adoption Experiences National Research Study' (Kenny et al. 2012, p. 103), just over one-quarter of respondents (26%) stated that their adoption experiences had been very influential in their decision to have children, and 15 percent commented that their adoption had a small effect on their decision to have children. However, unlike Masso and Whitfield (2003), half of the respondents in the Kenny study (2012) said that their adoption experience did not affected their decision to have children. It is to be noted that participants were not asked whether the influence they reported was positive or negative.

In a pre-parenthood study, Horowitz (2011) compared attitudes toward parenting of a group of 314 adopted and non-adopted participants. Adoptees expressed more reluctance regarding parenthood than their non-adopted counterparts, adding weight to the findings of Masso and Whitfield (2003) and a proportion of those in the Kenny (2012) enquiry. Another interesting finding reported by three women in a study by Moyer and Juang (2011), was their desire to experience what their adoptive mothers had not, namely giving birth.

The birth of children has been reported as precipitating a range of emotions for adopted women including a sense of grief and loss (Brodzinsky, Schechter & Marantz Henig 1992; Conrick & Brown 2010; Masso & Whitfield 2003; Pinkerton 2010); fears about being separated from their baby and a sense of personal confusion (Masso & Whitfield 2003). The impact of a child being the first genetic relative with whom the women have had contact, was also profound (Brodzinsky, Schechter & Marantz Henig 1992; Kenny et al. 2012; Masso & Whitfield 2003).

Within the recorded studies, adopted women have voiced their concerns about their capacity to bond with their own children or of being overprotective of them (Kenny et al. 2012; Masso & Whitfield 2003) and participants in the Moyer and Juang (2011)

study expressed a wish not to repeat a history of disconnection with their children, aiming rather to foster better communication between mother and child. Other women reported that they were more open in discussing experiences and feelings with their children as a result of their adoption and that this has resulted in their children having a much better *sense of self* than they believed they had had at a similar age (Kenny et al. 2012; Masso & Whitfield 2003). Several women who were mothers and who had made submissions to the Forced Adoption Inquiry (2012) believed that their adoption had also impacted on their children in terms of robbing them of their genetic histories; giving them mothers who experienced feelings of depression and anxiety and a flawed sense of self (SCARC 2012). The adoptee participants in both the Moyer and Juang (2011) and Horowitz (2011) studies also expressed their belief in the significance of a genetic connection and the importance of bloodlines that future children would represent.

Having children may awaken within adopted women, a new empathy for birth parents as well as a reconsideration of her relationship with her adoptive parents (Brodzinsky, Schechter & Marantz Henig 1992; Conrick & Brown 2010; Kenny et al. 2012; Masso & Whitfield 2003; Richardson, Davey & Swint 2013; SCARC 2012). A desire to search for and/or have contact with birth family was another experience reported in the literature that may also be prompted by the birth of children (Conrick & Brown 2010; Pinkerton 2010; Richardson, Davey & Swint 2013). Interestingly the small pilot study conducted by Roche and Perlesz (2000, p. 15) found that its three participants (two were women with children) had chosen not to search for their birth family because of a sense of loyalty to their adoptive family, a belief in a spiritual connectedness with a 'bigger other' and a different understanding of family since becoming a parent. This sense of family as also reported by Rosnatti, Greco and Ferrari (2015), was linked to some extent to the strength of relationship between their participants and their partners.

This study by Rosnati, Greco and Ferrari (2015) focused on the significance of the couple relationship in supporting or hindering twenty-five adopted adults in reviewing and reforming their view of their own adoption history. While it is unclear how many of the adopted participates were women, this study suggests that partner relationships

are significant to parenthood for adopted people. A finding echoed in other studies (Conrick & Brown 2010; Kenny et al. 2012; Rosnati, Rushton et al. 2013; SCARC 2012).

The Australian study conducted by Conrick and Brown (2010), also found that while the participating women and their families operated within the socially normative range of family experiences, each reworked identity issues not only at the time of child bearing but well into the parenting years. These findings suggest that the parenting role demands a high level of personal resilience as participants' coped with memories of their past and the impact of search and reunion; and that the continued negotiation of contact with multiple family systems (adoptive, in-law and birth) called forth a high degree of social competence. These are findings that will be further explored in this current study.

Linked to the idea of identity as a mother are the narratives that women have constructed, that include reference to their adoption status. At the third International Conference on Adoption Research 2010 (ICAR3) Jeanne Howard presented data from a qualitative study of women in young adulthood in the United Kingdom. While not specifically focused on motherhood, the study concluded that adoption is more important at certain points in life, such as having a first child; and that personal identity for an adopted person includes narratives about their adoption status that change over time and are influenced by context (Howard 2010).

Table 3.2 Studies about Adopted Women as Mothers and/or Parents

Citation	Purpose of the Study, Location & Researcher Discipline	Design	Participants	Findings (relevant to this research study's questions)
Peer Reviewed Research				
Rosnati, Greco & Ferrari (2015) (this paper was also presented as a paper at ICAR3 2010)	To explore the transition to parenthood for couples where at least one of the partnership was adopted Italy Psychology & Psychotherapy	Mixed methods Semi-structured interviews and use of a graphic symbolic instrument (The Double Moon Test) Aim- exploratory Sampling-snowball sampling from 2 adoption agencies	34 couples with children, where at least one of the partnership (20 women) was adopted either locally or internationally	The transition to parenthood "affects the way in which adoptees think about their past experiences and their present family relations". Results also shed light on the partner's role in supporting or hindering the adoptees process for reviewing their adoption history.
Richardson, Davey & Swint (2013)	To understand the post reunification experiences of female adoptees with their biological & adoptive mothers US Located within the Department of Couple & Family Therapy Drexel University & the Department of Paediatrics, Thomas Jefferson University	Qualitative Semi-structured interviews. Aim- descriptive Sampling- purposive via counselling agency	9 women (28-52 years) adopted prior to age 2 in a closed system 5 of the 9 women had children (one was an adoptive parent of 2 children)	One sub-section of the study indicated that the participants felt becoming a mother was important to their decision to 'search', as well impacting on the relationship that they developed with birth mothers.
Rushton et al. (2013)	To explore the mid-life psychosocial functioning &	Mixed methods	From a sample of 100 women, was drawn a sub-	The importance of partnerships & significance of their own family of

	physical health of Chinese/ British intercountry adoptees. UK Social Work	standardised questionnaires & face-to-face interviews were use; comparisons of populations Sampling-purposive; from specific populations of adopted women	sample of 50 British-born women adopted domestically as infants	procreation, emerged for the sub sample.
Moyer & Juang (2011)	To investigate the connection between adoption & occupation & plans about parenting US Psychology	Qualitative Face to face interviews, using 3 interview schedules: the demographic questions, the 'Adoptive Identity' 'Interview & the Identity Status Interview'	10 young female adults (no children)	It was found that in considering future parent-roles participants expressed a desire to experience what their adoptive mothers had not; their belief in the significance of genetic connection their own medical/ genetic history & the importance of bloodlines; a desire not to repeat history and a reluctance to adopt a child; increased communication & strength of parent child relationship; wanting to give children best possible childhoods.
Conrick & Brown (2010)	To conduct a pilot study to learn about the experience of adopted women in Victoria, as they parent their own children. And to test the feasibility of a larger study (MSW- pilot study to PhD). Victoria, Australia. Australia Social Work	Qualitative Semi-structured interviews	3 (with biological & adopted children)	Participants operated within the normative range throughout the time of child rearing, while reworking identity issues. Their parenting role involved a huge commitment to their children & partners & demanded a high level of effort as they coped with a sense of loss, the impact of search and reunion, & the negotiation of multiple extended family systems.
Phillips (2009)	To examine the personal experiences of an adoptee who has become a mother of biological children	Ethnography	1	The relationships between the adoptee & both mothers; the emotions that arise during pregnancy & birth; consideration of how being an adoptee affects mothering

	US			styles and a deeper understanding of the impact of adoption on themselves.
Roche, & Perlesz (2000)	To describe the experiences & attached meanings of adopted adults who chose not to search for birth family Australia Social Work	Qualitative Semi structured interviews	3 participants- 2 women and 1 man, each living in stable and established families of procreation with children	One sub-section of the study indicated that the participants felt a strong connection with their children & partner; & had gained a different understanding of 'family' since becoming one which they attributed to the blood tie. It raised the question as to whether a stable family of procreation, may modify/ heal a desire for connection with their biological past.
Dissertations				
Turner (2014)	A phenomenological study of late-placed adoptees as parents US Psychology	Qualitative Recruited through internet advertising, social networking sites & colleague referrals	4 female and 2 male participants	Experiences as children with their biological & adoptive families, how they think of themselves as parents, & how they think about their children**.**
Horowitz (2011)	Explored and compared adult adoptees and non-adoptees' attitudes towards parenting. US Psychology	On line survey about the desire to parent, feelings about becoming a parent, perceived ability to relate to children, self-acceptance & perceived level of acceptance from parents Recruited through adoption conferences	213 non-adoptees and 101 adoptees (80% were women). Approximately 40% of adoptees were parents & five of these individuals were adoptive parents. Adoptee participants were both domestic & internationally adopted	Results showed a significant difference between adoptees' and non- adoptees' desire to become parents, with non-adoptees demonstrating a stronger desire. Adoptees reported feeling significantly less able to relate to children. They also indicated 'biological connection' as more influential in deciding to become parents while non-adoptees were more willing to adopt**.**
Pinkerton (2010**)**	This study explores adoptees' experiences of pregnancy & Motherhood	Mixed methods. Recruitment through a variety of sources- internet	10	Pregnancy & new motherhood emerged as a period when thoughts of the adoptees' own adoption as well as adoption related issues re-emerged.

	US Psychology	site; word of mouth; support group		Curiosity about their birth family; improved relationship with their adoptive mother; increased empathy towards their birth mother, and difficulty understanding their birth mother's decision to relinquish them; increased feeling of belonging & experiencing having a baby as healing.
Grey Literature				
Kenny et al. (2012)	This national study evaluated the range of impacts of past adoption practices, patterns of past service use & current service needs of all members of the adoption circle. Australia. Psychology	Mixed methods: a series of quantitative surveys; qualitative interviews & focus groups were conducted, evaluating the impacts of adoption across a range of domains: relationships, psychological well-being, quality of life, life satisfaction; and a number of specific life events such as difficulties in employment, education, or physical health. The extent to which these individuals had accessed formal or informal supports or services following adoption experiences was examined & current support needs for each group, were identified.	The adopted women who were mothers were a sub group of the total sample, however the study did not analyse results according to gender, so specific figures are not available.	Concerns about capacity to bond with their own children; increased degree of openness with their children; impact of having a 'blood' relation.
Senate Community Affairs Reference	To determine the Commonwealth contribution to former forced adoption policies	Mixed methods. Individual & organisational	The adopted women who were mothers were a sub group of the total sample. 17	The inquiry concluded that 'forced adoptions' were widespread throughout Australia, with lifelong impacts for those

Committee (2012). (See Table 2.1)	and practices Australia	submissions	respondents were able to be identified as adopted women who were mothers.	involved.
Howard (2010) (ICAR3 conference presentation)	To look at the way in which women in late adolescence and young adulthood have made meaning of their adoption US	Qualitative Semi- structured interviews	17 -whether they had or did not have children was not outlined in the demographic information although participant quotes reflected that some women were mothers.	While not specifically focused on motherhood the study concludes that adoption is more important at certain points in life, such as having a first child; Identity includes narratives about adoption status that it changes over time and is influenced by society.
Masso & Whitfield (2003)	To explore the relationships between adoption, pregnancy, birth & motherhood. Sydney, Australia Social Work	Mixed methods design using surveys and interviews.	190 women (149 with children and 41 without)	Adoption impacts on many facets of motherhood: the decision to become a mother; emotional lability; feelings about adoption status; the need to trace birth family & their view of biological connection.
Practice Perspectives				
Brodzinsky, Schechter & Marantz Henig 1992,	To document the meaning of adoption through the life course. US Psychology	Qualitative	Not stated	A small section of this book comments on the parenting phase for adoptees. It states that having children raises questions about genetic inheritance; increases empathy; may prompt searching and involves a renegotiation of relationships with adoptive and birth parents.
Autobiographies				
Chick (1994)	To tell the story Australia	Autobiography		A description of the author's search for herself through gathering information about her birth mother and the small connections that are made across

				generations.
Phillips (2004)	To tell their story US	Autobiography		Description of experiences of identity adjustment, anxiety and mental health challenges and search for birth family at the time of mothering.

3.4 Other Associated Adoption Literature

Other literature that may add to an understanding of the issues faced by adult adopted people, and in particular adopted women as they parent, is the research and clinical literature relating to four major thematic areas, namely:

- loss and grief;
- identity development;
- overall psychological and social adjustment; and
- search and contact with birth relatives (particularly birth mothers).

While earlier reviewers suggested that most adult adoptees are stable, well-adjusted, and satisfied with their adoptions (Sachdev cited in Borders, Penny & Portnoy 2000, p.407; Triseliotis 1973) and longitudinal data suggested that problems in childhood and adolescence did not persist into adulthood (Feigelman cited in Borders, Penny & Portnoy 2000, p.407), more recent literature presents different perspectives, particularly moderating factors that affect the individual across a range of domains. These will be explored in the following sections of this chapter.

3.4.1 Loss and Grief Experiences

The recent literature describes loss, grief and trauma as central and profound pillars of the adoption experience, something faced by all adopted people to different degrees, at various points in their life. It suggests that adoption losses may confer higher vulnerability to emotional and psychological adjustment, life satisfaction and the formation of a secure identity in adulthood (Brodzinsky, Schechter & Marantz Henig 1992; Goodwach 2003; Lifton 2007; Nickman 1996). Nancy Verrier (1993) asserts that the adopted person experiences a *primal wound* of separation from their birth mother, that has lifelong emotional and psychological impacts. This view is echoed by McGinn (2007, p. 63) who states that adoptees may find it more difficult than their non-adopted peers to develop a secure sense of trust because of the losses they have experienced as infants. However the attachment literature argues that the ‘primal wound’ of separation can be modify through the re-attachment of the infant to sensitive, nurturing caregivers (Dozier 2011; Dozier & Rutter 2008; Winnicott 1973) and adoption researchers (Brinich, 1990; Brodzinsky & Palacios 2005; Nickman

1996) suggest that it is as the adopted person matures and more fully understands the social context of their adoption, that loss is felt.

The adopted person has experienced separation from birth family and extended family, may have incomplete background information and family history, and may feel a lack of genetic belonging and existential connection (Lifton 2007; Reitz & Watson 1992). A double loss may also be experienced by those who have had unsuccessful searches or reunions, or lack of support from their adoptive families (Passmore 2007).

Abrams (cited in Passmore, Feeney & Foulstone 2007) speaks of the experience of ambiguous loss, when a physical absence is accompanied by a psychological presence of a person of significance, as in the thoughts and imaginings that an adopted person may have regarding their birth parents. This may be further exacerbated by the extent to which adoptive parents are emotionally open about adoption matters regardless of the available information. Adoptive parents who are unable to acknowledge the birth parents in their family life, may inadvertently exacerbate this loss (Brodzinsky & Palacios 2005). Powell and Afifi (2005) found that adult adoptees were less likely to express profound feelings of loss if they experienced their adoptive families as open and accepting (Powell & Afifi 2005); and Bertocci and Shechter (1991) found that some adopted persons were fearful of the potential distress their adoptive parents may feel if their adoption information was sought, a theme reflected in the findings of Masso and Whitfield (2003). However, Passmore (2007, p.4) notes the individual differences between adoptees, with some experiencing losses more acutely than others. There are also those adoptees "who report feeling little sense of loss in relation to their adoption status".

Society's past failure to recognise losses associated with adoption and the lack of provision for those with an adoption experience to openly mourn, has been called 'disenfranchised grief' (Doka 2002). Nickman (1996) posits that once an adopted person becomes aware of their adoption status, a sense or retrospective loss regarding 'what might have been', can be experienced. Leon (2002) contends that adoption losses are felt more keenly when the blood tie of kinship versus non-sanguinal kinship

has primacy of status in a culture: “saturated with cultural emphases on physical similarities, medical histories, and blood and cultural ties, and complex elaborations of those themes, the adoptees subjective experience is that of ‘missing out’ compared with the experiences of others” (Bertocci & Schechter 1991, p. 186).

3.4.2 Identity Formation and Self-Esteem

‘Who am I?*’* is one of the principal questions in the notion of normative identity development in Western society (Dunbar & Grotevant 2004; Erikson 1980) and for the adopted person, the additional questions of ‘who are my parents?’, ‘why was I placed for adoption?’ and ‘what does my adoption mean to me?’, are also present (Dunbar & Grotevant 2004, pp. 135-136). Often associated with these questions is a sense of loss, grief and at times anger and/or trauma.

The notion of identity can be considered from intrapsychic, inter-relational and broader societal perspectives (Grotevant et al. 2007; Phoenix & Rattansi 2005). The psychodynamic view regarding the formation of a sense of self, focuses on the individual and describes the roots of identity beginning in childhood, entwined with the emergence of trust and autonomy (Bowlby 1969; Stern 2002; Winnicott 1958). This process takes on new prominence in adolescence with the exploration by the individual of their goals, values and beliefs (Erikson 1980; Neil, Beek & Ward 2014). During adulthood, adjustments in identity are interwoven with the tasks of intimacy, generativity and ego integrity (Erikson 1968, p. 245) and are inextricably linked with the idea of self-esteem. Erikson (1980) further posits that adjustments to personal identity are part of the life cycle of each person, although feminists have criticised him on the grounds that he privileges individuation over connection and is therefore androcentric in relation to how women construct their identity (Graham, Sorell & Montgomery 2004).

For the adopted person, the development of the adult, differentiated, autonomous sense of self is recognised as a complex process. Psychodynamic researchers describe the adoptee’s identity development as including a number of intertwined issues: a sense of abandonment and rejection (Brodzinsky, Schechter & Marantz Henig 1992); the ambiguous loss of birth parents; ‘genealogical bewilderment’ (Sants cited in

Brodzinsky & Schechter 1990, p.85); an incomplete sense of self and possible body-image issues; an uncertainty about what their adoption means for them and their relationship with their birth parents and their adoptive parents (Warner, Colaner & Kranstuber 2010); and challenges to sexual and romantic relationships (Smith, Howard & Monroe 2000).

Goffman (1963) posited that the ideas that we have of ourselves, are in some measure influenced by how we perceive the way others see us. From this perspective, identity is an interactional and relational process between the individual and the members of the various social groupings to which they belong. A sense of self is also associated with the performance of socially prescribed roles (patterns of behaviour) and the accompanying status' (social positions occupied by a person) that are held (Reitzes & Mutran 2002).

The interactional and changing nature of identity development requires that it be considered in relation to the historical contexts within which individuals finds themselves. This perspective moves the focus solely from the individual to the impacts of societal attitudes, values and morality regarding the individual citizen and their place within communities. Over the past fifty years changes in Australian culture have been reflected in alterations to the laws relating to marriage, children, sexuality; and attitudes to single motherhood and children born out of wedlock, and the overall way in which everyday life functions (Baumeister 1986; Reitz & Watson 1992). Giddens (1991) links these changes to globalisation and the alterations it has brought to the form and function of the family and the roles of the parent, child and individual within it. He also associated these changes with the decline in religion as the moral guide for society. Leon (2002) connected feelings of 'adoption difference' to the secrecy that surrounded adoption and the societal view of the adopted person being outside the norm because of their illegitimate status. Indeed in Victoria, the legal sanctioning of access to adoption information and search and reunion procedures since 1984 (as referred to in Chapter 2) has altered the landscape for adopted adults. Past secrecy may also have contributed to an actual, as well as a felt disconnection for the adopted person between their past and present (Goodwach 2003, p. 63). It is posited that there is a dissonance in identity formation for adopted people due to the

mixed messages that they received about their status, namely 'because you were loved you were given away' (Bertocci and Schechter 1991). Conrick and Brown (2010) suggest that this experience of 'adoption dissonance'[30] takes on another layer of generational complexity when adopted women form a family of procreation (Conrick & Brown 2010). However, there appears to be a gap in the research about the way in which adoption matters have been communicated by adoptive parents and the impact of this on adoption identity and later sense of sense of self-worth (Brodzinsky & Palacios 2005; Wrobel et al. 2003).

For Foucault the question of 'who am I' is a political one, with 'self' emerging from the complex relationship between power and knowledge, where power is exercised throughout all relationships at every level of society (Beasley 2005). This view has particular relevance for the adopted person as adoption is an assigned status imposed by others without the adoptee's consent, robbing the adopted person of personal power (Grotevant et al. 2007). The recent emergence of a narrative perspective of identity formation also suggests that identity can be conceptualised as a process that is an ongoing dynamic, construction rather than an outcome or a fixed end point. It comprises "self-referential story lines, given in language ... available in the culture and inherited and internalised from others as well as synthesised and imagined by the person her/himself" (Henley, Kean and Lloyd, p. 8). Such a conceptualisation would seem to be particularly relevant for adoptees, as they experience the ongoing process of integrating their adoptive and biological identities. Lifton (1994) suggests, that "if your personal narrative doesn't grow and develop with you, with concrete facts and information, you run the danger of becoming emotionally frozen. You cannot make the necessary connections between the past and the future that everyone needs, to grow into a cohesive self. You become stuck in the life cycle, beached like a whale on the shores of your own deficient narrative" (Lifton 1994, p. 65).

[30]Adoption dissonance is a term coined by the researcher to refer to the ongoing dichotomies, contradictions and conflict of unreconciled ideas or situations associated with the state of being adopted. This potentially has a cumulative effect over time impinging on identity formation, educational achievement, partnerships and life satisfaction. This concept is based on Leon Festinger's notion of cognitive dissonance (1952) and is alluded to by Bertocci and Schechter (1991).

Harold Grotevant in his work in the Minnesota/Texas Adoption Research Project[31], has developed a framework for understanding the multi-level processes of adoptee identity formation. This framework is primarily based on a developmental view of the project's participants, from childhood to early adulthood and it describes three aspects of adoptee identity: self-definition (the characteristics by which one is recognised as he or she self-defines within his or her historical context); coherence of personality (the subjective experience of the ways various facets of one's personality fit together), and sense of continuity over time (the connections between past, present, and future that traverse place and connect relationships and contexts). Added to this is the degree of 'salience' that adoption status has for an individual at various times in their life (Grotevant et al. 2007).

Grotevant proposes that identity formation for the adoptee is characterised by times of exploration and review, consolidation and integration. The identity process for the adopted person may follow a course that includes an initial state of unawareness or denial followed by experiences that lead to a state of personal crisis, doubt or exploration. Following a time of searching and/or self-questioning, the fuller content of an individual's adoptive situation may then be woven into the broader emerging life narrative. The process may repeat itself over the life course, each time bringing the potential for renewed and expanded integration of ones' sense of self, cognitively and affectively (Penny, Boarder & Portnoy 2007).

It might be posited that becoming a parent is just such a point of exploration and review for the adopted person. Identity development for the adopted person may then be said to involve not only the usual challenges facing their non-adopted peers but also the additional task of integrating their social and biological worlds (Grotevant 1997; Passmore 2004; Passmore et al. 2005).

3.4.3 Overall Psychological and Social Adjustment

The empirical literature presents a complex picture of long-term psychological and social adjustment outcomes for adopted adults. Some researchers conclude that there

[31]The Minnesota/Texas Adoption Research Project is now in its third wave of investigation in which the adoptees are young adults.

are few differences in psychological well-being (Borders, Penny & Portnoy 2000; Collishaw, Maughan & Pickles 1998), whereas others report substantial differences in self-concept (Levy-Shiff 2001) and psychological distress (Cubito & Obremski-Brandon 2000; Miiller, Gibbs & Gupta Ariely 2002). Overall, researchers have found that there is a "subset of adoptees for whom adjustment may be more problematic" (Wilson 2004, p. 687).

Researchers in Britain (Brinich 1990), the United States (Feder 1974) and Australia (Passmore et al. 2006) describe adoptees as being overrepresented in samples of psychiatric patients (Brinich 1990; Feder 1974; Passmore et al. 2006). Borders, Penny and Portnoy (2000) found that adopted persons were more likely to seek counselling (64%) than were their non-adopted peers (17%), a finding supported by a meta-analysis of adoption research literature conducted by Juffer and IJzendoorn (2005), which concluded that domestic adoptees have higher rates of mental health care referrals than their internationally adopted and non-adopted peers. Sullivan, Wells and Bushnell (1995) and Boarders, Penny and Portnoy (2000), found a higher lifetime incidence of major depression in adult adopted females compared with non-adopted females; and a recent pilot study in the Netherlands, comparing adult domestic adoptees with their non-adopted peers and international adoptees, found that domestic adoptees experienced significantly more borderline to clinical levels of internalising problems (52% versus 22% and 18%) than externalising problems (30% versus 12% and 13%) (Dekker et al. 2010). However an alternate perspective was proposed by the meta-analysis of Juffer and IJzendoorn (2005) which suggested that adoptees may not just suffer higher incidence of mental health issue, rather they may be socialised into seeking help earlier than their non-adopted counterparts (Juffer & Van IJzendoorn 2005).

Points of transition such as the death of a parent; the birth of a child or breakdown of a marriage/partnership, can renew a sense of disenfranchisement and challenge an adopted adult's sense of self (Brodzinsky & Palacios 2005; Nickman 1996). Adults can present clinically with distress relating to relationship difficulties such as spousal and adoptive family relationships, and issues pertaining to contact with birth parents and other family members, which may be influenced by their capacity for emotional

closeness and/or distance; their ability to self-regulate and to manage anxiety (Passmore, Feeney & Foulstone 2007; Passmore 2004). While in the Justice arena, a study comparing a population of adopted and non-adopted young adults, found that the adopted individuals had greater drug and alcohol usage, and higher rates of involvement with the criminal justice system than those who had been raised by their biological parents (Feigelman 1997).

"Many adoptees experience ongoing fears of abandonment and rejection along with feelings of not belonging and of being powerless over what happens in their lives" (Goodwach 2003, p. 63), a finding echoed in the 'National Research Study on the Service Response to Past Adoption Practices' (Kenny et al. 2012). Increased sensitivities such as these may be attributed to a higher incidence of insecure attachment styles in the adult adoption population, than are found in the general population. Feeney, Passmore and Peterson (2007) used self-administered questionnaires to compare a group of 144 adults (adopted as infants) to a group of 131 non-adopted adults, to ascertain their attachment styles. The findings revealed that adult adoptees were more likely to rate themselves as insecurely attached as compared to the non-adoptee group. This is an area that needs further research. However, comparison studies do not always account for other factors that may contribute to outcomes in adulthood. For instance, age at adoption, the pre- placement experiences of the individual; whether adoptions were open, closed or intercountry placements; whether the domestic adoptions accounted for racial differences of those adopted, as well as the nurturing experiences within the adoptive and non-adoptive families and their kith and kin networks. We might also add to this, the different adoption practices of the times and the different social views on adoption that may influence adoptee perception. Thus, the research picture regarding mental health and social outcomes for the adult adopted person is a mixed one.

3.5 Search and Contact

Since changes to the Victorian adoption legislation in 1984, those adopted in that State have been able to access information about their own adoption; and according to the Family Information Networks and Discovery service (FIND), Department of

Health and Human Services (DHHS)[32], approximately 20,097 adopted persons have applied for their records from their service, between 1984 and August 2014 (Mr J Finch confirmed this by telephone 22 June 2015). Others have obtained their information from the State's non-government adoption information services[33]. However, these figures are not available here.

Many people then go on to search for family members. VANISH reports that in excess of 14,500 adopted people have applied for assistance with searching from their service, since its' establishment in 1990[34] (Ms E Tomlinson confirmed this in conversation on 22 June 2015); and 88.1 percent of adopted persons who participated in the AIFS National Study (Kenny et al. 2012, p. 234), reported that they had attempted to obtain information about their family of origin. The majority of adopted persons in the latter study, reported searching and initiating contact with birth family members when they were in their 20s and 30s (Kenny et al. 2012, pp. 234-5).

The adoption literature presents a variety of reasons why an adopted person may consider applying for information, searching and/or having contact with members of their first family. These include a desire to obtain genealogical and biological information that addresses curiosity about the circumstances surrounding their adoption (Passmore & Feeney 2009); the seeking of a sense of wholeness (Reitz & Watson 1992), or a desire to assure their birthparents of their well-being (Shadev 1992). Searching might be prompted by: a life transition such as the birth of a child or the death of an adoptive parent; the emergence of a health issue, or as a result of the urging of others such as partners or children (Slaytor 1986). While search and contact may assist with identity construction (Passmore & Feeney 2009), Howe and Feast (2001) note that the desire for genetic connectedness does not imply the desire for a relationship with birth parents, and that the childhood bonds formed with adoptive parents can be strong and long-lasting.

[32]FIND provides access to information about past adoptions that are connected to Victoria, including Intercountry Adoptions.
[33]Victorian non-government licensed adoption information services include Anglicare, Catholic care and Uniting care.
[34]This includes figures from the VANISH digitised data base from 2006 onward; archived data and the original card system.

Yet not all adopted people search. Where searching is postponed or not undertaken, studies have found that the adopted person may be afraid of causing pain, alienating or damaging their relationship with their adoptive parents (Bertocci & Schechter 1991; Roche & Perlesz 2000). This fear can result in the concealment of a search from adoptive parents, while others wait until their adoptive parents have died before seeking any information about their first family.

Aumend and Barrett (1984) found that non-searching adoptees had more positive attitudes towards their adoptive parents than searching adoptees, while Passmore, Feeney and Peterson (2005) discovered that those adoptees who were more secure in their attachment style, indicated higher satisfaction with both their initial reunion and the amount of contact, and also tended to be emotionally closer to their birthmothers (Passmore, Feeney & Peterson 2005). Roche and Perlesz (2000) also found that a sense of spiritual connectedness with a 'bigger other' may contribute to a sense of not needing to search, while a wish not to complicate their own lives was another motivator for delaying a search (Howe & Feast 2001; Passmore & Feeney 2009).

According to Bertocci and Schechter (1991, p. 180), search behaviour can fall along a continuum; ranging from "unconscious-only associations and fantasies, through conscious level ideation, to activated search aimed at literal reunion with the biological parent". The search process itself has been described as consisting of five steps: the decision to search; learning a birth name; locating birth family; making contact with birth family members, and the integration of the contact into everyday life (Reitz & Watson 1992). It is further suggested that openness within adoptive families about such matters, can ease the search process for the adopted person by reducing guilt and facilitating communication about their search (Bertocci & Schechter 1991; Grotevant et al. 2007; Passmore, Feeney & Foulstone 2007). The question as to whether there is a gender difference in terms of a desire to search and the timing of search is not yet answered.
While there is some evidence that adoptees may initially focus on reuniting with their birth mothers (Passmore & Feeney 2009), many adopted persons are also interested in meeting their birth fathers (Clapton 2007; Passmore & Feeney 2009).

The studies concerning the outcomes of reunion experiences report a varied picture. In a recent study of twenty reunion relationships, it was found that "reunited relationships have no predictable pathways and are approached with varying levels of ambivalence and emotional strain; that no fixed pattern of family arrangements and relational boundaries emerges" (Browning & Duncan 2005, p. 156). Other studies report post search improvement in relationships between the adopted person and their adoptive parents as well as improvements in the adopted persons self-esteem, self-confidence and assertiveness (Bertocci & Schechter 1991). What search may mean for women at the time of raiding their own children does not appear to have been studied directly.

3.6 Summary

In searching the literature for information about adopted women as mothers, not only does it appear that there is little research in this specific area, it seems that most of what we know about adopted persons refers to adopted children and youth with much less known about the adjustment of adult adoptees. It was also noted that, depending on the fields of practice within which the research was conducted, the professional discipline of the researcher and their epistemological position, a variety of methodologies were used to answer the questions that were posed. This diversity led to the decision to conduct an extended literature review that included peer reviewed studies as well as other material about adult adoptee life, as a way of widening the information that might inform the current study.

The review suggests that motherhood might be one of the key points in the life course that can present challenges for an adopted person. Having an adoption status may impact on an adopted woman's decision to have children; contribute to fears about the kind of mother that she will be, and raise anxiety about genetically inherited conditions. The birth of children may also influence a desire to search for and/or have contact with birth family members. The experiences of loss and grief, mental health issues and the course of identity formation, are all aspects of the adult life experiences of the adopted person referred to in the literature. However, apart from the published studies of Conrick and Brown (2010) and Rosnati, Greco and Ferrari (2015), research has not explored in depth the significance of these areas at the time of mothering. In

addition, the meaning that women attached to the complexity of being a mother and whether or not their perception of the issues they face, alter or transform as they mature as mothers, is not dealt with. This gap in the literature is addressed in this study and in the next chapters the logic used to approach the current study question and the methodological processes used to investigate it, is explored.

CHAPTER 4 LOGIC OF APPROACH

4.1 Introduction

Underpinning this project as with any research endeavor, are philosophical assumptions about the nature of the world (ontology), how knowledge is developed (epistemology) and how values are embedded within the conduct of the research (axiology) (Creswell & Plano Clark 2007; Crotty 1998).

The chapter begins with a general consideration of the nomothetic and ideographic approaches that can be taken to research and then considers in more depth, the social constructivist philosophy in which the current study is embedded. It outlines the 'person-in-environment' perspective that is foundational to the social work profession's understanding of human lives and which has been used to inform the research methodology of this study; and then considers the hermeneutic process employed to generate knowledge from the texts of the participant interviews. The chapter goes on to describe the criterion utilised to achieve methodological and interpretive rigour, and discusses the ethical principles that are woven through each aspect of the research process.

A visual account of the logic of approach used in this study is presented in Figure 4.1. While this representation may appear to be a linear process, the actual experience has resembled a more dynamic encounter, as the study's theoretical framework has impacted on every area of the research. Parts of the whole project (and their relationships to each other) have been visited and revisited over the course of the enquiry, in a spiral-like process.

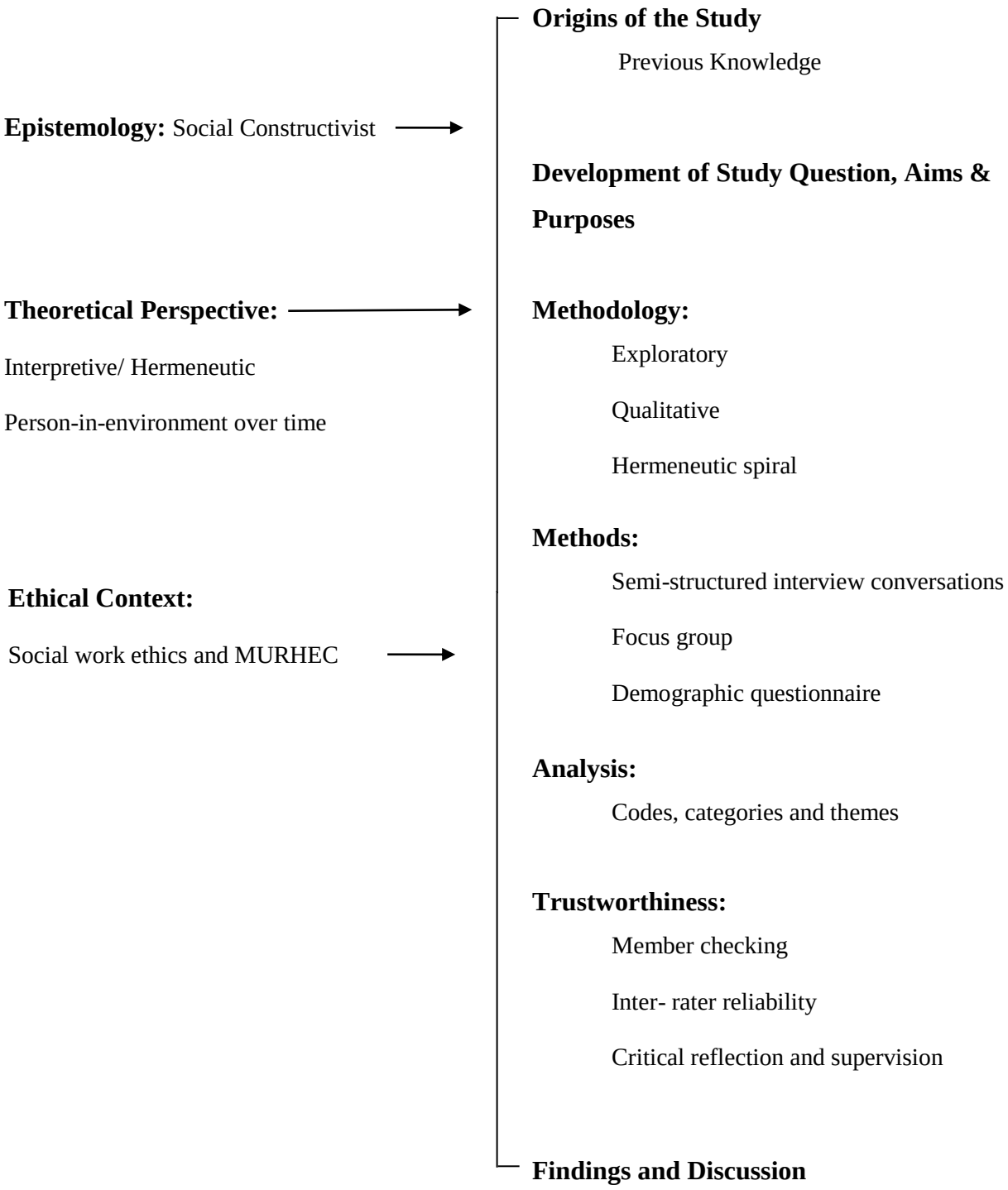

Figure 4.1 The Logic of Approach

(Influenced by Crotty 1998 p. 4)

4.2 Epistemological Approaches to Research

It is Michael Crotty's (1998) view that behind any research methodology is a theoretical perspective composed of assumptions about the world and the ways in which knowledge is generated, and that these assumptions need to be acknowledged by the researcher (Crotty 1998, p. 58).

A positivist/objectivist view of the world would affirm that "truth and meaning reside in their objects independently of consciousness" (Crotty 1998, p. 42) and can be explained through objective, value free investigation and measurement of parts of the whole. Windelband (1998) notes that the natural sciences are usually nomothetic in outlook, seeking for objectively found and generally applicable, laws (Crotty 1998). This perspective is mostly associated with quantitative research methods that employ a deductive approach to the generation of knowledge and are concerned with the measurement of phenomena. Data collection will often follow set procedures, and validity, reliability and generalisability are aimed for (Kitto, Chesters & Grbich 2008).

On the other hand, the social and human sciences in which this current study is embedded, seek the ideographic. This perspective is concerned with the definition of events and individual meaning, and it endeavours to privileges the voice of the research participant (Crotty 1998). It takes an inductive approach to knowledge building through the "systematic collection, ordering, description and interpretation of textual data gathered from talk, observation or documentation" (Kitto, Chesters & Grbich 2008). This approach echoes Wilhelm Dilthey (1833-1911), an early interpretivist, who considered that contextualised personal experience, could be understood through broadening and deepening understanding and interpretation, rather than reducing it (Nelson 2010). It is usually associated with qualitative methodologies.

However, Crotty (1989) expresses the view that seeing the dichotomy between qualitative and quantitative paradigms as primarily that of difference in methodology and methods is too simplistic. Rather he suggests that any division between approaches occurs more at the level of epistemology and that both perspectives can use a variety of methodologies and methods, depending on the aim of the research and

the questions that are to be answered (Crotty 1998). Table 4.1 presents a visual summary of the association between the aims and purposes of a research study and the type of research methods that might be used to fit the task.

Table 4.1 The Research Design

Aims of the Research	Purposes for which Knowledge is Generated	Methods used to Generate Knowledge
Exploratory	Uncovering new ground-exploring what something is	Qualitative techniques
Descriptive	An already defined subject area that requires further description of how things occur and through whom	Qualitative and quantitative techniques
Explanatory	Causation and the association between factors	Multiple strategies

(Based on Neuman 2006, p34)

4.3 Epistemological Position and the Nature of Meaning

One window onto the world that underpins the social and human sciences, is that of constructionist/interpretivist thought used to consider the notion of 'meaning'. For human beings, it can be said that that making sense of the world is intentional, and is generated and transmitted (constructed) from the complex interplay between people and the physical, social, ethical and historical worlds that they inhabit (Berger & Luckmann 1991; Crotty 1998). As Dilthey reflects, "we are born into and are immersed in a world of meaning that informs and shapes how we think, imagine, feel, want and act (and it is one of the elements) that links the parts into a whole, and thus makes it (life) comprehensible" (Rickman 2010, p. 214).

Cultural statements of meaning or the "collective generation of meaning" (Crotty 1998, p. 58) are present in social structures such as laws, religion, the arts, educational institutions, social customs and language. These structures contain deep existential and functional messages about social expectations, the conduct of social interactions and reciprocities, what is valued and what is put aside. Messages are framed around all aspects of social life, such as gender, ethnicity, age, child bearing and rearing and

the distribution of power, and rest on a whole social tradition of understanding. From this perspective, the adoption of children can be seen as both a threat to and a source of preservation for, the moral and ethical social status quo. It can in turn be argued that it is from these wider societal meanings, often mediated through membership to social groupings such as the family and the associated intergenerational processes, by gender (Gilligan cited in Hartman & Laird 1983, pp.76-80) and/or by class divisions spoken of by Carl Marx, that individual meanings are constructed and made by each of us. From this perspective the meanings that are made about adoption have the potential to strike deeply and to have overlays of complexity.

Berger and Luckmann (1991) distinguish between intra-subjective meaning (that is the idiosyncratic and personal meanings of an individual) and the inter-subjective meaning (the sociocultural significance of an event in terms of a person's subcultural memberships and broader cultural belonging). The former includes a connective thread between the past and the present while the latter notion of meaning implies that which is rendered public and shared. This notion is supported by Bruner (1990) who states that "by virtue of participation in culture (the way we live depends upon) shared modes of discourse for negotiating differences in meaning and interpretation". Bruner goes on to observe that "even such seemingly private phenomenon as 'secrets' (itself a culturally defined category) turn out once revealed to be publicly interpretable" (Bruner 1990, p. 13). This is particularly applicable in the adoption arena.

However the stability of the meanings in our lives can be a tentative one that according to Paul Ricoeur are "subject to the influences of the material world, including the powers and afflictions of one's body, the actions of other people and institutions, and one's own emotional and cognitive states" (Ricoeur 2014). This seems to be increasingly so given the pace of scientific discovery, ecological change and technological development over the past decade, that alters our understanding of the way in which person and environment impact on each other and potentially the meaning and narratives that we develop (Green & McDermott 2010, p. 2426). Kondrat (2002) argues that the creation of meaning is not just a one-way process, that people also influence the broader social and historical meanings over time, and that the creation of meaning does not deny a physical reality external to the person, only

the interpretation of it (Kondrat 2002). These notions imply that creating meaning in relation to being a parent and having an adoption status, is not static but subject to a host of dimensions that are continually shifting in dynamic relationships with each other (Brodzinsky 2011; Leon 2002; Von Korff & Grotevant 2011).

If we accept that nothing has meaning without its context, then there is also another level of meaning making to consider in this study, namely that of the relationship between the researcher and the study participants and how knowledge itself is constructed within the interaction between them.

4.4 An Interpretivist Approach to this Inquiry

The primary and subsidiary research questions asked in this inquiry, are seeking to understand and interpret the meaning of the everyday lived experience of the study participants, who are culturally derived and historically situated (Crotty 1998; Neuman 2006). The form these questions have taken, has been moulded by the social work profession, which seeks to understand the lived reality of its clients through the generation of 'rich data and thick description' (Guba & Lincoln 1994). The everyday world of the individual is seen as the product of the fluid interchange between their social, cultural and historical environments, interpreted through individual subjectivity (Fossey et al. 2002).

Thus it appears appropriate in addressing the goals of this study, to use the hermeneutic spiral to guide the process of the research. This is a very different perspective to the positivist position that seeks causality and generalizability. Indeed Dilthey suggests that the realities of the natural and social worlds are very different and not only require a different way of understanding them but also of investigating them (Crotty 1998; Rickman 2010).

4.4.1 Person-in-Environment

It is an understanding of the complexities of the person-in-situ, within a particular culture at a particular time in history, that positions the practice and research of the social work profession within the complex and dynamic intersections of multiple

worlds. This positioning works as a means of obtaining a deep understanding that can lead to change and development (Healy 2005; McDermott 2000).

The ‘person-in-environment’ framework takes into account an individual’s interpretation of the experience of their inner and the outer worlds, that are multilayered and dynamically entwined. The inner world can be thought of primarily as the biological, psychological, emotional and spiritual life of the individual; the feelings and ideas about ‘the self’, including identity and self-esteem, as well as the template for reacting to others and the outside environment (Harms 2005; Schofield 1998). The knowledge that has contributed to this aspect of the ‘person-in-environment’ perspective has its roots in psychoanalytic theory, attachment theory and child and family development and behavioral knowledge (Harms 2005; Schofield 1998).

The ‘outer world’ in the ‘person-in-environment’ framework consists of the events and relationships external to the individual including social, economic, political and historical contexts with which the individual interacts (Harms 2005; Schofield 1998; Sewell 2005). How these layers interconnect is open to interpretation? For example Uri Bronfenbrenner (1986) posits that micro, mezzo and macro levels of society that have structure and function and tend toward self-regulation (Harms 2005); Germain and Gitterman (1980) speak about an adaptive balance between an organism and their environment and of bi-directional, reciprocal transactions; and Young (1990) speaks about the exercise of power within layers of society and the role of gender and race in this distribution.

However, the ‘person-in-environment’ model as it has been framed in recent years, has drawn criticism and debate regarding its scope and inclusiveness. It has been argued that previous conceptions of ‘person-in-environment’ have been too static in their presentation of relationships, not accounting for the fluidity of influence, in which the individual can co-construct and shape social institutions as well as institutions shaping the individual (Kondrat 2002, p. 435). Kemp (2001) has argued that the conceptualisations of the relationship between person and environment can fail to pay adequate attention to key pillars of social identity, such as race or ethnicity,

class, gender, and sexual orientation; while a more contemporary interpretation suggests that social workers as practitioners or researchers, need to see themselves as part of a context and responsible for aspects of it (Fook 2002, p. 162). It is also now argued that recent advances in biomedical science and technology have blurred the boundaries between the domains of the 'person-in-environment' model (Green & McDermott 2010; Healy 2015), however the multiple dimensions of human life remain.

In this current study the inner and outer worlds of the person within their environments are kept in mind and inform the breadth and content of the questions asked of participants. These categories also assist in the subsequent organisation of the findings from the research and are present in the final interpretations of the data. While the researcher does not claim to have captured the entire complexity of the lived experience of the participants or the breadth of interactions between the various aspects of their lives, it is hoped that insight has been provided into the holistic dynamic nature of the lives of this particular sample of adopted women, as they mother their own children.

4.4.2 The Hermeneutic Process

The word 'hermeneutics' is Greek in origin, from the word 'hermeneuin', which means to 'interpret or understand'. This concept was not only used by the ancient Greeks to study literature but was a way of interpreting scriptural texts during the mediaeval period (Crotty 1998, p. 88). The term was revived in modern times by the philosopher Schleiermacher and is reinterpreted by Dilthey to include the understanding of "social phenomena as if they were texts to be interpreted" (Rickman 2010, p. 10). This approach was later modified by Hans-Georg Gadamer and then used by Husserl and is part of current social science methodology (Bamberger & Schon 1991; Paterson & Higgs 2005; Steedman 1991; Tregoweth, Walton & Reed 2012; Tuohy et al. 2013).

Hermeneutics emphasises a detailed reading of text, "moving from the whole to the part and back to the whole" (Crotty 1998, p. 14) to discover the meaning embedded within the text. This process is used here and shares elements of Glaser and Strauss's

constant comparative method of qualitative analysis in terms of repeatedly comparing elements within a transcript as well as between transcripts (Glaser 1965).

For this research study it was decided that rather than remaining within a closed (hermeneutic) circle as formulated by Dilthey and Heidegar, "where head and tail forever meet going nowhere" (Bamberger & Schon 1991, p. 191), or using Ricoeur's hermeneutic arc[35] which moves from existential understanding to possible explanation, the notion of the hermeneutic 'spiral' as suggested by Rickman (2010) would be more pertinent. The hermeneutic spiral was also employed effectively by Paterson and Higgs (2005) in their enquiry exploring the value of a hermeneutic approach as a research tool for direct practice (Paterson & Higgs 2005).

In this iterative process, the researcher becomes part of a double hermeneutic as described by Giddens (1991), in the sense that the researcher has to initially grasp the meanings of the research participants and then "'reconstitute' these meanings into new 'conceptual schema'" (Crotty 1998, p. 56; Morrow 2007). The researcher brings 'empathy' (a shared understanding) to the gathering and interpretation of the data, set within the interactional context of person, cultural and history (Geisteswissenschaften) (Paterson & Higgs 2005; Rickman 2010).

The elements of the spiral are captured in Figure 5.2 contained in Chapter 5, and will be discussed within the context of the methods that were used in this study.

4.5 The Social Work Practitioner- Researcher

In research endeavors social workers often take on the role of 'practitioner researcher' as described in Chapter 1. It is from this position, (embedded within, mediated by and reflective of an adoption context within the contemporary society of the State of Victoria), that this research seeks to understand adopted women at the life stage of parenting, and contribute to social work knowledge in the area of adoption practice and broader social debates about adoption (Bawden & McDermott 2012). This position is consistent with the professions' multi-dimensional focus, value stance, and

[35]The hermeneutic circle- grasps an understanding of the whole through its parts via a shuttlecock movement; The hermeneutic arc moves from existential understanding to possible explanation. The hermeneutic spiral combines these two notions.

knowledge building approaches. It neatly fits within the interpretivist tradition and is reminiscent of Dilthey's use of the hermeneutic process.

In this study the researcher is simultaneously an 'insider' and an 'outsider' to the research process. As an 'insider' she is a woman and mother who actively participates in the broader society and understands the cultural norms that influence participant meaning. She has further shared meaning through her involvement in the adoption world from the point of view of social work practitioner. However, this is not sufficient for understanding the lived experience of participants as adopted persons, as the researcher is an 'outsider' to the lived adoption experience. Nevertheless, the researcher and the participants are co- constructors of the research narrative generated through this study.

The position of researcher is a privileged one, and while being positioned within a constructivist framework using a co-constructed model of knowledge generation, implies that there is a more equitable sharing of the power of the research process, it is acknowledged that participants may still feel a sense of power inequity. In this regard the relationship between the researcher and the researched is an ethical consideration that permeates the entire study. The steps that have been taken to ensure the ethical conduct of this research are addressed in Chapter 5.

4.6 Values and Ethical Considerations (Axiology)

Ethical considerations infuse this study from its design to its conclusion and the methods that were chosen to gather and represent the data, have held implications for the ethical conduct of the project.

It was appreciated that reflecting on life experiences, had the potential to evoke stress and/or a sense of vulnerability for the participants, so it was important to ensure that each woman entered the research voluntarily and in an informed way, with the freedom to withdraw at any time (McDermott 2000). Information about the purpose, content and use of the study results was provided to participants via an initial conversation. They were also given an 'Explanatory Statement' outlining the purpose and content of the research (see Appendix 2), a 'Consent Form' (see Appendix 3) and

the ‘Study Questions’ (see Appendix 6) prior to being interviewed. At the commencement of participation, each woman was also provided with a printed information sheet containing a list of counselling options and information resources. Additionally, participants were encouraged to contact the researcher if further help was required at any time following their involvement with the research study (see Appendix 5).

Providing information about the study before taking part, also sought to address in some measure, the issue of power between the researcher and the researched; as did the provision of a copy of each participant’s interview transcript and the summary of the findings at the conclusion of the project. The use of the phrase ‘participant’ rather than ‘subject’ is used to also indicate the collaborative nature of the project and the co-construction of meaning that occurred within the study. Another step that was taken to address any sense of vulnerability that the participating women might feel, was to advise that each person prior to their taking part, of their right to take time away from the study, to withdraw from it, or to seek support at any stage. One participant did withdraw prior to her scheduled interview.

Before taking part in the study, each woman was informed that if the researcher became aware of harm occurring to them or to another person as a result of their study involvement, the researcher would feel ethically bound to discuss her concerns with the participant so that they might jointly determine a way forward. This was agreed to by each woman. While all participants displayed varying levels of distress during their interview and each was asked if she needed time away from the study or would like to withdraw, all of the participating women chose to remain and continue their stories.

The maintenance of confidentiality was another ethical concern of the study. In order to preserve the anonymity of the participants, all names of individuals and other possible identifying information such as the names of institutions or country towns, have been altered. Each participant has been identified by a code number, and the date and place of her interview has been recorded to distinguish one person from another. Data was stored on a computer database with access codes and all hard copies of the

data were stored in a locked cabinet. Only data necessary to the study and willingly shared by the participants was collected.
Each woman represented in this research participated as a volunteer. As a way of expressing appreciation for their contribution, the researcher presented each person with a bunch of flowers and a thank you card at the conclusion of their participation. Those who took part in the focus group, were also provided with lunch and a comfortable location in which to meet, due to the length of time involved in participating.

The researcher received approval to conduct the research interviews from the Monash University Human Research Ethics Committee (MUHREC) on 4th June 2012. Approval was subsequently received on 9 October 2013 to present the findings of the project to the focus group as a quality assurance strategy. The study also has as its ethical basis, the Australian Association of Social Workers (AASW) Code of Ethics (AASW 2002).

4.7 Summary

This chapter has presented the approach taken to conducting the research. The social constructivist philosophy in which the study is situated and the interpretivist theoretical paradigm, specifically the 'person- in- environment' perspective, used to gather, organise and understand the research data, has been discussed. The hermeneutic spiral, used for analysing and generating knowledge from the content of the interview and focus group transcripts has been outlined and the criterion employed to achieve methodological and interpretive rigour, were described.

Woven throughout each aspect of the research process and indeed informing the logic of approach and the methodological choices that were made, are the ethical principles that are foundational to the practice of social work. These principles led to a mindfulness of the the balance of power between the researcher and the researched; the need for the timely provision of information to each woman about the project; and ensured that steps were taken to reduce any potential negative impacts of participating in the research, for the participants. The next chapter will describe the way in which the theoretical approach outlined in this chapter was put into methodological action to

carry out the research. How participants were recruited, how data was collected, analysed and scrutinised for trustworthiness, will be discussed.

CHAPTER 5 METHODOLOGY: THE PROCESS OF THE RESEARCH

5.1 Introduction

Yin (1989) describes the design or methodology of a research project as "the logical sequence that connects … the data to a study's initial research questions and ultimately to its conclusions" (Yin 1989, p. 18). It is the plan of action that links the purposes of the study with the strategies and methods that are used to conduct the research, and collect and analyse the data (Crotty 1998; Neuman 2006).

This fifth chapter describes how the study was undertaken. It begins with an outline of the elements and process of the hermeneutic spiral, and then the steps the reader through the methodological processes of the study. This description helps to create an audit trail that strengthens the dependability and reliability of the research (Carcary 2009).

5.2 Research Design/Methodology: The Hermeneutic Spiral

This study follows the social work tradition by taking an ideographic perspective which seeks to capture through the generation of rich data and 'thick description', the participant's own accounts of their lived reality, embedded in the context of their social interactions. With this in mind a hermeneutic process using the qualitative methods of in-depth interviewing, has been considered sympathetic to this purpose. The elements of the hermeneutic spiral used to guide this study are captured in Figure 5.1.

The first phase of the hermeneutic process used here, is concerned with the background to the research. It includes a statement about the origin of the study, the researcher's prior experience as a social worker within the adoption arena, and a description of the pilot study to this project (these elements have been articulated in Chapter 2). This phase has also included a review of the literature (outlined in Chapter 3) which enables the researcher to understand how concepts such as motherhood, loss, identity and adoption have been understood and interpreted by others. This element of

the spiral, assisted in the formation of the primary and subsidiary research questions used in this study.

The second element of the spiral is concerned with the gathering and analysis of the research data. Grounded in the qualitative tradition outlined in the previous chapter, it has included the processes and decisions involved in the selection of the research participants, the interview questions that were developed to obtain the study's data, and how the interviews themselves were conducted. The analysis of the resulting interview transcripts and the demographic material, constitutes the third phase of the hermeneutic process which moves "from the whole to the part and back to the whole" (Crotty 1998, p. 14), as an iterative means of gaining understanding. Similarities and differences were looked for within the content of individual interview transcripts as well as similarities between transcripts, and it has been the method for creating the codes, categories and themes in this study. There is also a dialectical movement between possible interpretations where themes are placed within cultural and historical contexts. The codes and themes developed from this process, were later tested and reviewed using inter-raters[36], member checking[37] and a focus group[38].

This method of creating the study's codes, categories and themes, bears a similarity to the 'constant comparative' approach used by Glaser and Strauss (cited in Neuman 2006, p.158) in which new data is compared with previous data and each term is checked or compared with the rest of the data "to establish analytical categories" (Pope, C 2000, p. 114). It is also reminiscent of the three coding procedures used in the grounded theory approach to research analysis, outlined by Strauss and Corbin (cited in Neuman 2006, pp.460-464). In the initial 'open coding' process, data is examined and broken down and a preliminary label applied to a concept. The second level of analysis, 'axial coding', is where the data is put back together in new ways, after making connections between the designated items of the open coding stage. A final phase of the coding process is that of 'selective coding'. Here the researcher

[36]'Inter-raters'-refers to the use of more than one analyst to improve the consistency of analysis (Pope, Ziebland & Mays 2000, p. 115).
[37]'Member checking' is a technique in which the researchers account of the data is compared to that of the participants, to ascertain the level of correspondence between (Mays & Pope 2000, p.51).
[38]A 'focus group' is data collection method. In this study it is used as 'member checking' technique'.

organises the codes around “several core generalisations or ideas” often labelled ‘themes’ (Neuman 2006, p.464).

Within the progress of the hermeneutic spiral, four key questions have been asked: “What is the nature of this text element/code/category?”; “How has it been experienced?”; “What is its meaning and why does it have meaning for the participant?”. These questions were later used in assisting the fusion “between the text voices and the researchers” (Paterson & Higgs 2005, p. 347).

The final step of the spiral is the ‘fusion of horizons’, a metaphor coined by Gadamar (Crotty 1998, p. 101) to signify the change, in this instance, in the understanding about adopted women as mothers that occurred when the interpretations from the literature and the reviewed interpretations of the researcher, were brought together through the discussion of the findings. “The historical horizons of the past and the present horizon of the current interpreter, bridge the gap between the familiar and the unfamiliar” (Paterson & Higgs 2005, p. 346), and the research questions were answered.

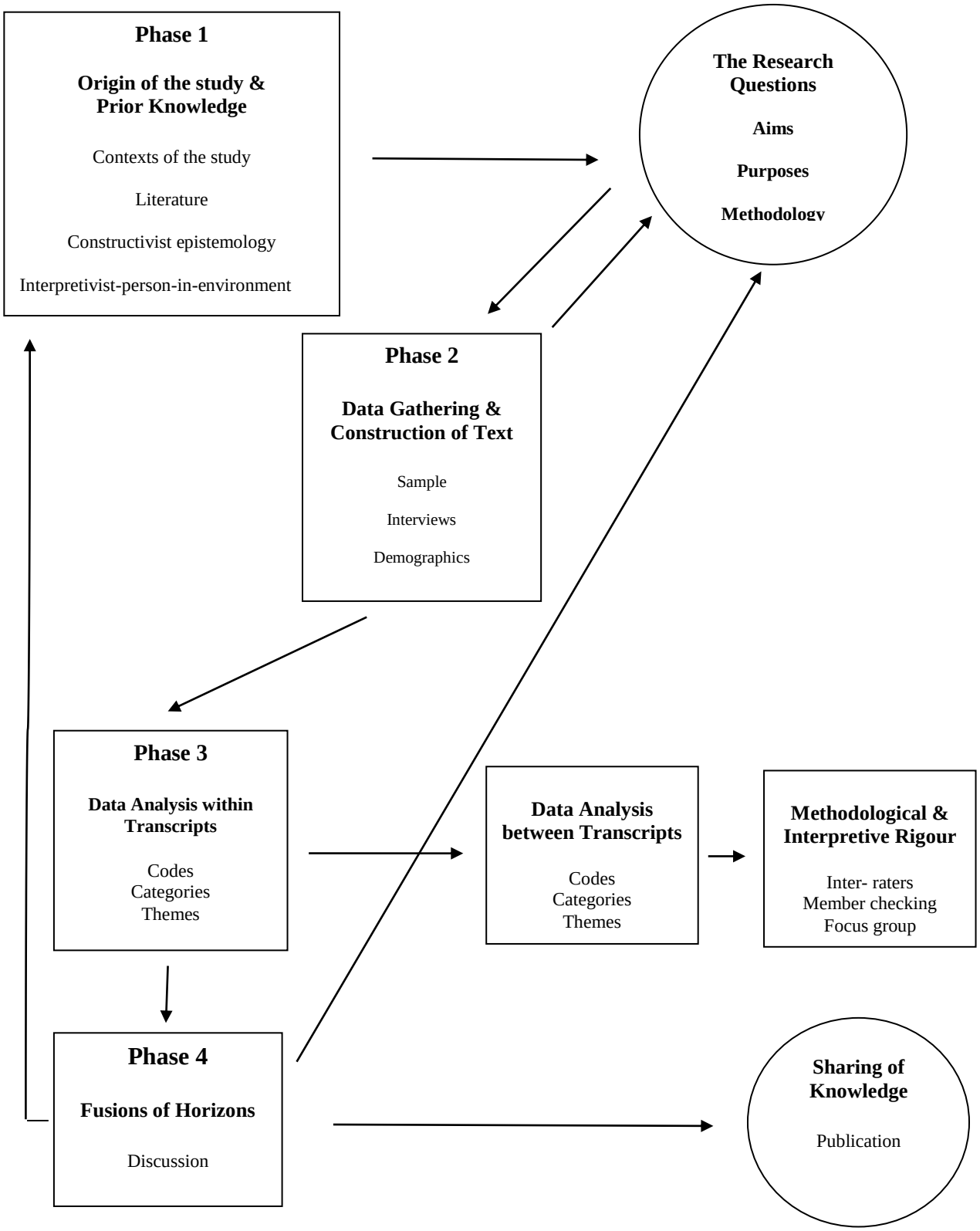

Figure 5.1 Steps in the Hermeneutic Research Process

5.3 The Study Participants and the Sources of Data

The first phase of the hermeneutic spiral and the resulting research questions, aims and purposes, have been discussed in previous chapters and the second and subsequent phases will now be outlined.

As described in Chapter 1, the study's participants are women whose adoptions were finalised within Victoria, and who still had children living at home. The research has been confined to the State of Victoria given the differences in adoption legislations and adoption procedures between jurisdictions across Australia. It was also decided to exclude intercountry adopted women, as well as those adopted by relatives, in order to reduce the additional factors of trans-racial experiences and the potential complexities that might have arisen, with extended family members and/or friends as caregivers.

Sampling was purposive in nature as data was sought specifically from those women who were both adopted and mothers. The initial respondent group were added to through the process of snowball sampling. The notion of sampling 'saturation', the process where "no additional data can be found that would add to the categories being developed and examined" (Minichiello et al. 1995, p. 162), has been used to determine the number of participants interviewed. The saturation of codes and categories became evident following twelve interviews and four further interviews were completed to confirm their repetition.

Initially it was planned that the research would utilise three sources of data:

- an analysis of ten submissions that fulfilled the study's inclusion criteria, from the 'Commonwealth Contribution to Forced Adoption Policies & Practices' report (SCARC 2012);
- participant interviews; and
- a focus group (composed of non-interviewed participants).

However, due to the difference in purpose of the submissions to the Commonwealth Inquiry to that of this research study, it was decided not to include the submissions as a data source, rather to draw on their content within the discussions about the contexts of the study and the research findings.

It was also decided that the focus group responses would better serve to assist with the rigour of the study as a 'member checking' strategy to strengthen the interpretation and discussion of the study results rather than as a primary source of data. However demographic information was collected for the individual focus group members in order to provide as full a picture as possible of the participating women. In this sense the focus group served as a source of data as well as a quality measure.

5.3.1 Recruiting for the Study

The study was advertised in 'Melbourne's Child'[39] in July 2012, in the 'VANISH Voice'[40] and in the Post Placement Support Services (PPSS) newsletter[41]. As the research became known, responses also came from others who had heard about it via word of mouth (see Appendix 1 for a copy of the 'Research Advertisement'). Forty-five responses were received in total and a summary of the outcomes of the responses can be found in Table 5.1.

One criticism that may be leveled at this type of sampling is that it does not guarantee a full representation of the Victorian population of adopted women who are in the process of mothering children. While this criticism is justified, it needs to be kept in mind that no register of adult adopted persons is available in Victoria or across Australia that could be used to source participants, and as a non-clinical sample was sought for this study, advertising through the universal media and specialist non-clinical adoption services, was deemed to provide one of the best options for obtaining respondents.

Women who responded to the advertisement were under no obligation to provide identifying information. With each respondent an initial discussion occurred in which they were provided with a verbal outline of the study and, if they then consented to receive written information, an emailed or surface mail copy of the 'Explanatory Statement' about the study (see Appendix 2), the 'Consent Form' (see Appendix 3),

[39]'Melbourne's Child' is a free monthly magazine with over 133,175 copies per week distributed throughout health, education and recreational locations within Victoria.
[40]'VANISH Voice' is a newsletter regularly distributed to the member service users of VANISH.
[41]'Post Placement Support Services' (PPSS) now known as 'Adoption and Permanent Care Families', is also a non-government, self-help organisation.

the ‘Demographic Questionnaire’ (see Appendix 4) and the ‘Interview Questions’ (see Appendix 7), were forwarded to them.

If the inquirer decided to participate in the study, a date, time and interview location were arranged. Each participant had the choice of being interviewed in professional interview rooms located at VANISH; Post Placement Support Services, Monash University, or at another venue designated by them and appropriate for research purposes. The majority of participants chose an office setting; two participants chose to be interviewed in their own homes (one because of a rural location); and another chose a neutral location which was a mid-point for both researcher and participant, due to the distances to be traveled.

Individual interviews took place between the 29 August 2012 and the 29 October 2013, and the focus group occurred on 26 March 2014.

Table 5.1 Responses to Advertisements for Research Participants

Response Categories	Response Numbers
Met study criteria and proceeded to interview	16
Adopted in another State or overseas (ineligible)	4
No children living at home (ineligible)	4
Self-selected out of the study	11 1- illness 1- cancelled interview 9- no response once info sent
Other (ineligible)	5
Focus Group	5
	45

Prior to the commencement of each interview and the focus group, the researcher checked that participants had had time to read the ‘Explanatory Statement’ and other material provided and a signed ‘Consent Form’ was received. A list of adoption sensitive support options was also provided as a ‘Support Information’ handout (see Appendix 5).

During the course of each interview and the focus group, the researcher regularly checked with each participant regarding how they were feeling and coping with the discussion. The researcher was prepared to assist with respondent access to support services, as required, however no one requested such assistance. At each step of the pre- interview process and the focus group, the participant was asked if she had questions about the process. See Figure 5.2 below for a diagrammatic representation of the sequencing of the recruitment, data collection and analysis processes.

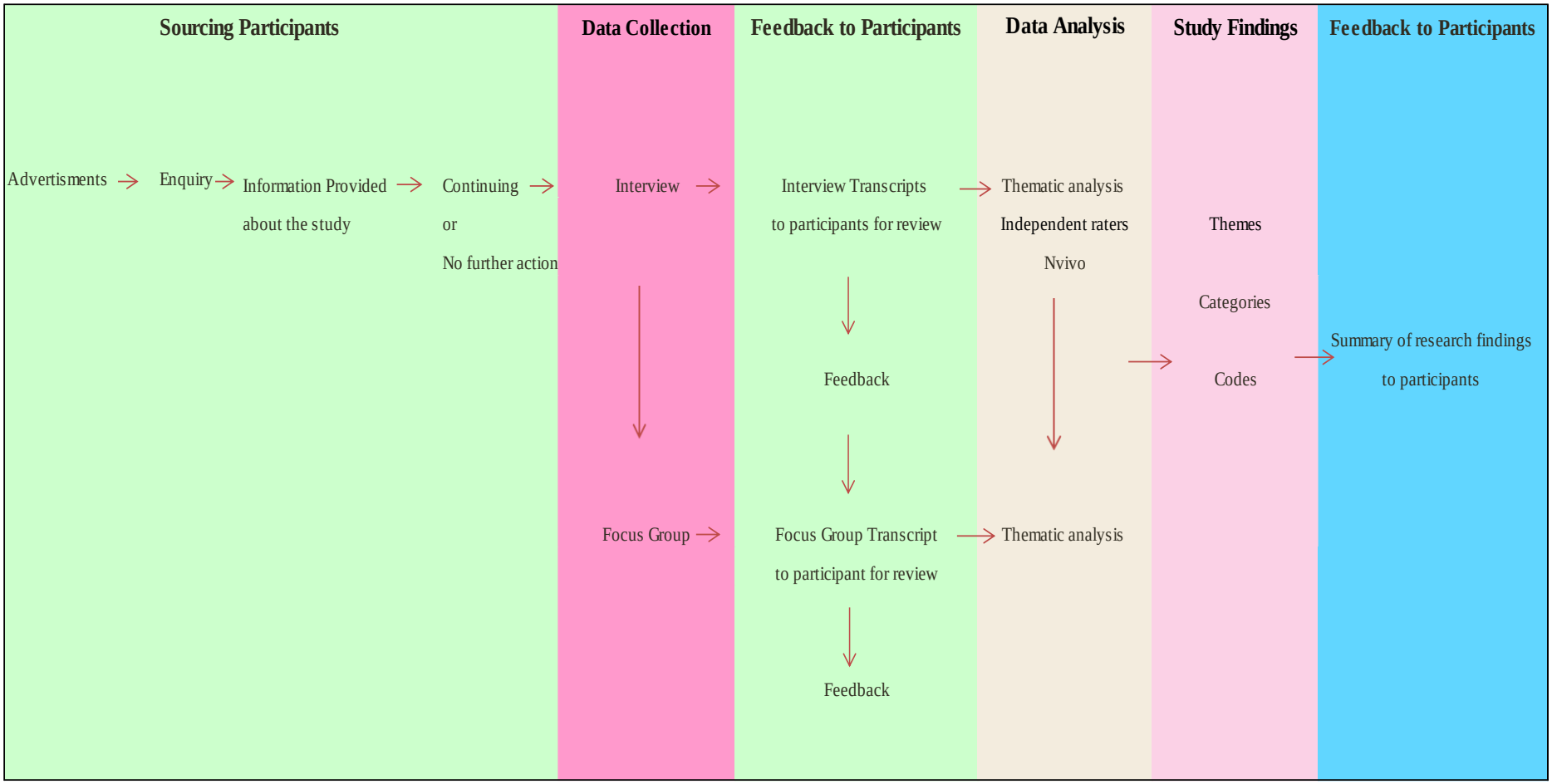

Figure 5.2 Recruitment, Data Collection and Analysis Flow Chart

5.4 The Data Collection Process

Qualitative research uses a variety of data gathering techniques including interviewing, focus groups, and observation, as a way of maximising participation and gaining a more in-depth understanding of the phenomena being studied. Often two or more data sources or collection techniques are used, in order to gain greater opportunity to identify convergence and divergence of material. This is called triangulation and assists with the comprehensiveness of the study (Fossey et al. 2002; Mays & Pope 2000; Minichiello et al. 1995; Pope, Ziebland & Mays 2000). The primary data collection methods used in this study are in-depth, semi structured interviews using open ended questions, accompanied by a demographic questionnaire. A focus group, while primarily a 'member checking' device, also serves to elicit additional information.

5.4.1 Interviews

The term in-depth interviewing is used here in to refer to face to face encounters between the researcher and the informants, directed towards "understanding informants perspectives on their own lives, experiences or situations as expressed in their own words" (Taylor & Bogdan cited in Minichiello et al. 1995, p. 68). The open-ended questions of the in-depth interviews not only have a different purpose to the structured interview, in that they aim to elicit responses important to the participant, but they also potentially provide a more egalitarian way of obtaining and representing data, than the standardised format and closed questioning of the structured interview (Minichiello et al. 1995). In-depth interviewing is also reminiscent of the interview technique used in the researcher's clinical practice, and so she had familiarity with the conduct and the pacing of such conversations.

Data was collected through a single primary contact with participants with the addition of any amendments to their transcripts or supplementary comments made by the respondents. It is possible that the data obtained was influenced on the day by a range of factors such as the level of nervousness experienced by participants; the desire of the respondents to provide socially acceptable responses; a misunderstanding of the interview questions; or a desire to protect family members. It is also reasonable to conjecture that responses may have changed if there was further contact with the

researcher and the project had followed a more longitudinal design. However, these factors are unknown and fell outside the control of the researcher.

The primary and secondary research questions that this study sought to answer and the aims and the purpose of the study, informed the questions that were developed for the participant interviews. The following Table 5.2 shows the relationship between the research questions and the interview question areas (see Appendix 7). The interview areas, drawn from the specific primary and secondary research questions, are found in the right-hand column of the table.

Table 5.2 Research Questions in Relation to Interview Questions

Research Questions	Interview Areas
What meaning do adopted women draw from their experiences of parenting their own children	Areas 1-4
How do the research participants feel and think about being a parent?	Area 1h Area 2 Area 3a Area 4a & 4b
Do participants see any link between their own adoption experiences and the parenting of their own children?	Area 1a & 1d & 1e &1f & 1g &1k Area 3b & 3c & 3d Area 4a & 4b
Does the experience of parenting create changes in relationships with adoptive family members and others	Areas 2h Area 3a & 3d Area 4b
What role do their partners play?	Area 2h Area 3a & 3c Area 4b
Is the experience of parenting a time when additional emotional or other assistance is needed?	Area 2 Area 3b & 3c Area 42 & 4b

Each interview consisted of four main areas of inquiry, containing 23 open-ended questions encompassing: a life history including an adoption history (11 questions); parenting and partnership (8 questions); and current family and extended family relationships (4 questions). A fifth area of inquiry allowed for additional participant comments: Additional Questions (3 questions) (See Appendix 7).

The interview questions were an expansion of those that had been piloted in the researcher's Master of Social Work study, while allowing each woman to elaborate on any issue important to her. Participants received the questions prior to interview and it was quite common for the conversation to flow naturally around the issues raised by the questions, without each specific question needing to be asked.

An interview protocol was developed that ensured that the conduct of each interview contained the same elements and processes (see Appendix 6). After greeting each participant, the research topic and purpose of the study were introduced. The researcher would familiarise the participant with the lay out of the interview space, confirm the confidentiality of the process and the participant's right to pause or stop the interview process at any point. Each participant was given a copy of a 'Support Information List' (see Appendix 5) and the 'Demographic Questionnaire' was reviewed (see Appendix 4).

The first two interviews initially began with questions about the participant's parenting experiences. However, the order of questioning was altered when it became clear that a more natural flow in conversation occurred by beginning with a discussion about the participant's childhood experiences within her adoptive family. Another addition to the questions occurred at the conclusion of the interview, when a question about how each woman was feeling after having told her story. Apart from these changes, the interview schedule remained substantially the same for each interview.

At times during the conversations, probing questions were used to explore an issue further. Queries such as "Can you tell me more about that?" or "How would you describe your experience here?" or "What happened then?", clarified and extended the meaning of what was being communicated. As each interview progressed, the participants and researcher were swept along with the narrative.

Interviews were approximately 60-90 minutes in length and were electronically recorded and then transcribed by a single professional transcriber- obtained through a transcribing company called 'Elance'. Each interview was then checked for accuracy of transcription by the researcher before being returned to the participant for her

comment. However participant commentary was not mandatory to the study. Eleven responses were received in relation to the interview transcripts and all five focus group participants also provided feedback. The content of the feedback took the form of: acknowledgement of the receipt of the transcript with no additional comment, confirmation of the accuracy of the content- both information and feelings, comments about the impact of the interviews, updates of information (see Table 5.3).

Table 5.3 Interview Participant Feedback

Comments	Number of comments
Acknowledgement of transcript and acceptance of the accuracy of the transcript	3
Confirmation of the accuracy of the content	3 3
Comments about the impact of the interviews	4
Updates of information	

One interview participant stated:

> *Thanks so much for forwarding a copy of the transcript of our interview. I've read it through a few times now and I'm happy that it gives a good representation of my feelings and the things we spoke about on that sunny Saturday afternoon all those months ago…I wanted to let you know that I found our session really cathartic and refreshing. Thanks for allowing me the outlet* (P-I-2).

A second woman said:

> *Here is the transcript with some minor changes* (P-I-5).

And another commented:

> *All ok as is* (P-I-6).

Once the accuracy of the interviews was confirmed, each interview was uploaded into Nvivo software 10. At the conclusion of the study, a summary of the project and its findings was provided to each participant.

The researcher's own clinical skill and experience as a social worker was used to engage with participants, to pace each conversation and to monitor participant

reactions as the interview and research progressed. All interview participants displayed varying levels of emotion during their interview due to the intensity of feeling attached to the content of the conversations. Each woman was given time to pause and each was asked if she wished to continue. No one withdrew from the process and the feedback received from each participant immediately following the interview was that the interview experience had been beneficial for them. Each woman's participation in the interviews was acknowledged with a bunch of flowers and a thankyou card.

Reflections on the impact of the interview and focus group processes for the participants will be explored in Chapter 11.

5.4.2 The Focus Group

The focus group served two purposes within the study. Initially it resolved a dilemma for the researcher as provided a way to honour those respondents who had expressed an interest in participating but who were unable to be interviewed either because saturation of codes had been reached or because suitable individual interview times were not found. Additionally, it provides an avenue for 'member checking' that increased the reliability of the representation of the shared experiences and meanings of all research participants and tested for biases in the researcher's interpretations (Wadsworth 1993).

The focus group had originally been scheduled to occur in 2013 but was postponed until the inter-rater process for the participant interviews (discussed later in this chapter), was concluded. During this interregnum the initial planned membership of the group changed. Two women were unable to attend and three new participants volunteered - all met the criteria for inclusion in the study. The final focus group membership was consisted of five women.

The task of the focus group members was to be 'expert witnesses' who commented with a collective voice on the 28 questions that were provided to them. These questions were closed and required participants to respond in terms of a sliding scale. For example, question 10 states, 'many of the participants were searching and/or

negotiating relationships with birth family following the birth of their children'. The focus group is asked to respond with either a 'yes' or 'no' (see Appendix 10).

The focus group questions were derived from the categories and themes that emanated from the individual interviews. This relationship is captured in Table 5.4.

Table 5.4 Focus Group Questions and Interview Categories

Interview Categories	**Focus Group Questions**
Growing up in an adoptive family **(5 categories)**	
Nurturance in the adoptive family	1 & 2
Relationship with siblings and others as children	2
Self-concept and emotional health as children	3 & 4 & 7
Childhood sense of loss and difference	3 & 6
Adoption narratives and communicative openness	5
Family of Procreation **(9 categories)**	
Emotional closeness and distance to children	15b
Being the best parent	13 & 14b &14c
Commitment to family	14a
Motherhood evokes the past- an embodied metaphor for adoption losses	12 & 18
Partners and partnerships	15a & 16
Information search and contact with birth family members	9 & 10 & 11& 19
Adult relationships with adopted parents and siblings	8 &19 & 20 & 21
Emotional health	17
Revision of personal narrative and sense of self	22 & 23 & 24 &25

Like the interview participants, each focus group member was provided with a copy of the focus group questions, prior to the group. This document had an 'Instruction' section that included an outline of the focus group task (see Appendix 10). The focus group participants also received a copy of the study's 'Explanatory Statement' (see

Appendix 2), ‘Consent Form’ (see Appendix 3), an adjusted ‘Demographic Questionnaire’ (see Appendix 8) prior to meeting. The ‘Support Information List’ information sheet was given to each member on the day of the group (see Appendix 5). The ‘Demographic Questionnaire’ for the focus group was slightly different to that of the interview participants as it included several questions designed to elicit information which might not necessarily have emerged during a group discussion, such as information about their adoption.

The focus group met for a period of three hours in a meeting room at the VANISH office. The proceedings were electronically recorded and the responses to each question were transcribed by the researcher and returned to the group members for comment. Group member feedback was then included in a new version of the focus group responses and re-sent to the group members for their additional comment (see Table 5.5).

Table 5.5 Participant Feedback from the Focus Group

Comments	**Number of comments**
Acknowledgement of transcript and acceptance of the accuracy of the transcript	4
Confirmation of the accuracy of the content	2
Comments about the impact of the interviews	3
Updates of information	2

A focus group member noted:

> *I found it a huge help to hear others stories that were very similar but at the same time quite different* (P-FG3)

Again, the researcher’s clinical skill and experience as a social worker was used to engage and pace the group process, ensuring that each member felt heard and acknowledged while working as part of a group to provide comment on the questions. As with the interview participants, each woman’s participation was acknowledged

with flowers and a thankyou card. Lunch was also provided for the focus group members.

The group members had not met each other prior to the group formation and the women quickly developed a positive working relationship. As with the interviews there were moments of sadness as well as laughter and participants were given time to pause and were asked if they wished to continue. All members continued. At the conclusion of the group, members exchanged contact details with each other and the feedback provided to the researcher was that the experience of discussing motherhood with peers, from the perspective of an adopted person, was so powerful for them that they intended to remain in contact with each other. This phenomenon is further discussed in Chapter11.

The focus group offered a different dynamic to the research process than the individual interviews. By its very nature ideas were bounced between individuals and as was asked, a group view was formed. One of the potential constraints of such a group was the dynamic of group pressure, however each woman appeared to speak with her own voice and differences were discussed.

5.5 The Data Analysis Process

According to Anfara, Brown & Mangione (2002, p. 31), "the purpose of analysis is to bring meaning, structure, and order to data". In the analysis process data from within the interview and focus group transcripts was identified, described in rich detail and assigned codes, categories and themes (Darlington & Scott 2002).

As a preliminary step in the analysis of the data, each transcript was summarised using an 'Adoption Life Story Chart' that was modified for this study from a 'Lacks and Gaps Chart' developed previously by the researcher and colleagues[42]. The use of

[42]The 'Adoption Life Story Chart' is an extension of the 'Lacks and Gaps Chart' developed by this researcher and two colleagues Gaye Mitchell, and Paula Morrissey, in 1979 for use within the general child & family welfare arena. The 'Lacks and Gaps Chart' was constructed emerged from the notion of structural and functional deficits that can impact on the lives of clients (Tierney 1963). This researcher has used the initial chart in her own practice over a 30-year period and it is referred to by Campbell and Mitchell (2007).

the ‘Adoption Life Story Chart’, allowed the researcher to become familiar and immersed in the interview data. The chart is a matrix that maps significant relationships and events identified by participants across life stages as well as noting the quality of relationships. An example of a summary that was completed for this research can be found in Appendix 12 (P-I-8). The ‘Adoption Life Story Chart’ appears to have potential as a tool for informing social work practice in the adoption field, and has been tested within this study (see Chapter 12).

Additionally, the researcher wrote a brief reflection following each interview which not only recoded highlights from the interview and participant reactions, it also provided the researcher with an opportunity to record her own reactions to what she had heard and the opportunity for consideration of any assumptions that she had made. An example of such a reflection can be found in Appendix 13 (P-I-2). The information captured in the ‘adoption life story chart’ and case reflections, were also considered within the academic supervision provided by the university in which this research was conducted.

5.5.1 Codes

In analysing the interview and focus group data generated in this study, the researcher following the hermeneutic process of reading and re-reading the text of each transcript for words, sentences and phrases that designated an item of experience and meaning. These items related to actions, thoughts, imagination, understanding, feelings, hopes, or motivation related to the participant’s internal or external worlds that were concerned with the experience of pregnancy, birth and motherhood, adoption, relationships, family memberships, identity or other related matters.

Each identified item was given a code (a name) by the researcher and each code was examined in terms of the whole transcript, noting the frequency of mention, the item’s position in time in terms of the participant’s life course, its relationship to kith and kin and social institutions and the emotional emphasis it contained. Codes were manually noted in red throughout the body of each transcript. An example of the manual process of creating categories within an interview transcript is contained in Figure 5.3 and a lengthier example of this process can be found in Appendix 9. Initially well

over eighty codes were generated in this way. Not all of these codes have been included in this report, not only because of the large quantity, but because a number were found to be similar to other more frequently occurring items. These were collapsed into one code name.

P-I-11 (Interview p.22)

Interviewer: He's close to you?

Participant: We're very close. (Emotional closeness to son) (Emotional closeness and distance in relationships)

Interviewer: You're very close. Has that been something he's been interested in?

Participant: Yeah, we've talked about it a lot over the years and he understands what it means. That, in terms of … it's a bit confusing because right from the time he's been, I think he was three when we … no, he was two and a half when we met my birth mother. (Child of participant-knowledge of mothers' adoption status and relationship with birth grandmother)

Yeah. But, I call her [name] of course, she's not Mum, she's (name) and … since Mum's died, she's still [name]. (Name given to birth mother indicative of non-mother type relationship) (Renegotiation of family relationships).

Interviewer: Yes.

Participant: And you can never get back those years. So, you're establishing new relationships. It is a new one because it's such a long time in-between. Because I was thirty-four when we met. (Relationship with birth mother – lost years) (Renegotiation of family relationships/ renegotiation of identity).

Interviewer: So [name of son] has seen all of that.

Participant: He's seen all of that and understood that it's a bit complex: this one's my half-sister and this one's my half-brother, but that one's my half-brother but through a different father. So, he's grappled with all that. (Complexity of extended birth family for participant and her son) (Impact of adoption on participant's children).

Interviewer: And remained supportive and interested.

Participant: Yeah. He quite … and he gets the irony of we having named him (name) and then [birth mother]'s husband is [name] and, like it's … yeah. (Child of participant- understanding of mother's adoption status) (Impact of adoption on participant's children).

Figure 5.3 Sample of Coding Within an Interview

At this point in the analysis process, cross transcript analysis was also occurring. Transcripts began to be compared for similarity and differences in concepts that might use the same codes. An example of comparison of codes between transcripts can be seen in Figure 5.4.

P-I-4 (Interview p. 6)

Participant: From day one I remember being told I was chosen (Adoption knowledge- knew of adoption as a child; Adoption story- chosen) which is probably a common theme…I don't know. I was chosen and I was told that my mother, my natural mother, was unable to keep me. Mum and Dad probably made this up, but: "it's not that she didn't want you, it's that her circumstances didn't allow her to have you - keep you." (Adoption story- birth mother circumstances) (Adoption narrative- childhood).

P-I-5 (Interview p. 1)

Participant: I didn't know I was an adoptee until I was twenty-seven (Adoption knowledge- late discovery) (Adoption story- none) (Adoption narrative childhood).
So I grew up feeling very insecure because I knew I didn't fit in (Identity- insecure child) (Identity- childhood).

P-I-13 (Interview p. 3)

Participant: Yeah. I don't ever remember being told, but I've always known. And I grew up with two other older siblings that were also adopted. (Adoption knowledge- knew). So, I guess adoption was… it wasn't that it was talked about within our family, it was just accepted that that's how it was (Communication about adoption- little).

So then I received my records and information at about the age of sixteen or seventeen. And then with everything falling into place…I was just horrified that that's what it was. And then realising that I'd thought all those years that I had a Mum and Dad and they would come and get me. (Adoption story- fantasy and reality) (Implications for adolescent identity) (Adoption narrative – adolescence).

Figure 5.4 Sample of Interview Coding Across Interviews

As interviews continued and coding progressed, the list of codes and sub-codes were refined and sub codes that seemed to be referring to a similar idea/notion/phenomenon, were 'clustered' together under one code heading. An example of sub-codes clustered under code headings can be seen in Table 5.6.

As immersion in the data progressed, the researcher became aware that the words used to describe what was being encountered were in part constructed from concepts commonly used in the adoption literature and the language of the adoption field generally.

Table 5.6 Examples of Codes and Sub Codes

Codes	Positive nurturing relationship Troubled relationship Poor fit with adoptive parents Abusive/ neglectful relationship	Got on with siblings Never got on Different to each other Little in common Abusive	Happy Anxious Temper tantrums Sad Ordinary
Sub Codes	Felt loved Felt secure Felt relaxed Liked to read and study A sporty child Shared interests with adoptive parents Mothers alcoholism Mothers mental health Great relationship with adoptive father Distant father Emotional punishment Trusted adoptive parents extended family household	Played with siblings Fought with siblings but were united to outsiders Got on until adolescence Lived in the same house but distant relationship Different interests Different peer group Never got on Little in common Bullying Abusive	Had lots of friends Was part of the community Anxious child Temper tantrums Lacked confidence curious Solitary Worried Sad Ordinary Lonely

5.5.2 Categories

The second level of interpretation/analysis occurred when the codes and their sub codes in each transcript, were grouped into broader 'categories' that reflected a pattern of experience/action or meaning. These were noted in green throughout the body of each transcript. An example of the manual process of creating categories within an interview transcript is contained in Figure 5.4. A lengthier example of this process can also be found in Appendix 9.

Again, across transcripts comparisons were made, to see if the categories that were being developed in individual transcripts, applied across all of the interviews. An example of this is contained in Figure 5.5.

An example of codes clustered under a category heading can be seen in Table 5.7.

This process of constant comparison, "in which each term was checked or compared with the rest of the data to establish analytical categories" (Mays & Pope 2000, p. 114), was used throughout each of these coding stages.

Table 5.7 Categories Containing Codes

Categories	Nurturance in adoptive family	Relationships with siblings as children	Emotional health as children
Codes	Positive nurturance Troubled nurturance Poor fit Abusive/ neglectful	Got on with siblings Never got on Different to each other Little in common Abusive	Happy Anxious Temper tantrums Sad Ordinary

These inductively derived codes and categories were entered into a computer assisted data management system using QSR NVivo 10 software. NVivo 10 helped to manage the large volume of data and facilitated comparison of data across interviews. NVivo 10 enabled the location of the actual participant phrases that had been designated for a

particular code or category, and it was also able to assist with the counting of frequency of terms, codes and categories. Mays and Pope (2000) claim that the use of software packages designed for analysis of qualitative data, such as NVivo 10 have the potential for improving analytical rigor (Mays & Pope 2000). Figure 5.5 is an example of nodes and categories that were created in NVivo 10.

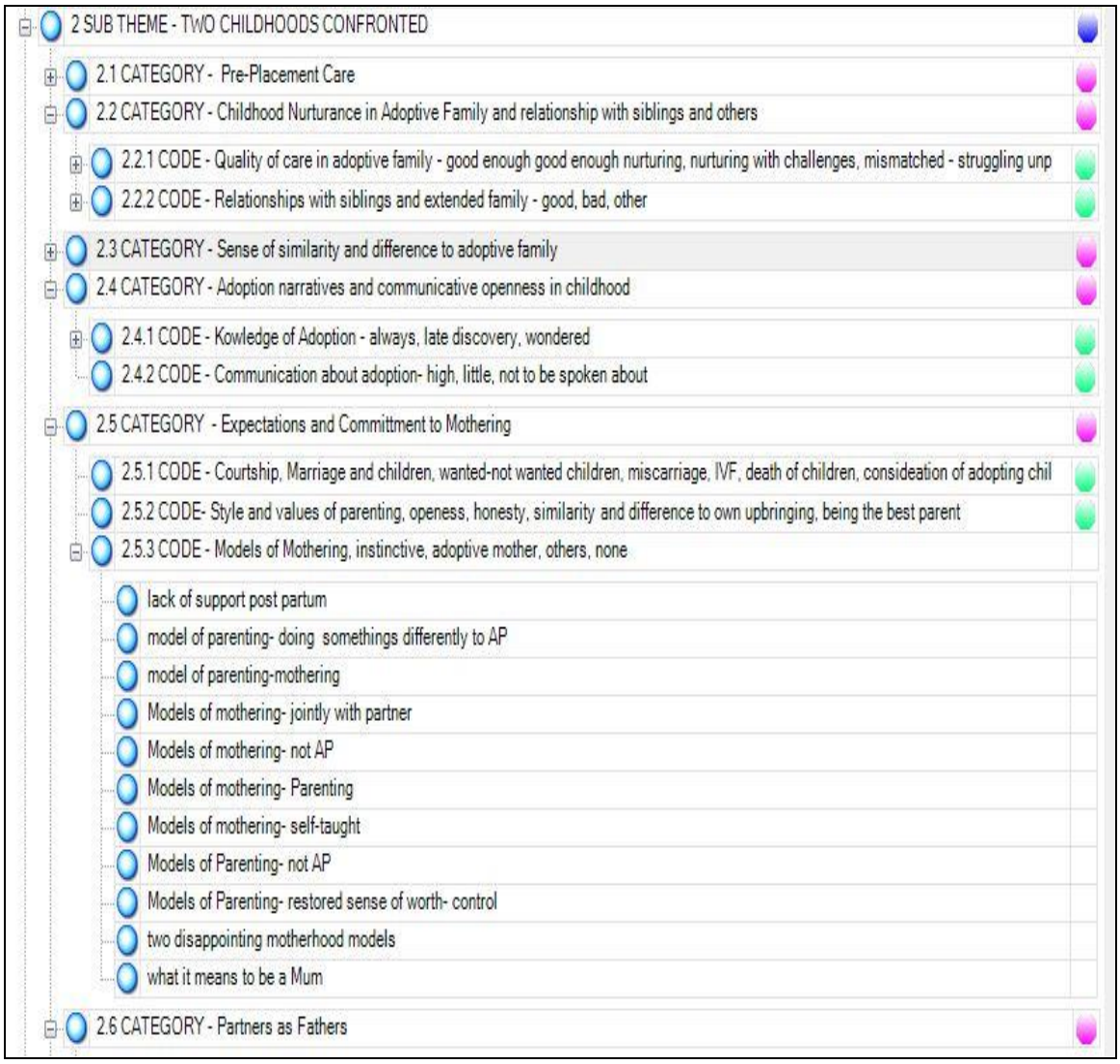

Figure 5.5 Nvivo Coding

5.5.3 Themes and Sub-Themes

The content of the categories was further explored and refined, through the search for negative or different examples of the categories and the clarification of the underlying core issues within and between the categories. This process resulted in three primary

sub themes with one overriding conclusion. See Table 5.8. for an example of categories combined under one sub theme.

Table 5.8 Sub Theme and Associated Categories

Sub Theme	Two Childhoods (own childhood)	Two Childhoods (being mother to own child)
Categories	Nurturance in adoptive family Relationships with siblings as children Relationship with others Emotional health as children	Wanting own children Emotional closeness & distance with own children Being the best parent

The codes, categories and sub-themes have sought to answer the principal and secondary questions posed in the thesis. This description of the process of generating codes and categories helps to create an audit trail that aims to strengthen the dependability and reliability of the research (Carcary 2009).

5.6 Methodological and Procedural Rigour

Generally, the literature agrees that all research no matter what paradigm is used, requires standards for assessing quality and building credibility of its findings (Anfara, Brown & Mangione 2002; Fossey 2002; Kitto, Chesters & Grbich 2008). Qualitative research has often been evaluated against the positivist criteria of validity, reliability and empirical generalisability and found to be wanting, while critics from within qualitative research circles have voiced concern that qualitative methods are 'too positivistic' (Anfara et al. 2002). Kitto, Chester and Grbich (2008) recommend that different measures need to be employed to judge qualitative research given the differences in epistemological frameworks, research goals, sampling approaches, and methods for obtaining and analysing data. Instead, terms such as 'rigour' (thoroughness and appropriateness of the use of research methods), 'credibility' (meaningful, well presented findings) and 'relevance' (utility of findings) are used to judge the 'trustworthiness' of a study (Kitto et al. 2008; Anfara et al. 2002). The 'trustworthiness' of this study (a term coined by Guba & Lincoln, 1994), has been

evaluated using the following measures of: theoretical rigour, methodological or procedural rigour and interpretative rigour.

5.6.1 Theoretical Rigour

Theoretical rigour, or the "soundness of fit of the research question, aims and the choice of methods appropriate to the research problem" (Kitto et al. 2008, p.244) has been attended to in this study by seeking to match the aims and purposes of the study that stem from a constructivist/interpretivist epistemology with the choice of methods for obtaining and analysing the study's data as outlined previously.

5.6.2 Procedural Rigour

Methodological or procedural rigour is concerned with the transparency of a piece of research, achieved through detailed description of the way in which it is conducted (Kitto et al. 2008). This is a similar notion to that of 'dependability' used by Guba and Lincoln to describe the creation of an audit trail regarding the processes and decisions entailed in a study (cited in Anfara et al. 2002). The recommendations outlined by Fossey (2002) to ensure methodological rigour, have been followed in this study. The choice of a qualitative research design, appears congruent with the exploratory purpose of the study, the primary and secondary research questions that have been posed and the aim of richly describing the experiences and meanings of the study participants in relation to parenting their children.

The sampling strategies and methods of data collection were selected for their appropriateness and adequacy in addressing the research questions, and as previously outlined, the participants who were sought for the study were directed by the research question and the inclusion and exclusion criteria. Data has been collected via interviews and the analysis of the interview transcripts, coupled with the commentary from the focus group members.

The transparency of the research process and the reporting of the study's findings, is attended to not only via the careful description of the procedures that have been followed, but also by outlining the decisions that have been made at various points in the process. Transparency for participants has occurred through the provision of information about the study early in the research process (via the 'Explanatory

Statement' and the 'Consent Form'), the availability of the transcripts for comment by the participants and the provision of a summary of the research findings to participants at the conclusion of the project.

5.6.3 Interpretive Rigour (trustworthiness of interpretation of findings)

Interpretive rigour (Fossey et al. 2002) at times also known as 'credibility' (Anfara et al. 2002, p.30) has been ensured via several means: the representations of participants' views in their own words to illustrate the codes and categories; providing the participants with the opportunity to check their own transcripts and provide feedback; the focus group as another form of 'member checking' that offered a critical reference group to assist the researcher in accurately representing the shared interests (and differences) of all research participants (Wadsworth 1998); and the use of external inter-raters to comment on the codes and categories that the researcher had defined.

5.6.3.1 The Inter-rater Process

As a means of balancing the researcher's potential biases and seeking a clearer representation/presentation of participant voices, two independent raters (each a doctor of social work, experienced in the child and family domains of practice, and one additionally experienced in the area of adoption) read and coded randomly selected, de-identified participant interviews. It had been intended that each inter rater would review the same transcripts, however as one inter-rater was only able to review one of the transcripts and the other was able to review three, it was decided that four different interviews transcripts would be provided (P-I-1; P-I-2; P-I-4; and P-I-11). This enabled a broader comparison to be made between coded interviews.
Each inter-rater was asked to read two copies of the interview transcripts to be reviewed. The first copy of each interview did not contain any researcher comments. This was provided so as not to influence the inter-rater on their first reading. The second copy of the interviews contained the researcher's codes that were written in red and categories that are written in green.

Each inter-rater was asked to provide their impressions of the content of the transcripts, to comment as to whether they thought that the codes and categories captured the content of the phrase or words they are linked to; and to note anything that they thought may not have been covered in the coding/categorising process. The

inter- rater codes were then compared to those generated by the researcher. Overall the inter-rater codes mirrored those of the researcher, and the outcomes of the inter-rater input subsequently assisted in the composition of the focus group questions.

5.6.3.2 Academic Supervision and Personal Reflexivity

From the commencement of the study, regular meetings with the researcher's academic supervisors provided another means for ensuring the quality of the endeavour. As the researcher became more and more immersed in all aspects of the research (the literature, participant contact, data from the interviews and focus group), her academic supervisors provided a regular opportunity to debrief from the intensity of the work. They assisted in the deconstruction of the research material and at times provided alternative perspectives and challenges to the interpretations of the researcher (Shenton 2004). Supervisory contact continued throughout the entire project.

Occurring in parallel to the supervisory process, was the practice of personal reflexivity undertaken by the researcher. While primarily a strategy for ensuring evaluative rigour within this study, it also served as a means to bring to the forefront of the researcher's mind an awareness of her own value systems, assumptions and views of the world, as she interacted with each participant and the data that was generated. Written reflections were regularly made by the researcher about different aspects of the research process and short reflective notes were written following each interview. This reflective writing assisted with memory and was a way of tracking alteration in interpretation over time and ensured the co-construction of meaning with the participants (Bamberger & Schon 1991). Appendix 13 is an example of reflective notes that were taken after each interview.

The questions that were used to assist reflection included: "What are my impressions of the participant?"; "How do I the researcher feel?"; "What did I do or would I have done differently?"; and comments about the venue. This method shared many aspects of the clinical supervision process that social workers are required to participate in within Australia and so was not an unfamiliar one for the researcher. The reflexive process sought to "openly acknowledge and address the influence that the relationship

among researchers, the research topic and subjects may have on the results" drawn from the study (Kitto, Chesters & Grbich 2008, p. 245).

5.7 Presentation of the Findings

The findings of this study are presented in chapters 6 to 11 of this thesis. They are thick 'textual descriptions' of identified issues, illustrated by examples from the words of the participants, followed by a discussion of their meaning and significance, for the participating women at the parenting life stage (Fossey et al. 2002, p.730). However, it is recognised that the development of the codes, categories and final common themes, signifies a fusion of the participants' and the researcher's viewpoints. A further level of fusion also occurs with the consideration of the study results in relation to the literature and the wider social contexts and histories within which the participants and researcher were situated. Linking the data and the findings from the data in this way has aimed to provide further transparency for the research process.

5.8 Summary

The qualitative methods chosen for this study, stem from the purposes and aims of the enquiry that seek to understand the meaning of the lived experience of the participants' in their social worlds. A hermeneutic process has framed the progress of the enquiry, and has been informed by the underlying contructivist/interpretive paradigm. Congruence has been sought between this paradigm and the purposive and snowball sampling that was used to select the participants, the open-ended questions that were used in each in-depth interview, and the thematic content analysis that was employed.

The trustworthiness of the research is central to the conduct of the study and so the research processes and various decisions that were made throughout the process, have been transparently described in detail: the checks and balances of member checking, independent inter-raters, reflexivity and supervision. The following four chapters will now outline and discuss the data that was generated through these processes.

CHAPTER 6 INTRODUCING THE STUDY'S PARTICIPANTS

6.1 Introduction

This chapter provides a detailed demographic description of the study participants. It offers a profile of those who took part in the research and then situates their data in relation to the available information about the general population of Victorian and Australian women at the parenting life stage. Also included in this chapter is an outline of the reasons participants provided for taking part in the inquiry. This begins to address one of the secondary questions posed in this study, namely that of the link participants see between their own adoption experiences and the parenting of their children.

6.2 Sources of Demographic Information

The information about the interview participants has been drawn from demographic questionnaires completed by each participant, as well as through face-to-face contact. The focus group participants were given a slightly different questionnaire (see Appendix 8) to that of the interview participants (see Appendix 4) in order to capture the same information from each group of women. This has been more fully described in Chapter 4.

Table 6.1 Participants

Interview Participants (P- I)	N= 16
Focus Group Participants (P-FG)	N= 5
Total Number of Participants	N= 21

6.3 Socio-Demographic Characteristics of the Participants

6.3.1 Age of Participants

The women taking part in this study ranged in age from twenty-nine years to fifty-seven years with an overall mean age of almost 44 years (43.85). The overall median age was 44 years (See Table 6.1). The interview participants were a little older as a group, than those women in the focus group, being aged between forty years to fifty-seven years (mean age-45.4 and median age-45). The women who participated in the focus group ranged in age from twenty-nine years to forty-five years (mean age-37.8 and median age-38).

The study participants were positioned well within the Australian average age range for women bearing and raising children. The mean age for bearing children in 2012 was 30.1 years with the average age of mothers being higher in women who gave birth in Victoria and the Australian Capital Territory (30.7 years in both) (AIHW 2012).

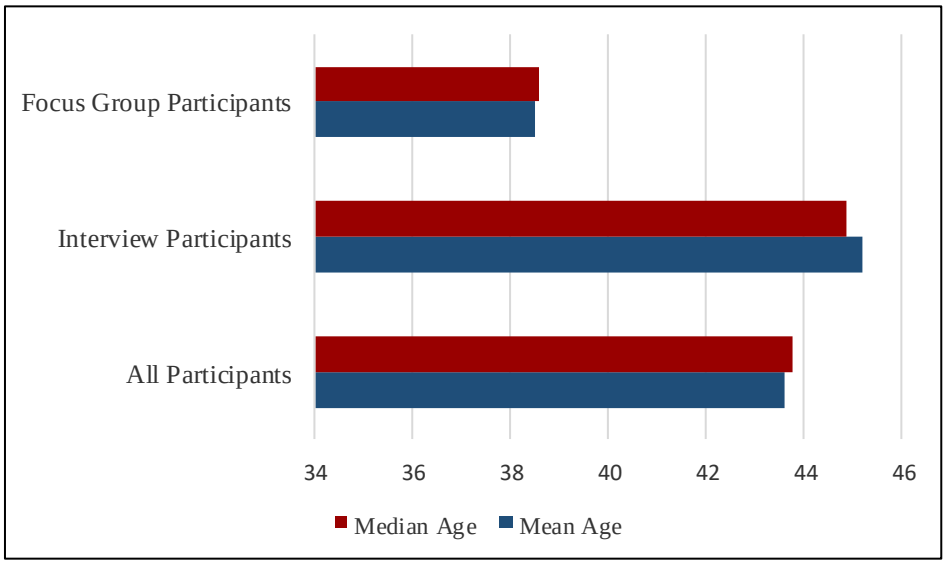

Figure 6.1 Ages of Participants

6.3.2 Marital Status

Fourteen interview participants were married at the time of interview; one participant had lived in a common law partnership for approximately eight years; and another

was divorced following a four-year marriage. The length of participant partnerships ranged from eight years to thirty-three years, with the average duration of partnerships being nineteen point one years.

Two of the focus group participants were married at the time of the group meeting, one was divorced and living as a single person and the other group member had experienced two divorces and had been in a new relationship for approximately five months. One focus group member later advised that she and her husband of nineteen years had subsequently separated (see Table 6.2).

According to the 2011 National Census data of Victoria residents aged fifteen years and over, 49.45 percent of that population were in a registered marriage; 8.7 percent were in a de-facto marriage; and 10.7 percent were either divorced or separated. In comparison to the general population, the study participants represented a higher proportion of married couples, with the stability of their marriages reported as 76 percent compared with the Victorian percentage of 49.1 percent. The percentage of study participants who were divorced was 10 percent, which was slightly lower than a Victorian average of 10.7 percent.

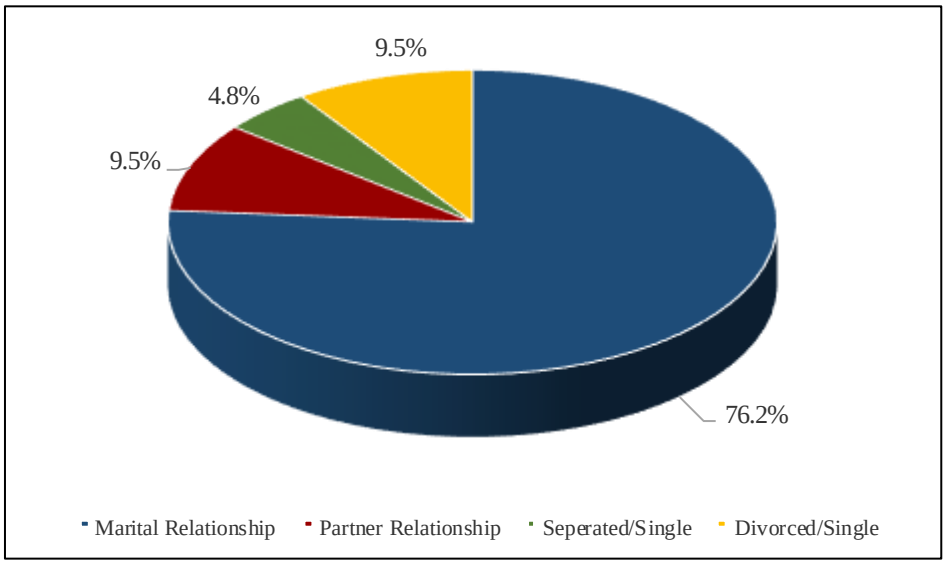

Figure 6.2 Partnerships

6.3.3 Children of the Participants

The children of the study participants ranged in age from nine months to twenty-four years of age, representing the preschool to early adulthood life phases. Those women who were interviewed had children aged from nine months to twenty-one years of age, while the children of the focus group participants were aged from three months to twenty-four years (see Table 6.3). The mean age of all children was twelve years. All but two women had two or more children.

All children were the biological offspring of the participants, and each woman had at least one child still living at home at the time of interview. Five participants had had children before marriage. One had a child who had been relinquished in an open adoption arrangement (contact with this young adult child had been maintained at the time of interview); three women were married or were in a de-facto relationship with the father of their children; and another woman had had a termination. All children (except for the adopted child) were children of the participant's current partnerships.

Significantly, three participants commented that had they not been able to have biological children they would not have adopted children. This preference is echoed in the reviewed literature (Kenny et al. 2012; Masso & Whitfield 2003; Pinkerton 2010).

Table 6.2 Children of Participants

Ages of Children	Numbers of Children		Total
	P-I	**P-FG**	
0-5 years	7	3	10
6-12 years	12	1	13
13-18 years	12	3	15
19- 25 years	5	2	7
			45

The women in this study have a slightly larger family size than the average population within Victoria. Interview participants gave birth to two children (2.25) on average and the focus group members had slightly fewer children (1.8), averaging overall two children (2.14) per family for all study participants (interview and focus group). This is just under the average number of children (1.9) in the general Victorian family (ABS 2011a).

Eighty-six per cent of the participants had created a two parent, heterosexual family compared to 85 percent of the general Victorian population, and 15 percent of the participants were in a one-parent family compared to 14 percent of the general population (ABS 2011a). While the participants had slightly larger numbers of children than the general Australian population, they fell within the normative range of Australian families for form and size.

6.3.4 Education

Eighteen (85.71%) of the twenty-one study participants had undertaken and/or completed tertiary study after leaving secondary school. Ten participants had completed university degrees (these were all interview participants), and eight had completed vocational training (four interview participants and four focus group members). One interview participant who had finished two years of university and was working part time in her husband's business at the time of the interview. Two other participants (one interview participant and one focus group member) had decided not to commence tertiary study and of these women, one held a leadership position in administration at a metropolitan hospital and the other held a responsible blue-collar position (see Table 6.4). As a group, the study's respondents represented a high proportion of educated Australians, given that nearly six out of ten people have a qualification, and over one quarter have a degree. In 2015 it was estimated that 29%, of working aged women (15-65 years) are graduates (ABS 2015).

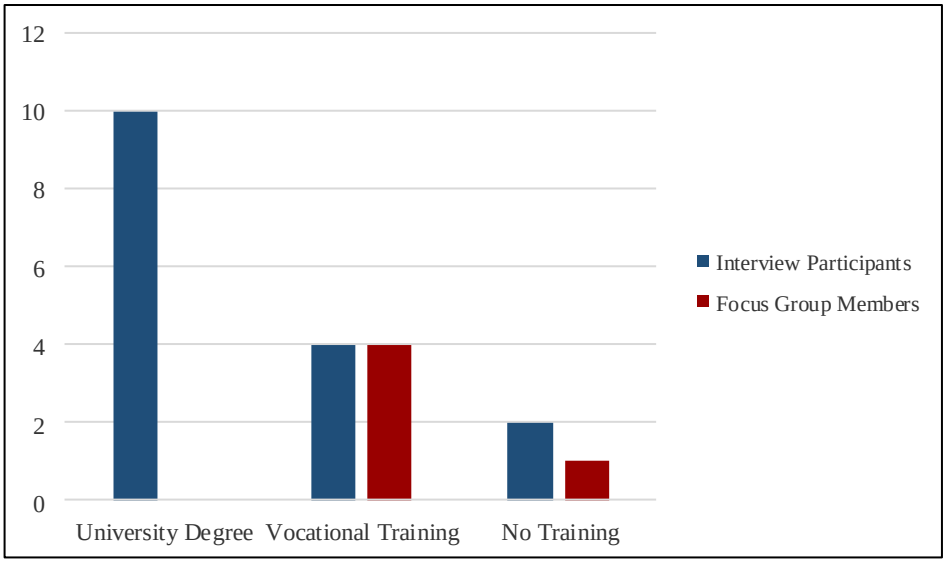

Figure 6.3 Education

6.3.5 Employment

Ten of the interview participants worked part-time, and four full-time outside the home. Of those who worked at home, one was engaged in full-time home duties due to the age of her children and the other was home schooling one of her children who suffered from Asperger's Syndrome. Three members of the focus group worked full-time, one part-time and one was caring full-time for children.

The study participants fit within the employment trends for the general population of Australian women. Census data for 2009-2010 indicates that 66 percent of partnered Australian mothers with dependent children, were employed; and 60 percent of lone mothers were also employed. Part-time employment was more common for mothers of young children compared to those with older children and the proportion of women who are were employed increased as the age of their youngest child increased. For example, in 2009-2010, 51 percent of Australian mothers in couple families with young children (aged less than five years), were employed, compared to 81 percent of women where the youngest child was a dependent student aged 15-24 years. In lone mother households the differences were even greater, with 28 percent of women with young being employed, compared to 83 percent of lone mothers with older children (ABS 2011b).

The research participants have uniformly chosen employment in the 'helping professions', in the fields of community services, health and education. It is also noticeable that a significant proportion of the study participants (75%) were working in professional occupations. These proportions are higher compared the general population. In a 2006 report on social trends in Australia, it is noted that 18 percent of working women were employed in the health and community services sectors and that women employed as professionals or associate professionals comprised just over one-third of the female workforce. Twenty-seven per cent worked in intermediate clerical or sales and service occupations, while the proportion of women working in less skilled occupations had decreased since 1987 (ABS 2006). Given the small sample in this study, it is not possible to conjecture whether this phenomenon might be linked to the impact of an adoption background, a sampling bias, or coincidence (see Tables 6.4 and 6.5 and Appendix 1). Moyer and Juang (2011) however found that 40 percent of their young adult participants expressed a desire to choose an occupation that allowed them to help others (Moyer & Juang 2011).

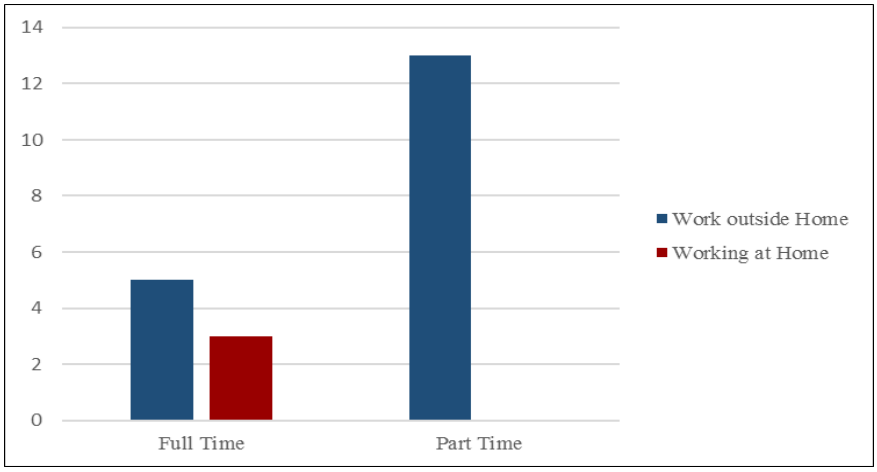

Figure 6.4 Employment

6.3.6 Ancestry of Participants

All women identified themselves as having Caucasian heritage and/or Australian backgrounds, although one participant did wonder if she had an indigenous heritage (P-I-3). This was unable to be confirmed however. All participants fell within the most commonly reported ancestries recorded in the 2011 Australian Census data, namely English (33.7%) and Australian (33%) (ABS 2011c).

6.3.7 Geographic Location

At the time of interview twelve participants resided in the metropolitan area and four in country areas. As children, eleven of the interview participants grew up in the city and five grew up in country areas. All of the focus group members grew up in metropolitan Melbourne, and at the time of interview four were still living in Melbourne and one woman lived in a regional location. The sample represented the experiences of rural and metropolitan dwellers.

6.3.8 Religious Beliefs

Twelve interview participants stated that they did not practise any religious beliefs, as did four of the focus group. Three interview participants and one focus group member actively practiced their religious beliefs, and one did not state her position.

6.4 Participants' Adoption Status

6.4.1 Type of Adoption

All participants were adopted in Victoria by non-relatives between 1955 and 1985, a thirty-year adoption period spanning three changes of adoption legislation. Interview participants were adopted between 1955 and 1972, and the focus group members were adopted between 1977 and 1985. All interview participants and all but one focus group participant (P-FG-1) were placed for adoption within a closed adoption system. This meant that most participants were unable to obtain information about the circumstances of their adoption, their birth parents and their pre-adoptive experiences, until after the proclamation of the *Adoption Act 1984.* One woman (P-I-8) who obtained the name of her birth mother while she was a young teenager did so because her adoptive mother approached the placement agency on her behalf for further information. As a younger adult this woman later searched unsuccessfully for her birth mother. Another interview participant (P-I-1) had decided not to search or obtain information about herself as an adopted person at the point of interview. The focus group member who was adopted under an open arrangement, had been placed in the year following the proclamation of the *Adoption Act 1984*, which permitted the release of general and identifying information to adopted persons. Her adoptive parents were given information about her birth mother and the circumstances under

which she became available for adoption, and annual letters and photographs were exchanged. Further contact did not occur however, until the participant was an adult.

Four interview participants were adopted under the provisions of the *Adoption Act 1928* which allowed for 'private' placements, and twelve interview participants and four focus group participants had been adopted under the *Adoption Act 1964.* This latter Act changed the licensing arrangements for those permitted to arrange adoptions (only four agencies in Victoria were subsequently licensed to provide adoption services), and introduced more stringent requirements for the selection of adoptive parents. However, the time between the proclamation of the Act and its implementation meant that the adoption of several of the study participants born after 1964 were still privately arranged. The placements of those adopted in the 1960's and 1970's, was influenced by the growing trend to provide some information to adoptive parents about the child, at the time of placement. However, obtaining a copy of an original birth certificate and other adoption information was not possible until 1984. The *Adoption Act 1964* also allowed access to certain information for the adopted person and the adoptive family, and included the provision for contact arrangements between the child and birth family. The provisions of the various adoption Acts potentially influenced the experiences in terms of information and openness, for each of the study respondents.

6.4.2 Age at Placement and Pre-Placement Care

All participants were placed with their adoptive family as infants (where infant is defined as a child under twelve months of age). The mean age for the placement of interview participants was six weeks of age (forty-two days old) and for the focus group participants ten weeks of age (seventy days old). Fourteen interview participants stated that they had pre-placement care in hospital, thirteen apart from of their mothers. Eight interview participants also spent time in a registered babies' home. One participant spent time in pre-placement foster care and another spent five weeks with her birth mother before being placed in a babies' home for an additional seven weeks (due to ill health) prior to her adoptive placement. Two women were uncertain about what form their early care had taken. This spread of experience was similar for the focus group members (see Figure 6.2).

All participants had disruptions to their early weeks and months of life, through their experiences of having several pre-adoption carers. From the perspective of an infant's mental health, these multiple placements held potential implications for their early development and their emerging sense of 'self', and the later effort required by adoptive parents to assist them to regulate, to gain a sense of security and to confidently engage with the external world (Bowlby 1988; van IJzendoorn 1995).

Table 6.3 Age at Placement and Pre-Placement Care

		Participants	**Total**
Age at Placement	0-1 weeks	4 (P-I)	
	1-2 weeks	1 P-I)	
	2- 6 weeks	2 (P-I & P-FG)	
	6-12 weeks	10 (9 P-I & 1 P-FG)	
	13-24 weeks	3 P-I)	
	Unknown	1 (P-I)	21
Type of Care	Hospital only	4	
	Hospital & babies' home	9	
	Parents & babies' home	3	
	Hospital & foster care	2	
	Hospital, foster care & babies' home	1 (P-FG)	
	Unknown	2 (P-I)	21

6.4.3 Adoptive Family Configuration

All interview participants grew up with two adoptive parents for at least the first five years of their lives. One woman's adoptive mother died when she was five years of age and her and her adopted brother continued to be cared for by their adoptive father, with the assistance of maternal and paternal extended adoptive family members. One focus group participant was raised by her adoptive mother following the divorce of her adoptive parents and three participants had their maternal adoptive grandmothers' living with them throughout their primary school years. At the time of interview, five

interview participants had experienced the deaths of one or both of their adoptive parents as had two focus group members.

The participant's birth position within their adoptive family is captured in Figure 6.3. Eleven of the interview participants were the youngest children in their adoptive family, three were the eldest; two were the second child and one was the third child of the family. All but two participants, both of whom were focus group members, grew up with siblings, and all but four participants (including those who were only children) had a sibling who was adopted. Six participants had adopted siblings as well as siblings who were the birth children of their adoptive parents, and six in all had members in their extended adoptive family with adoption or separation experiences. While the traditional nuclear family structure characterised the families in which the study participants spent their childhoods, the permutations of relationships based on blood tie and social connections varied.

Table 6.4 The Participant's Position in their Adoptive Family

		Participants
Position	Eldest Youngest Only Other	3 (PI-3; PFG)-0) 10 (PI-9; PFG-1) 3 (PI-1; PFG-2) 5 (PI-3; PFG-2**)**
Siblings	Adopted only Adopted and biological children of AP Only biological children of adoptive parents None	12 (PI-10; PFG-2) 6 (PI-5; PFG-1) 1(PI-1; PFG-0) 2 (PI-0; PFG-2)
Participants with Adopted brothers		14 (PI-14; PFG-3)
Participants with Adopted sisters		3 (PI-3; PFG-0)

6.4.4 Knowledge of Adoption Status: Information, Search and Contact

In terms of knowledge of their adoption status, twelve interview participants knew from early in their childhoods that they were adopted, one was told when she was approximately eleven years of age and three experienced a late discovery of their adoption as adults. Of the focus group members, all but one knew of their adoption from infancy. One woman was six years of age when she was informed of her status.

All but one interview participant had obtained identifying information and all but one had conducted a search for birth family members at the time of participating in the study. Of the focus group members, all had obtained their adoption records and all but one had searched for birth family. One woman had not intended to search but was contacted by her birth mother following the 2013 amendment to the adoption legislation, which permitted birth mothers to access identifying information about their adopted child. Figure 6.4 visually summarises the participant's knowledge of their adoption status as children and the subsequently searches for information and/or contact with birth family members.

For the majority of participants who has known of their adoption as children, obtaining adoption information occurred prior to the birth of their children. Three had searched before having children and twenty participants (fifteen interviewees and five focus group members) commenced or resumed their search following the birth of children. Of those who undertook to search for birth family members, one woman had decided not to continue contact with her birth mother, another had been unsuccessful in locating any birth family and another participant found that her birth mother had died many years earlier. This participant did locate her birth mother's brother and was about to meet him when he also died. She subsequently met members of her uncle's family.

Of those who had initially continued contact with members of their birth family, a variety of outcomes were reported. These will be discussed in Chapters 7 and 8 of this thesis.

Table 6.5 Adoption Status, Information, Search and Contact

Participant	Knowledge of Adoption Status	Information & Search as an Adult	Contact as an Adult
P-I	Always	No	No
P-I-2	Always	Yes	Yes, prior to the birth of first child. Experience described as 'awful'. - No current contact
P-I-3	Late discovery at 20 years of age	Yes	Two 'Outreaches made. No response from her birth mother Occurred after birth of 2nd child.
P-I-4	Always	Yes	Yes. Met her birth family members before marriage and children.
P-I-5	Late discovery- 27 years of age. Adoptive Mother had tried to discuss at 11 but participant would not listen	Yes	Yes, three 'outreaches' made prior to having children- no response. Following the birth of her children, the participant made a phone call to her birth mother. Her birth mother responded with a letter but then she appeared to find it too hard to maintain contact Another attempt to contact birth mother occurred prior to this study. No response
P-I-6	Always	Yes	Yes. Continuing relationship for approximately 17 years. Relationship ceased 3 years ago.
P-I-7	Late discovery at 20 years of age	Yes	Yes
P-I-8	Always	Yes	Yes. Searched and had contact after the birth of first child of the marriage. Search triggered by her welfare studies.
P-I-9	Always	Yes. At fifteen years provided with identifying information	Yes. Contact with her birth mother and extended family members.
P-I-10	Late discovery at 40 years of age	Yes	Yes. Participant searched and learned that her birth mother was deceased

Participant	Knowledge of Adoption Status	Information & Search as an Adult	Contact as an Adult
P-I-11	Always	Yes	Yes
P-I-12	Always	Yes	Yes. Shortly after birth of first child. Located her birth mother and later her birth father Ongoing contact for over 26 years- slightly strained at present.
P-I-13	Always	Yes- Adoptive Mother obtained some information when participant still at school	No. Searched before and since having children but can't locate her birth mother or any birth family relatives
P-I-14	Always	Yes. After the birth of children; prompted by counselling studies	Yes, over a number of years.
P-I-15	Always	Yes	After exchanging letters, the participant did not continue contact
P-I-16	Always	Yes	Yes- but birth parent discontinued
P-FG-1	Always	Yes	Yes
P-FG-2	Always	Yes	Yes
P-FG-3	At 6 years of age	Yes	Yes
P-FG-4	Always	Yes	Yes
P-FG-5	Always	Yes	Yes

6.5 Reasons for Participating in the Study

The reasons that participants gave for wanting to be part of the study fell into three broad categories:

6.5.1 To Raise Public Awareness

Through the sharing of their stories, participants expressed a desire to educate the general public and professionals about the lasting impacts of the adoption experience. They wished to advocate for the advancement of adoption sensitive professional practice as well as an increase in the support offered to children and families within the community service system where adoption and permanent care are used:

> *I think it's important for the impacts of adoption to be known* (P-I-8).
>
> *I'm really hoping that community can be more informed about implications of adoption* (P-I-9).
>
> *I think for a lot of adopted people… [they] don't get it or they just think, 'get over it' (*P-I-6).
>
> *The reason I agreed to do this study was so that people who may have a similar situation to what I had will have access to awareness from people caring for them* (P-I-15).

6.5.2 To Help

Participants expressed their desire to help themselves and others by taking part in the research process:

> *It's good to be able to talk about it … and that's why I volunteered for this because it's another outlet to talk about it. The more you talk … the less of an impact it has* (P-I-5).
>
> *It would be an opportunity to revisit some of the issues and also to help you. It's good that it's something that people are looking at. So it's a bit, to give back and also, hopefully, to make things a bit clearer for me* (P-I-6).
>
> *I thought, I am a candidate for the research and I would like to share if that is going to be helpful* (P-I-11).

6.5.3 To Learn

Women in the study were interested to make connections and find patterns between parts of their own life as well as similarities between themselves and other participants.

> *It would be very interesting for me to hear what everyone, other people, had to say and try to collate all the different thoughts of people* (P-I-3).

> *I guess, partly because my first experience as a first time Mum ... I guess there were a few issues there. So, I thought well maybe there might be some correlation between adoption and mothering* (P- I- 4).

6.6 Summary

The socio-demographic data collected for this study indicates that as a group, the participants are embedded within the normative continuum of women who are parenting children within the Australian State of Victoria. They reflect the older age at which women are now conceiving children, and their children echo the increasing trend within Australia for young adults between the ages of twenty to twenty-five years of age, to remain at home with their parents. None of the participants revealed involvement as adults with police, justice or community welfare systems.

The length and stability of the participant's partnerships fall within the higher end of the national average. The participants are comparatively well educated in relation to the general population and appear to be materially secure. In this regard, adoption appears to have served them well and it would be valuable to explore with a larger sample, whether these characteristics are general to adopted women at this life stage, or whether they are unique to this particular group. What is also of particular interest is the career choices of each participant. Uniformly the women were working within the 'helping professions' at the time of interview. Whether this relates to their life stage, the nurturing roles assigned to women within our society or whether there is something intrinsic to the adoption experience, is another area for further exploration.

All participants were born within Australia and adopted in Victoria by non-relatives. Each joined their adoptive family within three months of their birth- a common

practice for this period in Victoria's adoption history. While participants were initially placed in nuclear adoptive families, a number suffered the loss of an adoptive parent during childhood. Several households also expanded to comprise several generations, as grandparents and extended family members joined them. The siblings with whom the women in this study shared their childhoods, were a mixture of adopted children as well as those who were the biological children of the adoptive parents.

To this demographic picture of the study's participants, will be added the qualitative findings of the study. The next three chapters will present the personal motherhood experiences of the women and the meanings they have drawn from them.

CHAPTER 7 TWO CHILDHOODS CONFRONTED

7.1 Introduction

"Becoming a mother represents a major developmental life phase associated with significant alterations in life patterns. Motherhood brings profound personal, marital, familial, and social changes" (Levy-Shiff, Goldshmidt & Har-Even 1991, p. 131).

The women in this study are parents of children whose ages span the life stages of infancy to young adulthood, so the reflections that are contained in this chapter about being a mother, a partner and forming a family of procreation, span the years that each woman had been parenting. This longer time period of mothering differs from other studies, which tend to focus more specifically on the transition of adopted women to parenthood. Being a mother brought each participant into contact with two significant childhoods: that of her own developing children and the associated considerations about parenting them; as well as recollections of her own early years and how she herself was mothered. Threaded through these recollections are considerations of adoption experience and the contribution that an adoptive childhood has made to shaping the person and the mother.

The first half of the chapter considers the information that participants had about their pre-adoptive placement history, the nurturing they received within their adoptive family and the relationships they developed with siblings, extended family members and others outside the family. It reflects upon the sense of similarity and difference that was at times felt to their adoptive family and the wider community; and the information and the degree of openness that they experienced in regard to their adoption. The second half of the chapter goes on to examine the participants' role as mother. It considers their values about parenting and family life, the models of mothering that are drawn upon, and their hopes and fears for their family of procreation. It reflects on the participant's partners as co-parents, the potential impact of their own emotional health on their children and the challenges associated with a diversity of extended family relationships.

7.2 The Participant's Own Childhood

7.2.1 Pre-Placement Care

Prior to placement with their adoptive family, each woman experienced separation from her birth mother, followed by a placement within a hospital, babies' home and/or foster care setting (See Chapter 5). How they coped as infants with the experience of multiple carers, and how their adoptive parents responded to them on their arrival in their new family, can only be a source of speculation. Reflections during the interviews about how they may have reacted to these early disruptions, led to the expression of varying levels of distress by each woman:

> *[teary] It's just a bit ... It is a bit … I just wonder whether those sorts of things have an effect on people. I was so tiny but you've got no memory of it. I do believe that it's awful for children to be left to cry, you know* (P-I-2).

The attachment literature tells us that infants can reform primary attachments and it is evident from the information provided by each woman about her childhood that this did occur. The infant development literature also tells us that infant temperament, the attunement[43] of parents to their infant; and the ways in which the mother handles the usual daily 'rupture and repair'[44] sequences within their relationship, can contribute to the style of attachment relationship that infants develop, as well as their sense of themselves. How repair occurs is partly dependent on the reflective functioning[45] of the mother/primary carer. A parent with high reflective functioning will contribute to the secure attachment style of the infant and their ability to successfully regulate themselves[46].

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[43]Attunement refers to Daniel Stern's notion of mother- infant communication. The mother portrays the shape of the infant affective sate and can recast it (Stern 2002).

[44]The usual 'rupture and repair' sequences that occurs between mothers and infants in the wake of the experience of discomfort of some kind, such as hunger, fatigue or the desire for attention, and the 'repair' process i.e. the way in which the mother responses and comforts, reorganises the experience of the relationship and the expectations between mother and child, contributes to the attachment style of the infant (Dozier, Dozier & Manni 2002; Fonagy & Target 2005; Steele et al. 2014; Tronick & Cohen 1989).

[45]Reflective functioning the ability to emotionally contain/hold the child's emotions, and reframe the child's feelings (most of the time) (Fonagy & Target 2005).

[46]Self-regulation refers to a child's ability to modulate and interpret their own feelings, as well as the feelings of others (Fonagy & Target 2005).

Given the number of people who cared for the participants as infants, it can be postulated that the 'rupture and repair' sequences and the quality of the reflective functioning of the adoptive mother was crucially significant. Infants, even those placed under six months of age, will have developed adaptive responses to their early care experiences (whether this was in a hospital, babies' homes or foster placement) that adoptive parents may have found difficult to interpret or possibly have misinterpreted. Repeated patterns of misinterpretation may inhibit the adopted infant's ability 'to feel that they have been understood, thus retarding this particular aspect of their emotional development' (Muller, Gerits & Siecker 2012, p. 115). In turn, this increases vulnerability and unpredictability in terms of the developing attachment relationship. As attachment style is the foundation to further stages of childhood development, it is suggested that mis-attunement overlayed with adoption separations may have had an impact on feelings of uncertainty, ambivalence, abandonment and loss for the growing child.

7.2.2 Childhood Nurturing by the Adoptive Family

The following self-reported descriptions of interview participants in terms of the care that they received from their adoptive family during childhood and adolescence, have been classified into four categories: a nurturing and sensitive upbringing; those who felt that their upbringing had been 'good enough' while also experiencing challenges; those who felt that they had been mismatched with their adoptive family; and those who felt they had not been protected and should never have been placed with their adoptive parents.

Nurturing is used here in the sense employed by Winnicott (1973) and Tronick and Cohen (1989) to mean care that is 'attuned' and 'good enough'. Four categories of nurturance have been delineated from the interview material and it is noted that to the best of the researcher's knowledge, other literature about adult adoptees as parents does not examine their early nurturing experiences in this way. See Table 7.1 for a visual summary the participant self-reported experiences of nurturing in their adoptive families.

7.2.2.1 A 'Good Enough' Nurturing Experience from Adoptive Parents

Seven interview participants and two focus group participants described their early childhood experiences as happy. Their narratives speak of day-to-day family life that was experienced as generally caring and attuned:

> *I've had a really good upbringing* (P-I-13).

Another noted:

> *Growing up in the household … a great family life! There was no major issues. I thought they [adoptive parents] were old-fashioned because they were quite a bit older … Mum and Dad were quite protective of me being the youngest and only daughter … but I so appreciate the upbringing I had with those values* (P-I-4).

While another said:

> *I think we had a very ordinary and almost boring existence which was good. It was just a very working class, ordinary family. Not a lot of money, but always enough. Never struggled or suffered* (P-I-16).

A sense of being cared for during adolescence for this group of participants appeared to reflect the usual adolescent challenges:

> *I had a fair relationship with my Mum. In the end it was fairly good. Probably during the teenage years, it was typical of most females … but always a really good relationship with my father* (P-I-3).

Another said:

> *I probably was a bit rebellious but in a compliant sort of way* (P-I-11).

A third commented:

> *I was a terrible teenager… I don't know if the times I had during adolescence were just because of that age or whether they were actually related to being adopted…I think that it is probably really normal teenage behaviour* (P-I-13).

While relationships with siblings varied for this group, they functioned in a 'good enough' way. Several women spoke about having little in common with their siblings:

> *The only thing we [had and] have got in common is that we were raised in the same family* (P-I-11).

Another said that she and her sister:

Just didn't get along, even though we were sisters on paper ... and my parents tried their hardest to make us ... like each other. We're just completely different. Different in our ways of thinking, different in the way we looked on life and we are still different. We're probably getting along better now as adults than we did as children (P-I-9).

However, this participant also reported that overall she and her siblings were:

Quite protective of each other (P-I-9).

Another said

My brother was difficult and at times that caused angst in the family (P-I-1).

The experiences within the adoptive family were mediated by each woman's childhood relationships with extended family members, friends, and memberships to organisations within the community. While these relationships varied across participants, the majority of women in this group described a spread of extended family relationships, childhood activities and organisational affiliations that were usual for children of the time:

We were all just accepted by our cousins and everyone. I never felt there was ever any prejudice against us (P-I-13).

Another commented:

I had lovely friends at school - some of which I still see (P-I-1).

And a third recalled:

Mum and Dad were heavily involved in the church, Dad being the minister. So, a lot of my life - primary school years… well, all of my life really, revolved around that (P-I-4).

7.2.2.2 Nurturing Challenges Within the Adoptive Family

The challenges that a number of the participants faced during childhood were of differing dimensions. One participant's adoptive mother died when she was five years of age and she and her brother (who was also adopted), were raised by a disabled father with the help of extended family members. This woman acknowledged that the warmth and security provided by her father and the extended family, had helped her cope with this loss:

He knew us very well … for someone who had lost their mother twice so to speak, having him there was perfect; for being able to connect (P-I-14).

Two participants had been placed with adoptive parents who they now believe were grieving for children who had died and both questioned whether their parents had 'emotional room' for an adopted child:

> *My early life, from what I remember, was good ... but my adoptive mother was carrying the grief of nine lost pregnancies and this had its impact on the family* (P-I-8).

Similarly:

> *I always felt that I was being compared to a child who was dead, who was the most perfect, angelic child, who never talked back, never misbehaved, never did the wrong thing* (P-I-2).

This last participant also commented that she believed the quality of the parenting that she received was poor.

Another woman had had a mother who suffered from schizophrenia. She commented that her mother was:

> *Always a bit strange, but you know, she was Mum and she was the only Mum that I ever knew* (P-I-10).

This participant felt loved by her mother as well as her father, and when her mother was unwell, her father cared for her. She recalled:

> *It was a good life. It was a happy life and I had everything I needed* (P-I-10).

Adolescence was again represented by a spread of experiences for members of this group. However, several members had had more distressing experiences than those with a more nurturing childhood:

> *It was just one long fight. It was just years and years of fighting and lying and making up stories about where I was when I was somewhere else, and doing everything I could to be as rebellious and disgusting as possible. Yeah, it was dreadful. It's just sheer luck that I haven't ended up dead* (P-I-2).

The police became involved with this participant, however no charges were laid. Relationships with siblings for this group of women also varied, although a proportion described their relationships in more distant terms than the previous group. One woman, who was the only adopted child in a family of older biological children,

reported growing up almost like an only child. She found that her relationship with her sister improved as she matured:

> *My sister was good when I was a teenager. I think she was married by that stage with her own child ... she would provide that haven away from the fights at home and I'd often stay with them during the school holidays* (P-I-2).

Another said of her brother:

> *We are just so different and I always used to say to my friends, 'there is no way we can come from the same womb... Yeah, and as it turns out, I was right* (P-I-10).

This participant did not learn of her adoption until she was an adult.

The extended kith and kin relationships that are described by this group appear to have been experienced as nurturing and sustaining, foils to the trials of their adoptive family life.

> *As a child growing up, I can remember going over to my Nan and Pa's, having school holiday time over there and we'd always go shopping and she'd always buy me a new cardigan* (P-I-10).

The participant whose mother suffered from schizophrenia said that she had formed a lasting mentoring friendship with an older woman:

> *She was a lady that I met through callisthenics …I met her when I was perhaps, fourteen. She was a bit older than me but she just took me under her wing* (P-I-10).

This participant maintained a close friendship with this woman until her death prior to the birth of the participant's first child.

For another woman in the study a positive childhood was followed by a sad adolescence when she became pregnant at the age of fourteen. She recalled being ostracised by her adoptive parents, and supported by her aunt and uncle and friends of the family:

> *I was whisked away, sent away to Melbourne to have a baby … my parents (long sigh) they … it brought a side out in them, and especially my mother, that I was not part of that family … because I got pregnant when I did and she didn't experience that. There was almost a hate* (P-I-8).

Having a mentoring relationship during adolescence and early adulthood was also an experience reported by several members of the focus group. One focus group member said that she used to be drawn to the mothers of her school friends and that they had helped in her development (P-FG-4).

7.2.2.3 A Mismatch Between Adoptive Parents and Child

Two participants felt that they had never "fitted" with their adoptive family. For each of them, this sense of mismatch had left them feeling insecure and unsure of themselves. One woman who had been placed with her adoptive parents at three days of age, noted that while she and her adoptive parents:

> *Got on ok … it was a distant relationship. My mother told me that when I was little I didn't want to be hugged, so they gave up* (P-I-5).

Another felt that it was her adoptive mother who was distant:

> *My own adopted mother had problems mothering and that was more left to the grandmother and the aunt .... we [adoptive mother and participant] never connected. We just didn't really connect at all* (P-I-12).

For two of this group, their memories of adolescence were ones of feeling insecure and retreating into themselves or into school work. Support was sought in the form of family members and mentors:

> *So my teenage years are a bit of a blur. I tended to study …I got a little bit rebellious, that's the word, when I was about 16 and I wanted to leave home, but they came and got me* (P-I-12).

For this woman her involvement with her church community provided support during these years:

> *Everything revolved around the church* (P-I-12).

Another said:

> *My main supporter was actually my grandmother, my father's mother. We always got on very well and she was the only person in the family who I shared interests with* (P-I-5).

The nurturing experiences of these women and the care and affirmation that they received from their extended family and social networks, speaks about the hierarchy and variety of attachment relationships that are possible that can protect the developing child.

7.2.2.4 Unprotected Nurturing within the Adoptive Family

Sadly, three interview participants experienced adoptive parenting that was not protective and placed each of them at cumulative physical and psychological risk. They also reported mistreatment by their adoptive brothers. For one woman her early family life was an unpredictable mixture of feeling cared for, while not being protected from her adoptive mother's alcoholism:

> *I felt accepted … I felt supported and loved … however my mother had a drinking problem …she was two people to me … I found it really traumatic* (P-I-6).

This participant also experienced episodes of bullying from her older, adopted brother.

Another woman experienced continuous emotional criticism from her adoptive mother:

> *I did not bond with her [my adoptive mother]. I was never a huggy, kissy, affectionate child and she just resented me because my father doted on me* (P-I-7).

This participant's relationship with her adoptive father appears to have supported her through childhood. Adolescence was emotionally difficult as she was assaulted by her adopted brother and at one point had contemplated suicide. At the time of interview, they were estranged from each other.

A third interview participant was sexually abused by her adoptive brother during middle childhood, which she had not felt able to disclose until later in her life:

> *They had no control over him at all and that was a problem for me. I was very scared of him and I was cross that they never did anything about that* (P-I-15).

During her adolescence, this participant's adoptive parents had allowed her to spend each Friday, Saturday and Sunday night at a friend's home, which raises the question as to whether they suspected the abuse and attempted to protect her in this way. Each woman in this last group, questioned the assessment processes used to select their adoptive parents, and felt that the welfare system of the time had failed them by placing them in situations of such risk. The experiences of two members of the focus group resonated with this situation.

Developmental and attachment theorists tell us that the early care received by children in their family, in the context of a wide range of mediating factors, has a profound and long-term influence on the developing child. When care is sensitive and responsive to a child's need; it can be protective and enriching, and when it is not, it can impact on the very foundation of the developing sense of self and the way in which the growing child and resulting adult, conducts themselves in their world (Dozier, Dozier & Manni 2002; Erikson 1968; Steele et al. 2014; Winnicott 1973). In optimal circumstances, early family life provides a safe haven for the child to turn to when distressed, and a secure base from which to safely explore and learn about the world (Winnicott 1973).

Neglectful or abusive care is known to have highly adverse influences on children's behaviours, emotions, cognitions, and brain circuitry and may lead to social, emotional and/or medical problems in adolescence and adulthood (Perry 2003; Schonkoff & Phillips 2000). However experiences with others such as extended family members or friends can diminish the effect of early adverse experiences and offer new ways of feeling about the self and of relating to others (Steele et al. 2014).

Levy-Shiff (2001), in her comparative study of ninety-one Israeli adoptees and a control group of ninety-one non-adoptees, found that the general family functioning of the adoptive family was important to the 'adjustment' of the adult adopted person, over and above the family approach to specific adoption issues (Levy-Shiff 2001, p. 103). A positive parenting style, characterised by high parental care and low parental overprotection, had both direct and indirect positive effects on self-esteem for both adopted and non-adopted adults (Passmore 2004, p. 167).

Table 7.1 Overall Nurturing in Adoptive Family

	Participants	Number
'Good enough' nurturing	P-1 P-I-3 P-I-4 P-I-9 P-I-11 P-I-13 P-I-16 P-FG-1 P-FG-2	7 2
Nurturing with challenges	P-I-2 P-I-8 P-I-10 P-I-14 P-FG-4	4 1
Mismatched/ ill-attuned	P-I-5 P-I-12	2
Unprotected	P-I-6 P-I-7 P-I-15 P-FG-3 P-FG-5	3 2
Total		21

7.2.3 Adoption Narratives and Knowledge in Childhood

Another significant aspect of the childhoods' of the participants in this study is the stories that they were told about their adoption and their adoptive parent's openness about adoption matters. While these aspects of their lives will be further discussed in Chapter 8 information and openness appear not only to be significant to the childhood sense of 'self' but to contribute to the values of openness that that each woman has subsequently aimed to create within her family of procreation.

Twelve of the sixteen interview participants and all of the focus group participants knew of their adoption status as children. One of the focus group reported that she was six years old when her parents told her of her status.

> *I just can't remember being told … but that would have just been part of our life as very young children. It was just part of the language at home. The adoption word wasn't a hidden thing at all* (P-I-9).

Each woman grew up with an adoption story that shared common elements relating to the circumstances of their separation from their mothers and how they were chosen or placed with their adoptive parents:

> *She [birth mother] was very young, she wasn't married, she needed someone to look after her baby and [she] thought adoption was the best method because she wouldn't have been able to look after me* (P-I-1).

Another stated:

> *I was told that my mother, my natural mother, was unable to keep me. Mum and Dad probably made this up, but: 'it's not that she didn't want you, it's that her circumstances didn't allow her to have you … keep you'* (P-I-4).

However, they were aware that there were autobiographical gaps in this knowledge.

Four women were adults when they learned of their adoption status. Feelings of shock, sadness and anger were expressed by them about not having been told at an earlier age (although one woman stated that her adoptive mother had tried to tell her of her adoption when she was approximately eleven years of age). Each felt that their sense of who they were, and where they had fitted in life, was shaken and two women whose adoptive parents are now deceased expressed a sense of the lost opportunities for discussion with them:

> *She [adoptive mother] turned round and she said to me: "but you know you're adopted, don't you?" … I was absolutely shocked … it's a defining point in my life* (P-I-5).

Another woman observed:

> *Not being told … did have an impact on me … I don't understand why, I still don't, why they never said anything ... probably about the time I found out I was adopted, when I was somewhere between nineteen and twenty-one. I had those real ups and downs, more than as a teenager. As a teenager I didn't, but as a young adult I had those times where I felt life was very dark. I wouldn't have ever called it a depression, but certainly, there were times* (P-I-3).

Of those who were late discoverers of their adoption status, only one woman had the opportunity to discuss this with her adoptive father. Other adoptive parents had died before 'the secret' was revealed and one set of adoptive parents refused to talk about the matter. The psychoanalytic literature records that family secrets are always unconsciously sensed by the "unknowing child and when curiosity is silenced, a child may feel consumed by a constant need to seek without knowing what…or conversely, to a refusal to know comparatively 'trivial' facts" (Rapahel-Leff 2010, p.134). A summary of participant's knowledge of their adoption status is found in Table 7.2.

Significantly, participants made a distinction between 'knowing' about their adoption and being able to openly explore and 'discuss' their thoughts and feelings about it. This included their memories of their adoptive parent's responses.

> *I was very lucky; both my parents were very pro-active. Any time we asked questions, they would try their best to answer… it wasn't like it was a topic of conversation all the time at home. It just came up as the three of us, who were the adopted ones, felt that we needed to talk. We knew that we had someone who understood. Even my Mum and Dad said, 'we can understand to a certain extent, but we really don't know what it's like'* (P-I-9).

A second woman said:

> *So, we were open. There were things that, I had asked and we did talk occasionally about the story that Mum and Dad had been told* (P-I-11).

However, this participant later learned that the information she had been given as a child did not match with her adoption records. An occurrence that she found devastating. Others recall little discussion occurring about their adoption status:

> *When I was young I didn't really know much, just that I was adopted and that my birth mother had had another child. But for reason some I remember being told that, but I don't really remember being told anything else* (P-I-6).

There were also those participants who learned that they should not discuss their adoption status further within their adoptive family, and as children they recalled this leading to a sense of insecurity and to their sense of something being wrong with them:

Although we were quite open about adoption and always knew that we were adopted, anything apart from that was dismissed, about our feelings around being adopted (P-I-16).

Another said:

I always knew that there was really no discussion about it (P-I-15).

Informational gaps, secrecy and a lack of openness about significant life matters appears to have informed the values that are cherished within the participant's family of procreation and these will be further explored in the second half of this Chapter.

Table 7.2 Knowledge of Adoption Status

	Participants	**Number**	**Adoption Discussed/ openness**	**Number**
Knowledge of Adoption as Children	P-I-1 P-I-2 (negative) P-I-4 P-I-6 P-I-8 P-I-9 P-I-11 P-I-12 (negative) P-I-13 P-I-14 P-I-15 P-I-16 (negative)	**12**	Yes No Yes No No Yes Yes No Yes Yes No No	
	P-FG-1 P-FG-2 P-FG-4 P-FG-5	**4**	Yes No No No	**Y-7** **N-9**
Late Discovery	P-I-3 (20 years) P-I-5 (27 years) P-I-7 (20 years) P-I-10 (40 years)	**4**	No No No No	
	P-FG-3 (6 years)	**1**	No	**Y-0** **N-5**

7.2.4 A Sense of Similarity and Difference to the Adoptive Family

Two other aspects of childhood referred to by participants, was the degree to which they felt similar or dissimilar to their adoptive family and their sense of belonging or not belonging to this family. While the degree to which participants experienced these dimensions varied, all but two women felt a sense of belonging to their adoptive families. Over 60 percent of participants felt different to their adoptive family as children, while over 90 percent of the study participants (90.47) felt that they belonged to their adoptive family (see Table 7.3).

In a study conducted by Howe and Feast (2000) adopted people who searched for their birth family were compared with those who did not search. It was found that 57 percent of those who searched experienced a sense of belonging to their adoptive families as children, while 68 percent felt different to their adoptive families. These dimensions were not mutually exclusive, and a sense of similarity or difference was not always described negatively. Howe and Feast (2000) captured their findings in a two dimensional, four-category framework. Three of those dimensions are used here to group the sense of similarity and difference experienced by the study participants. Unlike Howe and Feast (2000), this current study has not correlated a sense of belonging and difference with adoptee search behaviour. The dimensions include:

- those who felt they belonged and did not feel particularly different to their adoptive family;
- those who felt they belonged but also felt different to their adoptive families; and
- those who felt they did not belong with their adoptive family and were different from them.

There were no participants who fell into the fourth Howe and Feast category of not feeling different and not belonging.

7.2.4.1 Feelings of Belonging and Similarity to the Adoptive Family

Five of the interview participants and two of the focus group members fell into this category. This dimension interestingly enough was not necessarily associated with those who had experienced ‘good enough nurturing’:

I felt accepted … I felt supported and loved. I didn't feel there was any difference really between being adopted and not, in terms of brothers and sisters (P-I-6).

However, this woman's life was complicated by her adoptive mother's alcoholism.

7.2.4.2 Feelings of Belonging and Difference to the Adoptive Family

Eight of the interview participants and two of the focus group members fall into this category. Difference was experienced in terms of appearance, temperament, outlook and interests. It may also have been related with the way in which participants felt treated as children compared to their other siblings, and was associated by several women with comments about their adoption status made by others inside or outside of their adoptive family. This sense of difference was often expressed by those with 'good enough nurturing':

Even though it was a … stable family … I always felt quite disjointed (P-I-2).

Another respondent recalled:

Growing up in the family I knew I was different [physically] (P-I-12).

A third woman stated:

I remember feeling very insecure because I knew [I] didn't fit in (P-I-5).

This sense of difference seemed to be exacerbated for several women by having little in common with their siblings:

We just didn't get along, even though we were sisters on paper ... and my parents tried their hardest to make us ... like each other. We're just completely different…We are probably getting along better now as adults than we did as children (P-I-9).

7.2.4.3 Feelings of Not Belonging and Being Different to the Adoptive Family

Two women who had been interviewed and one who had been a focus group member, felt fully disengaged from their adoptive families. One recalled:

I found life very confusing ... I didn't fit in anywhere … I felt different, totally different. It was like, well, I'm not related to them (P-I-7).

This participant had also experienced abusive nurturing. And the other commented:

So nothing added up … and that was frustrating actually. I wasn't angry, I was frustrated. I was confused. I didn't feel like I fitted in, because everybody else's was matching [physically] (P-I-15).

Table 7.3 Feelings of Similarity and Difference to the Adoptive Family

	Feelings of difference Yes	Numbers	Feelings of difference No	Numbers
Feelings of belonging - Yes	P-I-2 P-I-3 (Late discovery) P-I-6 (alcoholic Adoptive Mother- flashbacks) P-I-10 P-I-12 P-I-13 P-I-14 P-I-8	8	P-I-1 P-I-4 P-I-9 P-I-11 P-I-15 P-I-16	6
	P-FG-3 P-FG-5	2	P-FG-1 P-FG-2	2
Feelings of belonging- No	P-I-5 (late discovery) P-I-7	2		
	P-FG-4	1		

7.3 Participants as Mothers to their own Children

The second 'childhood' that participants are significantly linked to, is that of their own children, which they experience through their role as mother within their family of procreation. To this role they brought their beliefs about family, the nature of childhood and their own histories previously outlined.

7.3.1 Wanting Children

Fourteen of the sixteen interview participants stated that they had clearly wanted to have children although four women stated they had initially been reluctant to do so.

No one stated that her adoption was a conscious motivator in their decision to become a parent:

> *I think we both did want to have children, but I was always like well, if we have children we do, and if we don't, we don't. I certainly wasn't like I really had this great yearning to have children* (P-I-6).

Similarly:

> *I'd always wanted children* (P-I-7).

This finding differs to the Masso and Whitfield (2003) study where 56 percent of their sample felt that their adoption was a factor in their decision to have a child (Masso & Whitfield 2003, p. 22), and the Kenny et al. (2012) study in which 26 percent of respondents said that their adoption experience had either completely or mostly influenced their decision to have children (Kenny et al. 2012, p. 103).

For all participants in this current inquiry, having a child biologically was their first choice and four of the interview participants and one focus group member had used IVF to assist with pregnancy:

> *It would be a real challenge to have to think about adopting a child … it didn't feel solid at that point (P-I-11).*

Another stated:

> *The main thing for me as a parent was having my own blood relatives and that's such an amazing thing ….* (P-I-5).

The preference for a birth child was echoed by 79 percent of participants in the Masso and Whitfield (2003) study and 20 percent of the participants in Pinkerton's research (2010).

Three interview participants disclosed that they had been pregnant prior to marrying or forming a longer term partnership, and two of these women stated that their own adoption experience had influenced their decision regarding the outcome of the pregnancy. One woman decided to terminate the pregnancy as she did not want to be a single mother like her birth mother, although when she later tried to conceive and experienced difficulty doing so, she said:

> *I was thinking I'm being punished for what I did [the abortion]. I went to a hypnotist … and thought, I've got to get rid of this stuff because this is stopping me from getting pregnant …. but what came up was … that I was adopted [tears]* (P-I-16).

A second woman continued with her pregnancy while noting that:

> *When I realised that I was pregnant it was like, wow, this is just like history repeating itself. Even though it was an accident, so was hers of course, but you think, wow, how ironic that I'm here in her exact situation…a bit older than her, but not much older than her…knowing now what [birth mother's] circumstances are, and that's where I also think how lucky I am, and how lucky my children are to have grandparents that are so supportive of what my situation was, back then; very lucky and blessed, really* (P-I-9).

7.3.2 Expectations of and Commitment to Mothering

All participants described an intense emotional commitment to their own children:

> *I guess how I approached parenting was that there is nothing more important than your relationship with your children* (P-I-11).

Another said:

> *I felt totally responsible for his happiness. I want to be good enough and happy enough, in myself (for him)* (P-I-6).

Another said:

> *I will do anything to be the best mother I can* (P-I-9).

Each woman spoke about wanting to be the best mother they could be and the need to address any adoption issues that arose, not only as an aid for themselves but as necessary for their children's wellbeing:

> *I think you need to be comfortable in yourself before you can be comfortable with your children. With that I mean, if you've got issues with your adoption, I think you really need to get on top of your feelings … manage it to the best you can either with help externally or internally. Whatever you need to do* (P-I-1).

Four women had attended parenting classes to help them with their parenting goals. Several women expressed their belief that they may value their children more highly compared with non-adopted women and their desire to be good mothers was

accompanied to varying degrees by concern and anxiety that they may not be a 'good enough parent':

> *When I first became a mum I asked, am I good enough, am I doing a good enough job? Even with my second child I still feel not good enough at times* (P-FG1).

Others had reached a point in their lives where they felt confident as mothers:

> *I think I'm a very good parent. I think I'm very fair. She certainly has a lot more knowledge. I talk to her about lots of things and she comes to me and tells me things … she's a very good kid* (P-I-15).

Another reflected:

> *I was a very anxious, nervous, insecure mother … now that they are teenagers I think I'm quite different. I really love having teenage kids, always thought that I would really like it and I do* (P-I-2).

7.3.3 Models of Mothering

Learning to be a mother was identified by participants as stemming from a number of sources. Two participants spoke about learning to be a mother from their adoptive parents:

> *Mum was my crutch because I had no idea about babies. So mum was a big, big part* (P-I-9).

Another said:

> *You would pick up strategies from parents whether you are an adopted person or not* (P-FG1).

However, adoptive mothers were not by and large nominated as providing the primary model or support for mothering (particularly by those who had received poorer parenting from their adoptive family). Rather, partners, peers; mother's in law; Maternal and Child Health Nurses (M&CHN), and the Australian Nursing Mothers Association (ANMA), were named as providing information and support:

> *I would say [husband], my girlfriends and the mother's group … they're the things that help with your parenting* (P-I-10).

This participant also said:

> *I made a speech at Mum's funeral and I can remember saying she didn't teach me any of the things that mothers are supposed to teach their children like*

sewing and cooking and domestic type chores and those sorts of things, but she taught me how to have fun and how to love life … where does anyone learn to be a parent? I had a beautiful, beautiful woman who was very special to me … she was like my mentor. She probably taught me … more about life than Mum ... I think I took a lot from her and her family (P-I-10).

Another woman commented:

It was just through friends and bumbling along, doing it, and my music teacher. They were very supportive so they showed me a few things ... I think [husband's] mother a little bit, because she would look after [daughter] (P-I-12).

While for another:

They [partner's family] taught me how a family should be (P-I-8).

A large proportion of participants talked about mothering by instinct:

I actually learned to trust my instincts …. I think I taught myself. I just did what made the kids feel better …. we developed our own way of doing things (P-I-5).

Similarly:

I think it's just your intuition, your gut feeling, you know. I'm a big believer in gut feelings … you know what your baby wants at the time … yeah (P-I-8).

And:

I never knew if I was doing the right thing. I never knew. I just went from instinct (P-I-7).

Approximately 15 percent of the interviewed participants also expressed a view that they did not have a 'model' for mothering because of their experience of separation from their birth mother. This idea was supported by several members of the focus group and appeared to be link the acquisition of 'knowledge about mothering' with a biological connection. To the best of the writer's knowledge this notion has not been clearly articulated in other studies. Perhaps the findings of Richardson, Davey and Swint (2013, p.365) come closest, in so far as a number of their study participants expressed their feeling that "neither their adoptive nor their birth mothers adequately filled the role of mother for them".

7.3.4 Parenting and Family Values

The majority of participants placed a high value on openness and honesty in their relationships with their children and partners. They believed that their adoption status, the lack of information (and the secrecy associated with their adoption in several instances) and the paucity of discussion around adoption matters for others, contributed to a more open approach within their own families:

> *Openness is important, but it's not just [about] adoption, it is openness with children in parenting. It is openness and you tell them at their pace, in terms of what they can understand. But it's really important because if they find out important things about you or about their other family down the track, it really would undermine. I know from experience it can undermine their whole understanding of themselves* (P-I-11).

Those participants with older adolescent and young adult children felt that this open approach had reaped positive outcomes, as they described a high degree of affective openness in their children's communications with them:

> *I think it [adoption] comes to shape who I am, and in the raising of my boys I've reflected back on me as a person. We are still very values based at home. I value honesty and … I like to think I've got a really open and honest relationship with my boys…they seem to be well adjusted, happy boys and that they know who their parents are. They see their grandparents as (names of adoptive parents) and they know [name of birth mother] …. that's their family* (P-I-9).

One participant also spoke about wanting to promote the value of forgiveness within her family and the sense of positivity:

> *I'm not going to be a victim within my adoption or within life at all…if anything it's about being an 'overcomer', and I think they are the messages that I strongly want to portray to my children* (P-I-4).

Participants were conscious in their efforts to notice each of their children as individuals:

> *I can sit and be real with them... and they keep coming back...I try to note who they are as individuals and the layers of them … that attunement with them* (P-FG5).

The majority of women were able to describe their children in a positive and nuanced way:

> *He's a very deep thinker, thinks things through; always thinking about stuff and coming back and asking me… he's probably more of a boy who would sit and talk to you about how he feels and he'd notice things about you. Whereas[daughter] is probably … she wakes up and she's just happy. She's just a ball of sunshine ready to do anything and embrace anything … they're good kids* (P-I-16).

A number of the participating women are parents of children who face their own challenges. One child has been placed on the autism spectrum (P-I-7), and another has a neurological condition (P-I-11). A third adult child was reported as being on the verge of developing drinking and gambling issues (P-I-12). Each woman voiced the belief that her adoption experience provided a deeper appreciation of her children's challenges and a commitment to assist them in whatever way was required. One woman felt that her adoption experience had led her to explore the deep meaning of unconditional love in her relationship with her child (P-I-11).

For five women, their family of procreation provided an opportunity to repair the past and to give to their children what they felt they themselves had not had (whatever that was for the individual). These sentiments were summarised in the comments of two of the focus group members and will be more fully discussed in the next chapter of this thesis:

> *All the bits that were missing, you pour into your family and I raised my children to be the family I have wanted* (P-FG4).

Another said

> *Having your own family gives you a whole lot of insights into what should have actually been there and what was missing* (P-FG5).

All participants believed that their adoption had deprived their own children of knowledge about possible inherited medical conditions and had left gaps in their knowledge of their family history. They had been bequeathed:

> *An inheritance of lies* (P-I-2).

However, another woman saw this inheritance as having some positive outcomes. She felt that her adoption status also:

> *Increases their [children's] empathy and knowledge of the world* (P-I-3).

This sentiment was echoed by a third woman (also a birth mother), who said that during a conversation with her five-year-old daughter about adoption matters, her child observed that her mother had:

> *A little break in [her] heart that will never go away* (P-I-8).

Other participants mentioned that their story may not have the same impact for their children as it had had for themselves:

> *I would like to write about how I feel and what I found out...part of that is for her [daughter] so she knows. She'll probably agree that, yes, it is a sad story … but, I suppose, because it's not directly affecting her … it is different* (P-I-10).

7.3.5 Emotional Health and Being a Mother

Of those who took part in this study, fourteen of the interview participants and each of the focus group members reported experiencing anxiety or depression since becoming parents, for which they have sought help (medication and/or counselling). Three women had been diagnosed as suffering from post-natal depression (PND) following the birth of one of their children. This is a higher prevalence than the general population where it is thought to affect around 15 percent of women (Leahy-Warren & McCarthy 2007). At the time of interview three women were being treated for depression, panic attacks and generalised anxiety. One woman commented:

> *Okay, I've got the tablets and everything - that's fine. But I needed to sort out the thing that gives me anxiety. So that's why I went and sorted that out [counselling]. It takes a long time though, and every time you think you're over things something just pops up. Though I think I'm getting close to the end now. But, yeah, it's been a long, hard struggle* (P-I-5).

Another said:

> *I just have mini panic attacks. I control them - I know they will pass* (P-I-6).

While a third reflected:

> *I think I was probably depressed through high school and certainly in my twenties. It wasn't really until after I had children that things got really bad … and I was on anti-depressants. I've been on and off for a few years* (P-I-2).

Those who suffered from depression and anxiety were concerned to shield their children from their effects:

> *I'm hoping to protect them from the kind of stuff I've gone through … my daughter tends to suffer from anxiety and I haven't worked out whether that's an heredity thing my birth mother has handed to me or whether that's an environmental thing because I get anxious sometimes and that has brushed off onto her* (P-I-5)

Another said:

> *I was a very anxious, nervous, insecure mother … it was probably, the depression coming in too... now that they are teenagers I think I'm quite different* (P-I-2).

Similar experiences of anxiety and depression are echoed in the Report from the 2012 Australian Senate Inquiry into Past Forced Adoption Practices (SCARC 2012).

7.4 Partners: as Fathers

As noted in Chapter 6, this cohort of participants experienced greater levels of stability in their marriages/partnership compared to the general Victorian population. Two women were divorced and not partnered at the time of interview (one being an interviewee and the other a focus group member), two others (an interview participant and a focus group member) had been divorced and were in a new relationship. Those who were in partnerships spoke about high levels of satisfaction within their relationships and this will be further explored in Chapter 8 and Chapter 9.

Partners as 'good fathers' were significantly valued by each woman who saw their presence not only as positively adding to their children's experience of being parented, but providing information and knowledge about their paternal heritage:

> *He is a really, really wonderful dad and I'm sure if the kids were here they'd say exactly that* (P-I-2).

And another commented:

> *He's always been a doting Dad and always supportive of her and us* (P-I-10).

One participant remarked that her husband's parenting style was a good balance to her own approach:

> *He's pretty good. He's got a very good understanding. He's got his own faults, like they all do [laughter]. But I think he has that balance in him. He's quite there* (P-I-3).

And one interview participant who was divorced also valued husband's involvement with their son, and it was important to her that he was a caring parent:

> *Even though his father and I are divorced … it's totally important to me that he has a good relationship with his father. He knows about his identity and that side of his family and that sort of thing* (P-I-6).

7.5 Extended Family Contact and Motherhood

In our society one of the roles of motherhood includes participating in the maintenance of family connections and reciprocities (Stryker 1964; Wrobel et al. 2003).

7.5.1 Relationship between Participants and their Adoptive Parents

The subsequent renegotiation of relationships between each of the study participants and their adoptive parents, was described in relation to their adoptive parent's responses in three areas:

- their attitudes to their daughters as mothers' and the support they provided following the birth of the participant's children;
- their responses to the participant's children in terms of taking on a grandparent role; and
- their responses to the participants search and contact efforts.

Five participants spoke about having come to see their adoptive parents and particularly their adoptive mothers in a new light after having children:

> *The relationship I've got with my Mum and Dad, when Dad was still with us, had changed from being the absolute pits to being something that's really precious and wonderful. Mum still irritates me but I just, I owe her so much and I can see now and again, it's part of the whole of being a mum yourself … and you realise just how tough it is* (P-I-2).

This woman suffered severe post-natal depression, and the care provided by her parents resulted in a new positive connection:

> *They used to come over every day and they'd pass [husband] on the front doorstep … as he was going to work, and then again at the end of the day when he was coming home [they are] the most incredible grandparents. They've saved our lives. They've saved my life* (P-I-2).

Another woman with young children noted:

> *Our relationship has changed [positively] over the past year or so. It's done a shift. But a lot of that has to do with my mindset too and circumstances* (P-I-8).

However, another said:

> *My parents never really helped and [husband]'s parents were absolutely useless, and that was a really rude shock. Really rude shock, because I never expected that. I thought somebody would help* (P-I-15).

Several women said that their relationship remained very much the same. For one participant who felt that she had never been particularly close to her adoptive mother, the birth of her own children exacerbated the difficulties for her adoptive mother:

> *I don't think that Mum never coped with her infertility and it was very hard for her when I was having [daughter] and [son]* (P-I-12).

For another woman however, her relationship with her adoptive mother was:

> *Dutiful but not authentic. It felt like a role without substance* (P-I-16).

The way in which the study participant's experienced their adoptive parents as grandparents also varied. There were those who described their adoptive parents as engaged grandparents who were loved by their grandchildren:

> *Both my parents became a big part of my children's lives growing up. They were like our support network, even though my husband is nine years older than me* (P-I-9).

There were those who said:

> *With my parents they really adore them [children] and love them and all that stuff, but there's that gap. There's not that closeness* (P-I-8).

For one participant whose adoptive parents and birth mother had died, the loss of grandparents for her daughter was felt keenly:

> *I have friend's parents who I'm quite close with … and they say, well, she's our surrogate granddaughter. But it's not the same. It's not the same as having real grandparents* (P-I-10).

The majority of adoptive parents were older than the parents of their children's peers. At the time of interview eleven of the interviewees had at least one adoptive parent who was deceased, and five women with living parents were sandwiched between rearing children and caring for their aging parents. This care ranged from participants and their adoptive parents cohabiting (P-I-1), to those who had contact several times per week; and those who provided less regular support (P-I-15 and P-I-16). All but one participant had an ongoing commitment and sense of responsibility to their adoptive parents in spite for ambivalent feelings toward them, and another no longer had any contact with either of her adoptive parents (P-1-12). This range of experiences was reflected by the focus group (See Appendix 1).

7.5.2 Search and Contact with Birth Family Members: An Inheritance for their Children

As previously stated, each participant voiced the belief that their children had a right to intergenerational information, including medical histories, not only about their paternal lineage but also about their maternal biological family, and where possible, contact with these family members. This appears to have been part of the motivation for all but one participant, to obtain more information about their adoption and/or to search for birth relatives. This is a finding that the researcher is not aware of being enunciated elsewhere in the research literature.

> *I … started to really push … wanting to know more about her [birth mother] after I'd had [my eldest son]. He wasn't even a year old and I was really hard into it ... that was the real thing that started me thinking in a completely different way about my adoption and just that real want for him as my first son, my first child … his lineage now stops with me. On my husband's side we can go back through the generations. He can see how everybody fits in and … there are grandparents and great-grandparents. For him, it's me. Yes, there are [adoptive parents], but there is a whole other side to me that I felt that he needed to know* (P-I-9).

Those women who had contact with birth family members had thought carefully about how to explain and introduce their extended birth family to their children, and in turn their children expressed interest and had reportedly accepted and incorporated the additional set of grandparents into their lives. One participant said that she and her son have:

> *Talked about it a lot over the years and he understand what it means ... I think he was ... two and a half when we met my birth mother* (P-I-11).

Understandably the birth family members hold a different emotional meaning for the children of the study participants than for the women themselves.

> *They've never really raised that [my adoption]. I don't know why they haven't? Whether they feel that's my business, or that they don't feel a need for it. I don't know* (P-I-9).

However, another participant's eldest daughter cried when her mother told her of her adoption status (P-I-15).

Participants whose birth parent/s had established a 'grandparent' like relationship with their grandchildren, were prepared to maintain the relationship with their birth parents for their children's sake, even if they themselves did not feel that they were completely satisfied with the contact.

> *So I'm the only bloodline that she's got … and my children* (P-I-12).

And another woman stated:

> *I want my kids to know stuff and to have that. I think it makes … the relationship stronger and also with the grandparents and even [name of biological mother] has a good relationship with my children, so does Mum and Dad. So does [name of parents-in-law]. My kids are lucky. They've got lots of people around them* (P-I-8).

7.6 Summary

Parenting children for those in this study, led to a consideration of two childhoods. The first was their own childhood with their adoptive parents and the second was that of their children and how they were influencing this by the parenting they provided. While some of the findings presented here are contained in the small amount of literature about adopted women as mothers, this study's findings are unique in that they represent parenting experiences across many years, beyond the transition to motherhood.

The women in this study expressed their belief that their mothering style was influenced (not always positively) by the way in which they were parented in their adoptive families, their status as an adopted person, and the possible impacts of their pre-adoptive placement experiences. Each woman expressed her overwhelming commitment to her children and to her family of procreation; and each strove to be the best mother she could be, and to positively nurture her own children's childhoods. The desire to be a good a parent, the values that informed their mothering and the models of mothering that they drew upon, included a wish to avoid visiting any of their negative childhood experiences on their children. This desire appears to have provided part of the ongoing motivation for the women to understand and address their own personal issues. All participants saw their children's fathers as significant to the lives of their children, not only as a parent but as providing a connection for their child to their paternal heritage.

The study participants agreed that parenting is a time of juggling multiple extended family relationships (adoptive family and relationships by marriage), made potentially more complex by the presence of birth family connections. These last relationships varied from a psychological presence but physical absence associated with the

continuation of a search; to the negotiation of continuing relationships, as well as the conclusion of contact in several instances. Each extended family contact was judged in part, according to its efficacy for the participants' children and the support it provided for the themselves as mothers. Motherhood for this sample, also prompted feelings of unexpected grief, that were managed by each woman in conjunction with caring for her children. This is further explored in the next chapter.

CHAPTER 8 LOSS AND RESTORATION

8.1 Introduction

Considering parenthood, becoming a mother and raising children has prompted the women in this study to deliberate about what has been lost to them through their adoption and how this has impacted on their parenting. This chapter explores the losses identified by participants and how they are re-experienced and reinterpreted within motherhood. Participant reflections have provided pathways to varying degrees of psychological renewal, restoration and repair for each of the women in the study; and seeking further information about themselves and their first family at the time of parenting has added complexity as well as opportunity to this life stage.

8.2 Childhood Perception of Losses Associated with Adoption

Participants who had known of their adoption as children, made reference to experiencing a growing sense of loss associated with their adoption status, at various times throughout their early years. This occurred in spite of the high percentage of those who felt that they had had 'good enough' childhoods with their adoptive parents and had maintained a sense of belonging to that family (see Chapter 5).

These losses involved the loss of relationship with biological parents and relatives; the loss of a genealogical and medical history; the loss of being able to identify with others who shared physical and temperamental similarities, and the loss of shared experiences with birth family members.

> *I wanted to know about the circumstances of how I came to be. I wanted to know … what sort of relationship she had with the man who was my father and why they weren't together, why that wasn't going to work. I wanted to know how um … I suppose who did I look like; did I look like her or did I look like him? And I wanted to know what sort of people they were … to see whether, you know, there was anything about me, my appearance, my health, medical conditions all those sorts of things that could be explained or given some sense to. Yeah, I just wanted to know I suppose things from a relatively*

selfish point of view like, how do I fit? What's made me the person I am (P-I-2).

Another participant commented:

I would really like a history (P-I-1).

A third woman stated:

Probably the biggest thing … was growing up and not really having any sense of physically being like anybody else around me and I think that's something that's always stood out (P-I-13).

During their primary school years, a time when children undergo many changes in their cognitive, social and emotional development (Brodzinsky 2011; Erikson 1980; Nickman et al. 2005), the participants began to consider themselves in relation to the values of the broader world outside of their family. Remarks by peers, family friends or others, prompted a variety of thoughts about their adoption status, and a sense of the loss of 'sameness' to their peers was felt. Thoughts about 'being given away', 'being real', 'belonging and not belonging', and having a sense of pride or shame or confusion about their status, emerged:

It wasn't until then [aged seven years] that I started realising that there was something different about being adopted. It was … that other people saw it differently. I never felt it in my own family (P-I-14).

During adolescence, a period in which "the capacity for understanding the meaning and implications of adoption deepens" (Brodzinsky 2011, p. 202), participants recalled:

I remember thinking … it's not really my family. It's not my real biological family tree, but they're still my family. I did remember having that thought of, "better get used to this because this is how it's going to be for probably a long time" (P-I-9).

At a stage of life when peer group acceptance is actively sought, adoption raised the idea of difference. As one woman commented:

Somebody [at high school] found out about it [my adoption] and had made a comment in the classroom that "you were never wanted". That sort of

discussion was had in the classroom which was terribly embarrassing (P-I-15).

The difference in appearance to siblings was also a point of sensitivity for some women at various times throughout their childhood but was worse during adolescence:

> *As the years went on, just little things at school. Teachers would say 'how come you're so light and your brother is so dark?' Or, 'are you two brother and sister? You don't look alike and those sorts of things would go on* (P-I-15).

The impact of the reactions of those outside the family appear to be intertwined within the participants' emerging sense of identity and their emotional/ psychological sense of place:

> *It's why you … as a child, you never feel quite like you belong because some people don't actually think you belong* (P-I-11).

This will be further explored in Chapter 9.

Four women who learned of their adoption status as adults (although one woman stated that her adoptive mother had tried to tell her of her adoption when she was approximately eleven years of age), experienced feelings of sadness and anger that their adoptive parents had been unable to share this profoundly important information with them, and two women whose adoptive parents were deceased, expressed a sense of the lost opportunities for discussion with their parents:

> *I was more disappointed that they [adoptive parents] hadn't talked to me about it, because honesty would have been the best policy … and that meant I did go on a search to say, 'look who are my parents', when I found out at twenty, which was twenty-five years ago* (P-I-3).

Another participant said:

> *I was absolutely shocked and that was it. There was no other conversation … it was a defining point in my life* (P-I-5).

Learning of their adoption status also provided an explanation for two of these late discoverers, about why some elements of their lives had not 'added up':

> *That explained a lot … growing up I never looked like anybody and that was the thing that I used to find the most difficult. There were questions … but it was always explained away [and] … as a child, you just … accept that* (P-I-10).

The closed adoption system in which each woman (save for one focus group participant) was adopted, appears to have contributed to the impact these losses through the inaccessibility of biographical information over the time of their childhood, prior to 1984.

One woman had harboured a fantasy that her birth parents would one day claim her and it only when she received her adoption records that she was confronted with the reality of her situation:

> *So then I received my records and information at about the age of sixteen or seventeen. And then with everything falling into place and learning that my mother was actually single and there was not a father I was just horrified that that's what it was; and then realising that I'd thought all those years that I had a Mum and Dad … they would come and get me* (P-I-13).

A number of participants recalled the shock at not being supported by their adoptive families in their quest for adoption information and they experienced a sense of loss of unconditional love from their adoptive family members:

> *Mum was clearly incredibly upset … it was sort of proof (to me), that nagging in the back of my head, that her love for me was conditional* (P-I-11).

For those who later experienced unsuccessful searches or reunions with their birth family, a double loss and a further sense of rejection was also present:

> *It was like I was being, being relinquished all over again … there was no way I could not forgive her [birth mother] pushing me away a second time* (P-I-2).

Another recalled:

> *She rejected me again … 'oh, God, how could she do this? Who is this woman?' It was all about that* (P-I-16).

For another woman, a seventeen-year contact with her birth mother ceased when the participant wanted to know about her birth father:

> *I wanted to know about my birth father … and she [birth mother] just couldn't cope with it at all. She just blocked it. [She said] 'well, I don't understand what you want to know, it was all a mistake. I want to forget about it. It's all in the past'. I just walked away from that meeting absolutely devastated* (P-I-6).

While there are individual differences between participants, with some experiencing these losses more acutely than others, this range of experience is reflected in the vast adoption literature that speaks about the losses associated with adoption (Brodzinsky, Schechter & Marantz Henig 1992; Levy-Shiff 2001; Lifton 2007; Passmore 2007). The ambiguous and hidden nature of adoption losses may also lead to an underestimation of their impact throughout the life of an individual, and appears to have remerged for this sample of women at the time of mothering. As Passmore notes "there can also be a lack of closure in cases of ambiguous loss (Passmore 2007, p. 4).

8.3 Motherhood

The process of considering having children; the birth of children (not just the first child) and the experiences of bonding and caring for them were nominated as flashpoints for all but one participant. This was a time when many issues that the participants associated with their adoptions were re-ignited:

> *Becoming a parent will take you on an emotional ride because you will have questions* (P-I-3).

Another participant commented:

> *I suppose I would say that having your first baby is going to throw up some of that [adoption] stuff for you. So if you've got any unresolved feelings - whether they're positive or negative towards your birth mother, then having your first baby is likely to throw all those cards in the air. It'll be a big mess because all of a sudden you've become her. Because you've just turned into a mother* (P-I-2).

The participant who was unaware of her adoption until after she had had her only child (P-I-10), did not experience a sense of dislocation from her first family at the time of her daughter's birth. This raises the question about whether, given a 'good enough' nurturing experience within the adoptive family, it is the knowledge about adoptive dislocation rather than the actual dislocation itself that contributes to the grief that is experienced when having children? However, the later disclosure of the participant's adoption status did cause immense distress for her and led to a prolonged period of searching for her adoptive family.

8.3.1 Thoughts about their Birth Mother

Thirty nine per cent of women in the Masso and Whitfield study (Masso & Whitfield 2003) and 60 percent of participants in the Pinkerton study (Pinkerton 2010, pp. 84-85) are recorded as also having experienced empathy for their birth mothers. However, in this current inquiry, each woman who know of her adoption at the time of giving birth to her own children, spoke of an emerging empathy for her birth mother. Participants thought about what it might have been like for her to carry, give birth to and know her child and then to experience the grief of separation. They voiced their knowledge of the moral and social attitudes of that time in history during which they were born and adopted, and were able to express an understanding of the impossibly difficult situation in which their mothers' found themselves. However, this understanding did not completely satisfy their deeply emotional question of "how" their separation and adoption had occurred:

> *I would look at him (her own child) and think how could she [birth mother] possibly have given me up? Then I would think she had no choice, she had no family support, she had no single mother's pension because it didn't exist then. She had no father to help her, no partner to help her (P-I-2).*

Another said:

> *I realise how hard it would have been for her to sign those papers, but then she didn't have a choice (P-I-5).*

One woman also commented that she still thinks of her birth mother and her own adoption on the occasion of her own children's birthdays:

> *You do think about it [adoption] each time you get to your own children's birthdays* (P-I-3).

Within these comments are elements of forgiveness and understanding that Passmore (2007) notes as being essential to the ability of adopted persons to positively accommodate their experiences associated with their adoption.

8.3.2 Empathy for their Adoptive Mother

For fourteen of the participants who were interviewed and four of the focus group members, the birth of their own children also led to an empathy for their adoptive mother, particularly with respect to an awareness that infertility and losses had been part of their experience. One participant in this study said:

> *Because I had a baby … I shifted from 'feeling sorry for myself', if you like, to feeling sorry for her [adoptive mother] and sorry for the whole situation. It gave me a different eye view*. (P-I-15).

Another spoke of a growing appreciation for her adoptive parent's experiences as she matured:

> *Now that I'm an adult and talk more with Mum and Dad about what it was like, it was really hard for them, what they had to go through to adopt … I think it wasn't until I had my own children that I realised what it would have been like for them. I think that really put it all into perspective for me* (P-I-9).

The number of participants reporting increased empathy is a higher proportion than is recorded in the Masso and Whitfield (2003) cohort in which only 38 percent felt empathy for their adoptive mothers. However, also in this current study were three participants (two interviewees and one focus group member) who recognised their adoptive mother's losses, but did not feel empathy. This is very likely due to the mistreatment that the participants had experienced from their adoptive parents.

> *I suffered for years because she hadn't dealt with her stuff* (P-I-7).

8.3.3 Thoughts of Themselves as Infants

The birth of children also led participants to wonder what it had been like for them as infants themselves, and to experience a sense of grief for this early time. While discussing this aspect of their story, all participants became emotional and several cried.

> *How anyone … could do anything … to hurt a little baby? What they go through …. the grieving process … the baby is going through* (P-I-8).

Another participant said:

> *It's a bit … sometimes it's a bit of an empty feeling that you think I was born and nobody knew about me* (P-I-10).

Reflecting on possible pre-placement experiences led one woman to ask:

> *What was wrong with me that I couldn't be kept* (P-I-3)?

One participant who had grown up in a family with an alcoholic adoptive mother and whose birth mother had discontinued contact three years prior to interview, commented on the sadness that contact with infants now brought her:

> *When I was pregnant I didn't think about any of that … now I've read the notes. I've read what was written [adoption file]. I was there [babies' home] for some time and then I was fostered. But I just … it's changed because I just look at tiny babies now and I just think about me. Yeah, when I'm around them it makes me feel a bit uncomfortable and sad and I'm not one to want to go and hold a baby* (P-I-6).

For several women their narratives became momentarily disjointed as they considered these possible experiences and the 'third person' was used in referring to themselves, rather than the 'first person', which can be a sign of psychological distancing from a painful experience and attempts to self-regulate while reflecting about it (Kloss et al., 2014). This finding has also been cited by Pinkerton (2010) and Masso and Whitfield (2003). Pinkerton found that 40 percent of her participants had reflected on their own experiences prior to their delivery and as an infant (Pinkerton 2010, p. 75) as did those in group three of the Masso & Whitfield (2003, p. 21) inquiry. A further 'flash point' for participant consideration of themselves as infants also occurred on the occasions of birth family contact. This is discussed later in this chapter.

8.3.4 The First Biological Relative: a new kind of relationship

For all but one women, their children were the first biological relatives with whom they had had an intimate relationship, which proved a powerful and significant experience at many levels. Three interview participants and two focus group members had briefly met their birth mother prior to having children, although the contact had discontinued; and all but one participant had searched for their birth family at the time

of interview. One woman had had contact with a relinquished child in an open adoption arrangement.

Women spoke of their sense of incredulity and fascination at being in the presence of, and able to touch someone who was like them in some way. One of the participants who kept a diary at the time of the birth of her first child, wrote:

> *For me [my son] was the first person who resembled me directly, or who I resembled. He was the first person I could look at and say, 'yep, he's got my hair' or 'he's got my eye colour' or anything like that. [I] could really look at him and state, 'yeah, he's mine' (P-I-11).*

Similarly, for another woman:

> *That is the best thing for me. I've actually got relatives that look like me, having never ever had that. Even to this day I look at them [children] and I can't believe it, because no one else has ever looked like me* (P-I-5).

This woman also commented:

> *She [daughter] is the … image of me ... I like that … it's just a sense of completion. It's like a lifecycle* (P-I-15).

For those participants with older children, the wonderment of the biological connection still persisted at the time of interview:

> *Just to have that flesh and blood connection. Yes, it's a special thing ... I think it's sometimes still hard for me to even believe he's my child. Like: 'are you really my child'* (P-I-6)?

Others referred to the sense of belonging to each other that they experienced in their relationship with their children:

> *My boys … I'm very protective of them ... if external people try to damage them or hurt them, then I come out fighting because they're mine. It's the first thing that I have had that is mine and you're not going to hurt it* (P-I-9).

Another said:

> *I just fell in love with this little thing that was part of me for the first time. It's part of me ... there's a connection that has a bloodline* (P-I-8).

Similarly, for another she commented:

> *Just to have that flesh and blood connection. Yeah, it's a special thing.* (P-I-6)

One woman from the focus group saw her children as:

> *The first of the new line* (P-FG5).

These experiences were also echoed in the Pinkerton (2010) study.

8.3.5 Emotional Closeness and Distance with Children

During the early post-partum period, four of the interviewed women reported that they were afraid to be separated from their children and two reported having remained very protective mothers, a finding that was also supported by the focus group. One woman said:

> *No one was allowed to hold my child, no one was allowed to touch my child. From the minute he was born, I did not let him out of my sight and I'm still like that now* (P-I-7).

Another had instructed her husband:

> *Don't let them take him out of your sight because if he gets switched over or something I will never forgive you* (P-I-11).

Another woman stated:

> *I couldn't let her be. I couldn't leave her. I just wanted to be with her all the time* (P-I-15).

For several women, they recalled a fear of losing their child led to them remain emotionally distant from them for a time, possibly as a means of emotionally guarding themselves against the pain of loss:

> *I found it hard to connect, to be honest. I thought that because I wanted him so badly and it took us so long to get him that I would instantly fall in love and be completely smitten with him. I didn't know how to feel or what I felt* (P-FG3).

Another said:

> *I was very busy because it was my way of coping. I was involved on committees of management and I'd take him with me and breastfeed, things like that. So I kept life going. So I wouldn't say I neglected the children, but I suppose I wasn't always there emotionally … just a step back* (P-I-12).

For other participants, emotional closeness grew with time:

> *I've had to learn how to be ... more comforting, and how … to show more empathy and probably be more physical and hugging and kissing and things like that* (P-I-7).

For two women, the experience of their infant children's dependency was more pronounced than described by others, and was accompanied by a sense of loss of control and depression. However, as their children matured and became more independent, both women felt more comfortable:

> *I always felt quite insecure that I just wouldn't be able to cope when I was by myself with the baby, I hated that, that feeling of them being utterly dependant on me … I always felt smothered by that. They always made me feel a bit suffocated and overwhelmed* (P-I-2).

Masso and Whitfield (2003) also found that 19 percent of their participants were anxious about their bonding with their baby in the first weeks following delivery (Masso & Whitfield 2003).

For three participants, the quality of emotional closeness and distance to their own children served to highlight the poorer quality of connection that they had experienced with their adoptive parents:

> *The way I parent my children is different to the way [adoptive] Mum parented us … there's a connection [with my children], that string that you have that was not there with my adoptive Mum … do you know what I mean* (P-I-8)?

Another stated:

> *Maybe it's why you parent differently and hold them tighter to you, once you have that attachment ... that privilege of what parenting is... it reminds you that once again relationships with your kids are probably more important than what they've done or haven't done … they are mine* (P-I-3).

One woman with older children still described herself as a protective mother:

> *I am quite protective. My daughter says I'm overprotective ... perhaps just a bit of extra protectiveness. A bit of extra emotional tie there with her … if you can have extra emotional tie with a child* (P-I-10).

This participant has one living child and had also experienced five miscarriages.

8.3.6 The Importance of Medical Information

The absence of family medical information again became important at the time of having and raising children. Questions arose for fifteen of the interviewed women and each of the focus group members about their birth mother's medical history, whether or not this may have been significant for them during pregnancy and delivery, and whether this may have implications for their children in the future.

> *I started wondering about my medical history* (P-I-4).

Another said:

> *Thinking about what information I wanted, it was about medical, primarily, firstly. And it wasn't available. Yeah, so you need to be feeling like you're ready to step off of the ledge into the unknown* (P-I-11).

Woman raised the issue of inherited medical conditions that might impact on their children.

> *I have questions … I'd like to know if there's breast cancer in the family, is there Alzheimer's, is there heart disease, all those things* (P-I-1).

This lack of information about their maternal and paternal medical heritage, and participant experience of having to repeatedly tell doctors that they could not provide medical information because of their adoption status, caused frustration and served to reinforce a sense of difference in their standing to the majority of women in the community.

> *I still find it frustrating that when I go to see a doctor, and they ask you for medical history, I have to say the words 'I'm adopted' and there it is again, written down in the paperwork that I'm adopted* (P-I-9).

These experiences are also reflected in several other studies (Kenny et al. 2012; Masso & Whitfield 2003; Pinkerton 2010).

8.4 Relationship with Partners: A container for adoption issues

Rosnati and her colleagues have recently considered the potentially positive and restorative impact of partners in affirming the adopted person, supporting them with their adoption search and contact journeys, and encouraging them to be being more open to the idea of "revisiting and reintegrating his or her personal history" (Rosnati, Greco & Ferrari 2015, p. 26). These conclusions were echoed in the findings of this

study where partners appear as the primary and significant source of support for participants as they face the challenging issues surrounding their adoptions that resurface as they parent their own children.

8.4.1 Fathers as Husbands/Partners

Those who were in partnerships at the time of participating in this study, powerfully described the significance of the spousal relationship to them. One woman said:

> *He saved me … I don't think he meant to save me, but he did … it wasn't easy, the first few years of our relationship, but we got there and we made twenty years last week … it's been good* (P-I-5).

And another expressed her anxiety that her adoption may have been an impediment to their relationship:

> *He knew all about it [adoption status] … he didn't really understand all the issues that I might have. But he was very accepting nonetheless* (P-I-11).

All but one participant highlighted the nurturance and affirmation that the partnership provided, particularly in relation to their adoption status:

> *He's really, really supportive and really understanding and when I have visits with my birth mum … he's very, very supportive and can see that I'm a bit of an emotional mess sometimes and will support me through it and just say things like, 'Keep going, I can see you're not happy'* (P-I-9).

Another said:

> *I think I'm a bit more prepared (to search) and I've got the support of [husband] too, which I think is going to help a lot. Whereas previously, when I've done it, I have really done it on my own and my adoption has always been something I've done on my own* (P-I-13).

While another participant commented:

> *I think he really helped me with my anxieties … I just felt safe again when I was with him* (P-I-16).

A number of couples had weathered hard and challenging times such as the death of children (3- PI); in-vitro fertilisation (IVF) procedures (3-PI; 1-FGP); miscarriages (2-

PI) and children with disabilities (2-PI). Despite these challenging events, the couples had remained supportive of each other:

> *He was just twenty-one and I was probably nineteen, and we got married when I was twenty-one. So … we did it awfully young, but, it was just the right thing and it's still the right thing … there have been times, in the intervening twenty-six years when it hasn't been the right thing [laugh]. You know, you fight on through it … we've got a really strong partnership and three fabulous children* (P-I-2).

Others spoke of having good communication and trust of the other:

> *I didn't get married until I was thirty-five, so, I sort of … I guess I'd had enough dodgy ones. I'd met enough of the bad ones … I knew what I didn't want anymore. Yeah, so I met [husband's name] and he's been … it's been good ever since* (P-I-10).

The impact of adoption on the intimacy of the partnership was also commented upon by several interview participants and focus group members:

> *The ideas of [adoption] abandonment … effect your marriage initially, because you've got to obviously let someone a little bit closer to you when you're married to them. But then you've got to work through some of those things, as well. So, I think that affects marriage and your ideas on children too* (P-I-3).

Another commented:

> *I must be hard to live with at times because I'm not emotional and huggy and all that stuff and I do keep [husband] out and shut [husband] out a lot. I didn't realise it, but I do, I find it hard to let people close to me. The only ones [I am closer to] I think, are my children. Even my partner I find I can keep them [at] arm's length. I never knew why. I always said I was pretty open, but I'm really not. I'm very self-protecting, closed in. I'm trying to work on that* (P-I-8).

Similarly, a woman reflected:

> *I compartmentalise my relationships with people and the things that I am prepared to share with them. I think, probably there is only ever been one person in my life that I've actually given myself completely to* (P-I-13).

Several participants recounted difficulties that their partners had experienced in their relationship. After twenty-six years of marriage, the partner of one participant commented:

> *If he had understood the needs of an adopted person prior to marriage, then he would not have married [me] … he hasn't been helpful or supportive all the time. He calls me 'whacko' and 'screwy' and 'you're nuts' and things like that in front of the children. So that didn't help a lot* (P-I-12).

Four participants had also sought marriage counselling and felt that this had strengthened their relationship:

For two participants, partnerships also raised questions about the name they should use. Both said that their adoption status influenced their decision to retain their adoptive family name. One woman made this decision to retain her name because this defined who she was given that she had lost her first family (P-I-11) and another participant has retained her adoptive family name because she saw it as possibly the only way her birth mother could locate her in the future (P-I-8).

8.4.2 Partners as Fathers

Partners as 'good fathers' was another significant aspect of the spousal partnership that has been noted in Chapter Six. This aspect of the partnership seemed to be one of the threads that was significant to the satisfaction within the marriage relationship:

> *He is a good partner and father* (P-I-16).

8.5 Mental Health

The demands of motherhood, the experience of depression and or anxiety, the re-emergence of grief associated with adoption losses that was often intertwined with other losses such as the death of children or the experience of abuse, impacted at the time of parenting. Seven women were diagnosed with post-natal depression:

> *Yeah, she [first child] was challenging and I think I had post-natal depression, without a doubt* (P-I-4).

Another recalled:

> *After the twins died, I actually had counselling for a couple of years. That was when I really felt that I needed to get myself back. I was ready to get back but I*

didn't know where that was. So, I actually spent two years seeing a psychologist regularly and just rebuilding my self-esteem.

Interviewer: Did adoption matters come up?

Participant: Yes, lots, in the context of the losses … and that was after I'd made contact with my birth mother, so all that stuff with my adoptive Mum, her not coping … there was a lot going on (P-I-11).

Three women were prescribed medication and seven women spoke of other support such as family and friends, adoption group support, their religious faith and their own reflective practices as assisting in their recovery.

I've been on anti-depression medication for about five years now … it just keeping everything going along (P-I-12).

Another said:

I ended up talking to a few people and one in particular. I found out she had not had the same sort of experience but her mother was one of the first single mothers who took the single mother's pension. So she lived through the social rejection of being the child of a single mother. So that helped (P-I-5).

The invisibility of the adoption losses like those described by Doka (2002), that re-emerged at the time of mothering, appear to have struggled for a 'valid' means of expression. One woman commented that she had been advised by a general practitioner from whom she has sought help, to:

Get over it [adoption] because 'people die of cancer and you are not' (P-I-5).

Another stated:

I had to work through a lot of my own issues and my own interpretation of what motherhood was going to mean for me … it took a long time for me to resolve those issues. Then I finally got to the point where I said, "[her own name], this is your lot, be joyful of it" (P-I-4).

Ten of the sixteen interview participants and each of the focus group members had also sought counselling for emotional distress during the years of mothering:

I was having counselling and to some degree, I still have anxiety like panic attacks (P-I-6).

8.6 Readjustment Associated with Information Search and Contact with Birth Family

The birth of children and the subsequent parenting of them, reactivated for the women in this study, an awareness of the gaps in their knowledge of their own origins, backgrounds and reasons for their adoption. It freshened their desire to obtain further information and to commence or recommence a search for birth family members.

Having your own children is a trigger to searching; it triggers a need to learn things (P-FG-4).

At the time of interview, twenty women (fifteen interview participants and all of the focus group members) had obtained their adoption records and/or searched. Twelve participants had experienced at least one contact with their birth family and nine had maintained some form of ongoing contact with them. Four women had not met any member of her birth family: one because her birth mother was unable to be found, another because she had decided not to proceed following the receipt of her information, and a third because no response followed three outreach attempts. A fourth participant had only received contact via a letter. Two of these participants said that being part of this study had prompted them to reconsider making another attempt to connect with their birth family.

Those participants who had obtained information or searched, sought answers to questions such as: **‘**Who do I look like?’, ‘Why was I relinquished?’, ‘Was there something wrong with me that I was given away?’, and ‘What is my genetic and medical history? ’. One woman had wanted to reassure her birth mother that she was doing well:

I really started to think that I should let my birth mother know that I’m okay (P-I-4).

Those who searched but were unable to find their birth mothers or other birth family members and for whom attempts to outreach brought no response, experienced further

sadness and grief; while the experience of meeting a birth mother and/or other birth family members elicited varying degrees of satisfaction. Finding others who shared a physical resemblance was experienced as positive:

> *One of the best things was that I actually looked like somebody* (P-I-10)**.**

For another participant who had experienced both emotional abuse from her adoptive parents and physical and sexual abuse from her adoptive brother, finding her birth father and brother two years prior to her interview, was experienced as restorative:

> *It was just like we had found the missing piece to each other* (P-I-7).

She also commented:

> *I feel a lot stronger now dealing with my adopted brother, because I've got my dad* (P-I-7).

Another woman discovered that she was conceived from an incestuous relationship:

> *It turned out I was from incest. [I felt] … disgust really and shame* (P-I-12).

This information had made her ongoing relationship with her birth parents extremely stressful and at the time of interview she was involved in counselling to address these issues.

All who had maintained contact with their birth parents at the time of interview, reported that at some point in their relationship, they had needed to adjust their initial expectations of the connection due to a paucity of shared experience, different approaches to life and different expectations that each had of their contact:

> *You can never get back those years, so you're establishing new relationships. It is a new one because it's such a long time in-between. Because I was thirty-four when we met* (P-I-11).

Another said:

> *It was hard …. We [birth mother and participant] had wanted different things* (P-I-6).

Yet another woman commented on the incongruity of the relationship:

> *It can be, sometimes, a strange relationship, from both sides* (P-I-9).

For those who whose birth mothers had refused contact or for whom contact had subsequently ceased following a reunion, this was experienced as a second more powerful rejection:

She rejected me again … and, 'Oh, God, how could she do this' (P-I-16)?

Another commented:

> *It was awful, it was like I was being relinquished all over again ... I felt like I could forgive … giving away a baby … but there was no way I could forgive her pushing me away a second time. And I don't really think I feel like that now, but I know I did really feel like that when it was all very fresh* (P-I-2).

Finally, another participant stated:

> *I never felt abandoned as a child, but I did at that point [when birth mother ceased contact] and we'd known each other for seventeen years* (P-I-6).

These experiences are also reflected in the submissions of women to the Senate Inquiry into Forced Adoption (SCARC 2012, Submission 237).

For several participants who had had unsatisfactory past contact with their birth mothers and who were thinking of making another attempt to contact them, their membership in their family of procreation and the support they experienced from their partners and children was restorative:

> *I think I'm a bit more prepared [for contact with birth mother] and I've got the support of [husband] too, which I think is going to help a lot. Whereas previously when I've done it, I have really done it on my own. My adoption has always been something I've done on my own* (P-I-13).

Whether contact ceased or continued, the additional information that had been obtained during this search, again began the process of readjustment of relationships, identity and the resolution of grief associated with their identified losses. This will be further explored in the next chapter.

8.7 The Family of Procreation as a Place of Belonging

For the women in this study, their family of procreation (whether they were partnered or not at the time of interview) is claimed fiercely by them. Mothering their children is cherished and having a nurturing partnership is highly valued. For twelve women it also experienced as a place of belonging and connection and restoration. As one participant noted:

> *It is the place I now fully belong* (P-I-11).

Another stated:

> *The family that you're creating now is the most important of all the family* (P-I-12).

These sentiments are also echoed in the comment:

> *I had [eldest child] and then I was about to have another baby and I have [partner]. This is my family* (P-I-8).

By contrast, for four participants, their role as 'mother' did not completely fill a personal void. One woman stated:

> *I thought for me, that having children would fill that need, but it actually hasn't … it hasn't filled that void that's in my life in terms of having connectedness with someone that I'm a product of, I think, even though they [the children] are a product of me* (P-I-13).

This woman had unsuccessfully tried to trace her birth family on several occasions.

Another participant reflected on the contradictions for her that accompany membership to her family of procreation:

> *So at the moment, I'm really comfortable with where I am … however … every now and then it [adoption] just rears its ugly head and that's how I like to put it. It does, it just rears its ugly head every now and then. Then I put it back to bed and just move on with life and think, 'well, I can't change what has happened. I just have to be at peace with the way it is'. But every now and then it does just creep up and niggles* (P-I-9).

Nevertheless, it can be hypothesised that in general, the participants in this study feel they are culturally legitimated by their role as mother. They hold a sanctioned position within society where they are on an equal footing with their peers, without a sense of being an 'outsider' as they often did at various times earlier in their lives.

8.8 Summary

For the women in this study, motherhood can be interpreted as an embodied metaphor for their adoption losses, as thoughts and feelings about their birth mother, their adoptive mother's experience of infertility, and themselves as infants, have arisen. This was particularly so at the time of the birth of their first child.

Prompted by the birth and nurturing of their children, each participant has commenced or recommenced their search for further information about themselves. All obtained their adoption records if they had not previously done so and all but one woman commenced searching and pursuing contact with birth family members. While it appeared that each woman's understanding of her origins expanded; further loss was experienced when natural mothers, were unable to be found, or a relationship with them was unable to be developed or sustained. Loss was experienced when what was hoped for in a relationship with natural family members, was not fulfilled.

However, motherhood has also been a time of varying degrees of renewal, restoration and repair for each of the participants. Their relationship with their children has taken on a special meaning as the first biological relatives with whom each participant has had an intimate relationship. Partners have born witness to and affirmed the life experiences of each woman, including the impacts of their adoption status; and the family of procreation has proven to be a place of belonging and new beginning as the status of mother has achieved a legitimate space in society. At the same time however, self- regulation with children and within intimate relationships, has at times proved a challenge and the mental health of participants was an area of life that required care.

How then did the participants interpret these restorations in terms of their personal identity? To what extent has motherhood impacted on the ways in which the study participants view themselves and what part does their adoption status play in this?

CHAPTER 9 REVISION OF IDENTITY AND MEANING

9.1 Introduction

Identity as noted by Erikson (1980) is a "configuration, an integration of biological givens, psychological needs, interests and wishes, significant identifications and meaningful and consistent social roles" (Kroger & Adair 2008, p.6). It is characterised by a sense of inner continuity across time and place, which provides a feeling of wellbeing in one's mind, body and social worlds. A 'sense of self provides purpose and direction in life, of recognising and being recognised by meaningful social contexts and significant others' (Kroger & Adair 2008, p.6). While adolescence presents as a time of consolidation of childhood identity, Erikson (1980) notes that identity continues to evolve throughout adulthood, particularly during significant life stages such as motherhood when biological changes, shifts in role and alterations in social networks, affect community perceptions of the individual. Maintaining and revising identity during these times often occurs through the narratives that individuals construct about themselves (Kondrat 2002).

For the participants in this study, motherhood brought a range of adjustments common to this life stage. Parenting changed the roles that each woman performed; it altered relationships and led to adjustments in self-perception. It also prompted a desire to know more about their origins and led them to consider searching for birth family members, which added an additional layer of complexity for each woman while parenting. In addition, it led to consideration of the values they brought to their family of procreation and the choices they made in relation to extended family relationships.

In this chapter, participants share their stories about who they know themselves to be, from childhood to the adjustments they have made to their self-descriptions since becoming a parent and member of their own family of procreation.

9.2 Self-Narrative during Childhood

Participants were able to provide a reflective narrative about themselves as children expressed in terms of their talents and interests, relationships, appearance, and temperament and their overall sense of satisfaction with their lives.

9.2.1 Childhood Self-Description

The childhood self-descriptions inevitably spread across a continuum of responses from positive, to less positive to unhappy. There were those who primarily described themselves in a positive way (nine interview participants and two focus group members). As one respondent said:

> *I was the happy little child ... I had a happy upbringing. I had lovely friends at school, some of which I still see* (P-I-1).

Another commented:

> *I had an ordinary sort of childhood … you had a place in the community* (P-I-13).

A third participant observed:

> *I knew where my home was ... this place and security* (P-I-4).

Others described themselves less positively (five interview participants and two focus group members). As one woman said:

> *I grew up feeling very insecure because I knew I didn't fit in … Yeah, I spent most of my life trying to please them [adoptive parents] … My main supporter was actually my grandmother … I also took up dancing … that's something I really enjoyed and I think that kept me going* (P-I-5).

Another stated:

> *I do remember I was a very sensitive child and I do recall spending a lot of time in tears … I was well behaved and I did really well at school, but there was a lot of stuff that I dealt with that I never talked about, which is now affecting me. But, as a child I was okay.* (P-I-6)

Yet another participant recalled feeling happy as a child, but this changed when as a teenager she became pregnant:

> *My early life from what I remember was good … then the teenage years … I started questioning things and trying to find myself and … it's a horrible time.*

> *All of a sudden my whole world was just upside-down. You're trying to find your identity, you're trying to find yourself reflected in someone and I had no one. I was the bad one, I was the bad child* (P-I-8).

A third group of participants described themselves as being essentially unhappy during childhood (two interview participants and one focus group member). One respondent linked her unhappiness with her adoptive mother's deceased biological child:

> *I had a rotten time growing up with Mum and Dad. It was really unhappy [but] you grow up a bit as you get older and you stop being such a pain. Most people do that* (P-I-2).

The other participant remarked:

> *I found life very confusing. I didn't fit in anywhere, I was always lost and always withdrawn and always on my own. I'd sit in the corner and read books and things, but I didn't … I was not connected to anyone* (P-I-7).

In comparing the overall sense of childhood satisfaction expressed by participants with their sense of belonging, sense of difference and the degree of openness (adoption openness) during childhood (see Table 9.1), it is perhaps significant to note that of the eleven women who described themselves positively, all felt that they also belonged to their adoptive families, and ten of this group of eleven women described themselves as having experienced 'good enough' nurturing. Five participants in this group felt that they were 'not different' to their adoptive families and seven reported degrees of openness in communication about their adoption with their adoptive parents.

Of the seven participants who recalled less positive childhoods, six felt that they belonged to their adoptive families, and all in this group felt 'different' to their adoptive family. Five women described receiving 'mismatched' or 'unprotected nurturing' in their adoptive families and two had received nurturing accompanied by challenges. All but three women had minimal communication as children with their adoptive parents about their adoption. One women was a late discoverer of her adoption status and two participants reported that although they had discussions as

children about their adoption, the content or tone of these communications was negative.

Of those four participants with unhappy memories of themselves as children (three interview participants and one focus group member), two reported having had experienced ‘unprotected nurturing’ and one identified her experience as ‘nurturing with challenges’. While all felt different to their adoptive families, only one felt that she did not belong to her adoptive family. Two women in this group were late discoverers of their adoption status and the other, while reporting a degree of openness in communication with her adoptive parents about her adoption also received negative messages about her status.

The overall trend with this cohort of women was for those with a more positive childhood self-description, to recall receiving more positive nurturing, accompanied by a greater sense of belonging to their adoptive family. Those who described themselves less positively as children were more likely to describe a sense of difference to their adoptive family and to have received nurturing that contained challenges of one kind or another.

Table 9.1 Sense of Satisfaction as a Child Compared to Nurturance, Adoption Openness, Sense of Belonging and Sense of Difference

Overall Sense of Satisfaction as a Child	Participant	Nurturance	Adoption Openness	Sense of Belonging	Sense of Difference
Positive (N=9- IP; 2-FGP)	P-I-1	Good enough	Yes	Belong	Not Different
	P-I-3	Good enough	LD	Belong	Different
	P-I-11	Good enough	Yes	Belong	Different
	P-I-13	Good enough	Yes	Belong	Not Different
	P-I-4	Good enough	Yes	Belong	Different
	P-I-9	Good enough	Yes	Belong	Different
	P-I-10	Good enough	LD	Belong	Not Different
	P-I-14	N with C	Yes	Belong	Different
	P-1-16	Good enough	No	Belong	Not Different
	P-FG-1	Good enough	Yes	Belong	Different
	P-FG-2	Good enough	No	Belong	Different
					Not Different
					Different
					Different
Less positive (N=5-IP; 2-FGP)	P-I-5	Mismatched	LD	Belong	Different
	P-I-6	Unprotected	No	Belong	Different
	P-I-8	N with C	No	Belong	Different
	P-I-12	Mismatched	Yes	Belong	Different
	P-I-15	Unprotected	No	Belong	Different
	P-FG-4	N with C	No	Not Belong	Different
	P-FG-5	Unprotected	Yes	Belong	Different
Unhappy (N=2-IP; 1- FGP)	P-I-2	N with C	Yes	Belong	Different
	P-I-7	Unprotected	LD	Not Belong	Different
	P-FG-3	Unprotected	LD	Belong	Different

Key: P- Participant; IP-Interview participants; FGP- Focus group participants; LD- Late discovery; N-Nurturing; C-Challenges.

9.2.2 Childhood Adoption Narrative

Intertwined with their overall memories of themselves as children are the participants' memories of their adoption narratives (alluded to in Chapter 6). These recollections include stories that they had been told about how they joined their adoptive family and the reasons why they were unable to remain with their birth family. By and large, the stories did not appear to be based on any detailed information about their birth mother's situation and in some instances these accounts were later found to contain

incorrect information. The narratives also included accounts of the reverie that the participants engaged in as a means of providing an explanation for things that were not known because of their adaption status. The content and tone of the stories that participants were told about their adoption, the ways in which their adoptive parents responded to their adoption questions and others responded to their adoption status, were factors that this sample group identified as influencing the meaning that they made of being adopted and as a consequence contributed to their feelings about themselves as individuals.

For five women, their narratives held a sense of personal 'specialness' and pride, and they appear to have received positive messages about their adoption status:

> *I always felt very special. I always felt like, 'oh, I'm unique in some way'* (P-I-4).

And another participant commented:

> *Being adopted was a badge of honour* (P-16).

One woman noted the open style with which her adoptive parents communicated about her adoption:

> *Mum and Dad have always been fairly open about it [adoption] and Mum had a strong belief that we have a right to know* (P-I-13).

Another said:

> *I think the way Mum and Dad portrayed that message was very good. It certainly suited me and my personality I guess, and what I needed* (P-I-4).

However, for others being adopted was not recalled so positively. There were those who learned that their adoption status was not open for further discussion, and as children they recalled this lead to a sense of insecurity and to a perception that something was wrong with them:

> *I just felt inferior. I suppose there were little messages. I don't think it was a fear of being given back, but you didn't want to rock the boat either* (P-I-12).

For others there were also shades of negative meaning provided by adoptive parents, which accompanied their adoption narratives:

> *I was told, you're special because we got to choose you from all of those other babies. On the other hand whenever I did something wrong, they told us that they could take us back to the home* (P-I-2).

One respondent (P-FG5) stated that her adoptive mother had suggested that she would not have adopted a child if it had not been a closed adoption. This left this participant feeling that she was 'not good enough', and with an ensuing sense of shame and difference.

Extended family members also played a role in adding to the positive or negative picture that respondents had of themselves and provided a further sense of inclusion or exclusion into the wider family. One participant recalled:

> *My older cousin always relays the story. She says 'I remember when you came home from the hospital and [adoptive mother] would be there changing your nappy and fixing you and feeding you'* (P-I-9).

For this participant this story provided a sense of inclusion within the extended family. However, for another participant, the sense of dislike that she felt from her grandmother she attributed to her adoption status:

> *There were challenges around my grandmother because she didn't like me and I'm pretty sure that was around my not being biological* (P-I-16).

Linked to their adoption stories were the participant's own thoughts, fantasies and wonderings about their unknown but psychologically present birth mother and birth family, that formed part of the perimeters of their life. Their ruminations seemed to assist them to make linkages between the various aspects of their biographical and emotional history in the absence of factual information. One woman commented:

> *Every birthday growing up in our old house … I would always sit in this spot. I remember sitting there on quite a few birthdays in this warm sun thinking, 'I wonder if she's thinking about me. I wonder right now, if she's thinking about me on my birthday? It was just innocent'. It was nothing. But I'd always wondered. As I got older I'd think, 'wouldn't it be weird if I just walked past her'* (P-I-8).

And another respondent said:

> *I used to live a lot in my head. I used to have lots of fantasies about … who my mother was … so I used to play that out in my mind* (P-I-16).

Participants spoke about filling in the gaps in the information that they had:

> *Of course she [birth mother] would have been perfect … she would have always let me do things and she wouldn't have given me grief ... she would not have minded that I smoked and she would have let me go out with boys. In the same way that my mother idolised this dead child, I idolised this disappeared, mystery woman [birth mother]* (P-I-2).

As respondents reached adolescence and young adulthood, and their understanding of the implications of adoption increased, their self-narratives became more nuanced, taking account of the social values of the times. When she was sixteen or seventeen years of age, one woman recalled:

> *I'd always grown up thinking my parents would come and get me. So then I received my information at about the age of sixteen or seventeen [and] there was the realisation that I was a product of sex outside of marriage and a single mother. That for me was really confronting* (P-I-13).

The responses of the wider community to participant's adoption status also appear to have had an influence (both positive and negative) on each woman's emerging sense of identity and emotional/psychological place as a child (see Chapter 7). Three participants recalled as children, having contact with other families where children were not biologically connected to both parents. They reported this as helpful to their sense of being part of a diverse normality. As one woman noted:

> *We often talked about it [adoption] because of other families in the area. There were step-families, there were different families that had been made in different ways and also ... I had older [adopted] cousins* (P-I-11).

Another said:

> *My best friend's sister is adopted and so I grew up pretty much in their family as well. I never felt out of the ordinary* (P-I-4).

However, others remembered the negative impact of comments made about them by others in the community, such as:

> *Oh well they're not really your parents* (P-I-9).

> *It's why you … as a child, you never feel quite like you belong because some people don't actually think you belong* (P-I-11).

The school community, and the requirement of completing classroom tasks such as making a family tree, also had repercussions. As one woman stated:

> *I do remember at school in about grade five, we had to do a family tree and I remember going up to the teacher and saying, 'I'm adopted' … I actually did realise that my family tree was not actually real* (P-I-6).

These recollections by study participants reflects a deepening understanding about the meaning and implications of adoption that accompanies the maturation of abstract thinking. It attests to the subtler validation or invalidation of the self that such comments can cause and the ensuing internalisation of these values associated with being an adopted person, which can impact on the formation of their identity (Baden 2016; Brodzinsky 2011; French 2014; Grotevant et al. 2007; Wegar 2000).

9.2.2.1 Not Knowing of Adoption in Childhood

For the four respondents, who were late discoverers of their adoption status, finding out when they were young adults meant they, experienced the revelation as a trauma, an assault to their sense of self and their prior sense of place in the world. They recounted feeling that it was as if their lives had been fictional up until that point. One woman recalled:

> *I just burst into tears 'oh, my, God! I'm adopted and I don't know who I am'. It was quite emotional. All of a sudden I didn't have a past. Maybe it was a bit melodramatic but I thought that the whole life that I thought I had, was a lie. Like it wasn't really me. It was of course, because that was the luck that I had. That was me living that life* (P-I-10).

While this experience differed to the experiences of participants who became aware of their status as children, and for whom the knowledge about their adoption and their

adjustments to their adoption status occurred incrementally over time, it never the less resonated with those who discovered on receiving their adoption records, that the information they had been given as children about their adoption, was inaccurate:

> *Even though I have hospital records and a birth certificate, it appears there's some information there that just doesn't gel or is incorrect* (P-I-13).

Goodwatch (2003) posits that the institutionalised secrecy as well as individual secrecy surrounding some adoptions, lead to a paucity of information for the adopted person, both as a child and as an adult, and may have contributed a sense of disconnection between their past and present (Goodwach 2003, p. 63).

9.3 Adult Sense of Self

It is widely recognised that being a mother represents a major developmental life phase associated with significant alterations not only to daily patterns, relationships, and social role positions, but it is associated with profound adjustments to a personal sense of self (Levy-Shiff 1991). The adopted women in this study recount unique stresses and conflicts associated with their adoption status, that appear to complicate the usual developmental tasks and present layered moral challenges to the adjusting self-concept, that they confront.

9.3.1 Self and Normative Adult Roles and Connections

As an adult at the parenting life stage, each participant normatively located herself within her network of family and friends and described herself with reference to a variety of social roles, as well as referring to the social interests that they pursued (see Chapter 3). For one woman, it was important for her to describe herself in terms of her occupation:

> *I was a cardiac intensive care nurse* (P-I-3).

Another commented on her friendship groups:

> *My friends from uni, some of my best friends, I still maintain them and I acquired some other very good friends along the way through work. But they are a group who I absolutely connected with and have stayed very strong with* (P-I-11).

And a third noted her that her pastime is:

> *Going to dance classes and doing stuff for the kids and that's enough (*P-I-5).

As described in detail in Chapter 6 each woman spoke about her strong identification with, and commitment to, her role as mother, and indicated that the performance of this role and her membership to her family of procreation provided a strong sense of place and of being positively embedded in society. Speaking of her family of procreation one participant said:

> *It is the place I now fully belong* (P-I-11).

This may also suggest that to varying degrees, adoption status was experienced by participants in their earlier years, as setting them apart from the dominant, normative, narrative of family membership by 'blood relationship'.

9.3.2 Recognising and Coping as an Adult with Internalised Adoption Messages

Participants recount that their sense of value as an adult person, was associated to some extent with messages they had internalised as children regarding their adoption status. There were those women who had internalised invalidating messages such as 'real family' (P-I-9) or 'real parents' (P-I-4), and others who had experienced more overtly aggressive messages such as 'nobody wanted you' (P-I-7). The legacy of these comments were addressed as adults by sixteen participants, through counselling:

> *There was a lady who helped me through … at [name of welfare agency] … she just validated … she just validated everything that you felt and everything that you said* (P-I-8).

9.3.3 Extending an Understanding of Self through Search for Adoption Information and Contact with Birth Family

The search for information about their adoption, and the search for their birth mother and other birth family members, was undertaken by all but one woman during the years of mothering. Searching was presented by participants as an attempt to answer long held questions and to fill in gaps in information about themselves. As one respondent commented:

> *I felt that I wanted to know my story. It was about identity and it was pretty full on* (P-I-6).

Another said:

> *I do believe that there is that deep spiritual desire to know where you came from, what your roots are* (P-I-3).

Obtaining additional information and meeting (or not meeting) birth family members challenged and altered the adoption stories that participants held about their origins and about themselves. The impact of factual information, often so different to the adoption story that they had grown up believing, led to a profound reassessment of their notions of their history as individuals:

> *I had my interview and got my records and stopped at that point because the information I got was so different to what I'd been told, very, very different* (P-I-11).

Another said:

> *I received my records and information … and then with everything falling into place and learning that my mother was actually single and there was not father I was just horrified that that's what it was* (P-I-13).

Three women in the study recounted how learning the first name that that had been given by their birth mother had held a deep primal significance, confronting them with a sense of what might have been and what had been potentially lost:

> *It was like, 'but I had a name. I had a name' [accompanied by distress]* (P-I-11).

Contact with their birth mother and other birth family members, appears to have led to subtle alterations to the image that participants' had of themselves: who they knew themselves to be and where they fitted in life. One woman commented:

> *It was so strange to see somebody that looked like me … all these people. I look like that person, I look like that person, I look like that person … and then I had this feeling of, I finally belonged somewhere, this is where I should be. But I don't belong there* (P-I-8).

Those respondents who had met birth family members (twelve women) each came to a deeper realisation that while being part of and originating from their birth family, their birth family had carried on without them and they had grown up apart from each other. This absence of shared experience often led to an unexpected and a further sense of difference:

> *I don't fit in that camp [adoptive family] and then and I don't fit in her [biological mother] camp either* (P-I-8).

For those women who could not find their birth mothers; whose birth mothers did not respond to their request for contact; or whose mothers discontinued contact, varying degrees of rejection and regret were experienced, that had a profound impact on the participant's sense of self:

> *I went back to the Department and said I've had no reply to any letters. I was really upset and felt worthless* (P-I-5).

Another woman commented:

> *I still feel angry at her for what she [birth mother] did [discontinued contact. And I still feel that she's cheated me and my kids and herself out of something that could have been quite nice. There could have been quite a nice little bit of contact, the odd photo swapped. You know, once or twice a year we might have seen one another for a brief period of time, and that would have been, you know* (P-I-2).

9.3.4 The Moral Self

Central to an individual's adult self-identity and ensuing behaviour are the values, actions and choices that participants describe in relation to themselves (Augusto Blasi cited in Monin & Jordan 2009). Each participant tells of the dynamic interplay between their goals, desires and beliefs and the life situation in which they find themselves within their family of procreation, kith and kin networks and the choices they make in relation to 'the other', particularly in relation to birth and adoptive family members. Monin and Jordan (2009) tell us, that the exercise of this moral agency or choice is influenced by context, culture and the relationship within which the choice is to be made. As one participant commented:

> *Ultimately you want to draw on the right choices, draw on the right decision making processes (P-I-4).*

9.3.4.1 The Moral Self: Family of Procreation

That the participants in this study have primarily chosen careers in the 'helping professions', speaks potentially of a compassion for others and a desire to contribute to society and perhaps a means of healing themselves. The majority of participants

have also state that they have chosen part time employment outside the home as a means of remaining the primary nurturer of their children, and as an expression of their commitment to them. This is illustrated by the following statement:

> *I found my way into PR and then found my way into shopping centres and marketing and became the manager of a shopping centre. Now I actually work with people with disabilities…the shopping centre industry is … very long hours and I wanted to be a mum. [Name of daughter] is my priority from the moment she was born. [I chose] working part-time to be able to co-ordinate my time around her* (P-I-10).

For some this commitment has been also been attributed to their adoption informed need for that link with their children:

> *Being an adopted mother you want your children to know that they are very much loved and wanted, and that your love for them is unconditional* (P-FG4).

Another highly prized and practiced value within the participants' families of procreation, was the active promotion of 'openness' in their relationships with their children and spouses. Again this was attributed by each woman, to the secrecy and lack of information associated with their early adoption experiences:

> *I have a really open relationship with both the kids* (P-I-15).

Participants spoke of consciously making choices about the kind of parent they wanted to be and how they managed their emotional health, not only for themselves, but for the sake of their children's wellbeing. All respondents (with the exception of two women) used counselling to address distressing issues within their lives and to further clarify their sense of self and identity:

> *I needed to sort out the thing that gives me anxiety … it takes a long time though. And every time you think you're over things, something just pops up, although I think I'm getting close to the end now. But, yeah it's been a long, hard struggle. It's also something you have to do in the background because no one quite understands that issue of not having an identity you can pin yourself to. Because everybody's got one, except for us happy, lucky adoptees* (P-I-5).

Another woman recounted:

> *So then I went through this year of intense counselling and trying to discover who I was. It was horrible, but it was wonderful* (P-I-14).

Three women also commented on gaining further understanding of themselves through their personal studies:

> *It's not until I started being active and reading…about attachment and bonding, Bowlby, Ainsworth and all that stuff, that fascinated me...I just read and read and it just started opening new questions and new avenues …it has validated that emptiness that I've felt. It's been for a reason. It's real* (P-I-8).

9.3.4.2 The Moral Self: Adoptive Parents

In addition to their roles as mother and partner within their family of procreation, a significant number of participants assumed the responsibility for aging adoptive parents and parents-in-law, in spite of the feelings that they had for these family members (see Chapter 6).

One participant explained the reason for caring for her aging adoptive parents as follows:

> *What goes around comes around I suppose, and it's the way I feel now. I looked after Mum and Dad before Dad died, because they did all that for me. They did all that for me and I'm giving that back to them now* (P-I-2).

Another stated that out of respect for her aging adoptive mother, she chose to be:

> *A dutiful daughter* (P-I-16).

A third woman, commented that being part of her family of procreation also entailed her providing care for her parents' in- law:

> *I've helped [husband's] Dad. He hasn't been well so I've organised for some things to be done and I made some arrangements for different things and he came down here and had some stents put in because he's had a bypass* (P-I-15).

For five women (three interview participants and one focus group member), the ethical framework that they identified as guiding their lives was embedded in their religious beliefs, which provided an ethos of hope and forgiveness. One woman said:

> *I have that core belief [Christian] that gives you that core hope* (P-I-3).

Another stated:

> *I've always had that framework to work within … being able to forgive* (P-I-4).

While a third participant commented:

> *If I hadn't have come to Christ I couldn't be where I am now, because I think I would have been crushed somewhere* (P-I-14).

9.3.4.3 The Moral Self: Negotiating Contact with Birth Family Members

In this study, accessing information and/or having contact with birth family members was accompanied by complex and at times confusing practical and moral dilemmas. Questions arose for each participant as to whether they should make contact with birth family in the first instance; then what kind of relationships were possible; as well as what kind of relationships they might wish to have with birth family members; and how they might go about incorporating their birth family into other network of kith and kin.

Whether they should attempt contact in the first instance, required consideration:

> *It took me a long time to even think about contacting my birth father because he never knew about me. To contact someone who's probably seventy or eighty years old and tell them that they've had a child that they never knew about it … that's a scary thing and I always thought, do I even have that right to do that* (P-I-6)?

Once contact had been made, negotiating the expectations and the boundaries of these relationships required effort and energy. The type of relationship that was subsequently developed with birth family members, varied from an exchange of letters or phone calls, to active associations that approached friendships or were similar to that of a distant extended family connection:

> *So really, over the years we just would write to each other, pretty short, superficial letters about what we were doing and what's happening. We'd just meet up maybe once a year or once every two years or something* (P-I-6).

Another participant had a relationship with her birth mother that approached that of a friendship:

> [*Our relationship] is good. So [natural mother] has been very, very happy in the fact that none of us feel obliged to do our lives together, it's because we want to* (P-I-4).

While another had a very different experience:

> *I felt … like I disappointed them [birth parents] … [and] at the time I thought, oh I've just caused a big mess* (P-I-16).

Several women expressed their feeling that having initiated contact with their birth mothers, they had a moral obligation to continue the relationship, even though in several situations they did not feel that the fit between them was an easy one:

> *Even though I've been really fortunate and I have contact with my birth mum, it's probably not what I expected … I do feel a little bit guilty that I feel like it's not a relationship that worked the way I wanted it to work … on one hand I think, 'you should be thanking your lucky stars that she agreed to meet you and accepted you' … but it can be sometimes, a strange relationship, from both sides* (P-I-9).

Another was aware of being the only child that her birth mother had:

> *So I'm the only bloodline that she's got … and my children … there is a responsibility* (P-I-12).

This range of challenges and sense of responsibility regarding contact with birth families, was confirmed by the focus group. These experiences were also consistent with those found in the researcher's pilot study (Conrick & Brown 2010) and other reunion studies (Howe & Feast 2001; Kenny et al. 2012; Masso & Whitfield 2003). Richardson, Davey and Swint (2013) found that for the nine women who participated in their study, managing relationships with both birth and adoptive mothers over time, was a struggle (Richardson, Davey & Swint 2013).

Participants realised that their search for birth family information and contact, could also impact on those around them, particularly their adoptive parents:

> *There's a lot of things that people don't really think about … one is the adoptive family and how they cope when the natural parents come onto the*

scene and how tricky that is for them as well. I have felt emotionally, that I've had to balance between mum and dad and between [birth mother] (P-I-9).

This balancing act was also experienced by other participants:

I had to grapple with [the situation] … out of respect for Mum and Dad how do I navigate [contact]? (P-I-4)

But for some women, while they were concerned about the impact on their adoptive parents, there was also support from this family, and in the case of the next participant, curiosity:

I could tell that there was some trepidation. Like, why is she doing this sort of thing. But they certainly didn't criticise or they didn't say, I shouldn't. They were, I think they were interested too. They kind of wanted to know as well, what might have been' (P-I-2).

Ten participants in this study did not initially tell their adoptive parents about their searches, commonly doing so after contacting and having met members of their birth family. This was in part because of a sense of guilt and/or divided loyalty that they felt for taking this action: protecting themselves from their adoptive parent's reactions but also out of consideration for their adoptive parent's potential distress.

I felt very ungrateful and hid it [the search] a lot from my Mum, when I met my mother and my father (P-I-16).

One participant stated that when she told her adoptive mother of her contact with her birth mother, she *'was clearly incredibly upset'* (P-I-11).

Twenty percent of respondents in the AIFS study said that they did not tell their adoptive parents of their search (Kenny et al. 2012, p. 107) and this reaction is also reflected in the study conducted by Howe and Feast (2001).

One interview participant who had not searched for her birth mother at the time of interview intuitively understood the challenges that might arise if she accessed information or made contact. She had three children under the age of seven years and was financially, emotionally and physically responsible for her adoptive parents who were living with her. She was not prepared to enter into a search for birth family

members which may have been too confronting, or may have challenged her sense of self. Her feelings about searching had also been coloured by her deceased adoptive brother's negative experience of contact with his birth family. She commented:

> *I'm not prepared to know, because once you know, you know* (P-I-1).

According to Passsmore and Feeney (2009, p.101) searching for information and subsequently establishing contact with birth parents does provide 'the best avenue for gaining information about both birth parents that can then be integrated into the adopted person's sense of self". This view is also held by Carsten (2000) who considers that by searching for birth relatives, adopted persons are further developing their own narrative about their lives that involves 'constructing continuities of identity which can link together their past, present and future' (Carsten 2000, p. 700). This notion is further echoed within the considerable body of research regarding adopted people and identity (Brodzinsky & Palacios 2005; Brodzinsky, Schechter & Marantz Henig 1992; Von Korff & Grotevant 2011). However, as the women in this current study describe, searching and contact involves emotional pain, as new information is absorbed and adjustments to the image of self occurs.

9.3.4.4 The Moral Self: Relationships with Siblings

The relationships that the study participants developed as adults with their siblings from their adoptive family, also varied. Some had maintained close relationships:

> *We really do understand each other really well … it's interesting actually, even though we are, the four of us, quite different … we are very, very protective of each other* (P-I-9).

For others, their sibling relationships are less amicable:

> *My brother caused a lot of trouble … he's lost everybody, he's alienated the family…all the turmoil he caused between me and my parents, in the later stages of my pregnancy was just terrible. So he made … it was traumatic all over again … I can't forgive him ever. But we don't speak to him. He's very toxic and I think, at times, he can be dangerous* (P-I-8).

Several participants described differing relationships with different siblings:

> *My brother and I are very close, we're eighteen months apart. My relationship with my sister - pretty bad. But that's by her own choice* (P-16).

Participants differentiated between siblings with whom they had grown up and that to who they were related by blood (full biological siblings and half siblings). Ongoing contact with all siblings appeared to be more reliant on factors such as shared interests, satisfaction with their contact, a sense of connection and compatibility of personality rather than their degree of blood relatedness. Overall participants did not appear to hold the same sense of responsibility for contact with siblings with whom they had not grown up, as with those with whom they had grown up.

> *We looked at each other and we knew straight away that we were full brother and sister because we are exactly the same. So we have had some really amazing talks together … the whole family is, sort of, coming together* (P-I-7).

However, for another woman, the relationship with her birth sister had become quite deep:

> *I've travelled with my sister … so we've forged a very close, good relationship. We email and text all the time and see each other when she comes down to Melbourne and vice versa. Not as close to my youngest brother, but that's still on good terms* (P-I-11).

A third participant was confronted with the possibility that her existence was unknown by her half siblings:

> *My [birth father's] two older children … I don't know if they know about m*e (P-I-8).

9.3.5 Partners as Contributors to a Sense of Self

As discussed in the preceding chapters participant's partners have born witness to each woman's personhood changing through becoming and then being a mother. Some have struggled while others have shared in their successes and challenges (those that are linked to adoption as well as those that are not directly linked), and the majority have actively remained in the partnership.

> *[Husband] has been great … when I needed him to step up, he'd always step and really help. Well, we've been on the journey together and … we are all together and it's been really good. It was worth going to counselling* (P-I-11).

9.3.6 Continuing Self Narrative

From the perspective of the life story model of identity, developed by McAdams (2001), an individual's sense of self is dynamic and evolving, and stems from an

integration of their life experiences and roles into an internalised, changing story of self, which provides a sense of unity and purpose to life. This life narrative integrates the individuals reconstructed past, perceived present, and imagined future into a self-defining story.

The stories of participants in this study, by and large displayed a sense of a congruence between their childhood recollections of themselves and their present lives and their hopes for the future. Despite the dissonances that each have struggled with (such as a sense of difference; the grief at what might have been if they had not been separated from their birth family; the emotional challenges they had encountered on discovering new information about themselves, and the effort of balancing relationships between their adoptive family and birth family), their narratives contain an overall sense of hard won accomplishment within their current life situation. One woman commented:

> *I'm in a great place* (P-I-4).

Another said:

> *Yeah. I think, I'm secure in myself … and in my family* (P-I-10).

Others felt a stronger sense of confidence than they had previously felt:

> *Yeah, I feel stronger in myself, definitely. I do. Whereas I was always worried about upsetting someone or … doing the wrong thing … I just have to do my thing* (P-I-8).

However, for several, life continued to be defined by struggle:

> *So, there is the life you live that people see, and underneath there's been a lot of turmoil. You are not sure where you, what is your core … I'm getting there* (P-I- 5).

For all but one of the study participants, their adoption status was spoken of as a profound influencer in their lives and fourteen of the sixteen interview participants and each of the focus group members saw adoption as continuing to have an impact on their sense of self. This sentiment is echoed in one participant's comment:

> *I think it [adoption] comes to shape who I am* (P-I-9).

Another noted:

> *I carry bits of lots of people and even people I don't know. But I have to make my own identity* (P-I-5).

Adoption was seen by some as a positive influencer in shaping the sense of self:

> *I am proud of being adopted as it has helped me be the person I am today* (P-FG1).

It was also viewed as a detrimental influence:

> *Overall adoption for me, the way I see things, creates so much turmoil in people's lives … you have this feeling of just never having been a 'part' of something or ... feeling a 'loss', but you don't know why you feel this anxiousness, this … I don't know, this openness inside … an emptiness* (P-I-8).

Participants also reflected that their understanding of themselves in relation to their adoption status can change over time:

> *As you mature and have searched, and have different experiences and read, you learn more and see things differently* (P-FG4).

And another woman reflected that there was still issues to be dealt with:

> *I still feel uncomfortable. I would probably like the answers. I would like to know, but busy mother of five and a whole lot of other things … I actually just don't have time to follow someone up* (P-I-3).

One women who was a late discoverer of her adoption status and who had had a good enough nurturing experience in childhood felt that adoption had not affected her:

> *I don't really think adoption has had, or being adopted has had an influence. I didn't know for such a long time. I'm a grown, adult person with my own child. I am the person that I am. Finding out that I'm adopted hasn't really changed that. I'm not a different person* (P-I-10).

Following her discovery of her adoption status, this woman spent much time and emotional energy seeking birth family members. During the interview, she expressed sadness for her birth mother and herself that they had never had the opportunity to meet. However, her comments did raise questions regarding the degree to which feelings about having an adoption status link not only to good nurturing and to a sense of belonging to the adoptive family, but also to the wider society's view of blood relationships and adoption status that she had not experienced in her youth.

Table 9.2 Overall Sense of Satisfaction as an Adult Compared to Sense of Satisfaction as a Child

Overall Sense of Satisfaction as a Child	Participant	Overall Sense of Satisfaction as an Adult	Participant
Positive (N=9- IP; 2-FGP)	P-I-1 P-I-3 P-I-4 P-I-9 P-I-10 P-I-11 P-I-13 P-I-14 P-1-16 P-FG-1 P-FG-2	Positive (N= 13- IP; 3-FGP)	P-I-1 P-I-2 P-I-3 P-I-4 P-I-8 P-I-9 P-I-10 P-I-11 P-I-12 P-I-13 P-I-14 P-I-15 P-1-16 P-FG-1 P-FG-3 P-FG-4
Less positive (N=5-IP; 2-FGP)	P-I-5 P-I-6 P-I-8 P-I-12 P-I-15 P-FG-4 P-FG-5	Less positive (N=3-IP; 2-FGP)	P-I-5 P-I-6 P-I-7 P-FG-2 P-FG-5
Unhappy (N=2-IP; 1- FGP)	P-I-2 P-I-7 P-FG-3	Unhappy (N=0-IP; 0- FGP)	P-I-0 P-FG-0

The range of findings discussed in this chapter resonate with the spread of outcomes recorded by Boarders, Penny and Portnoy (2000, p. 414) in their study that compared measures of psychosocial well-being for adult adopted people with their non-adopted friends. Their participants were asked to indicate the extent to which being adopted had affected who they felt they were. The majority of respondents believed adoption status had affected all aspects of their lives (38%). Other respondents stated that adoption had affected their lives quite a bit (32%); eighteen percent selected some or a little, while 11% selected not at all.

9.4 Summary

Being a parent raises complexities of personal identity for the women in this study. While each has successfully made the many role transitions associated with motherhood, this life stage appears to have prompted further exploration of their adoption, through obtaining adoption records, seeking contact with birth family members and participating in counselling.

A sense of continuity was evident as they looked back to their early life with their adoptive family, however they expressed a sense of dislocation not only from their first weeks of life, but the possibilities of what might have been had they not been adopted. These recollections and feelings are woven into who they have become in their family of procreation, the moral choices that they make as adults and how they have psychologically integrated the additional knowledge about their first family, and renegotiated relationships with their adoptive parents, siblings and birth family members.

As mothers, the participants have achieved what neither their birth mothers nor their adoptive mothers could accomplish in relation to themselves (the birthing and raising of their children). Overall they appear to have found a sense of belonging and of wellbeing, all be it hard won and incomplete, that accompanies being part of the dominant social paradigm of family within Australian society.

CHAPTER 10 THE THERAPEUTIC POTENTIAL OF PARTICIPATION

10.1 Introduction

This chapter outlines a final research finding of the study which concerns the impact that participation in the research process had for the women who took part. This theme is both a reflection on the study's methodology as well as an analysis of the outcome for participants. These findings have implications for the types of support and therapeutic services available for adopted women as mothers, both in terms of what the participants identified as useful and what is recommended as support and therapeutic services, based on the research outcomes.

10.2 A Consequence of the Research Process

At the beginning of this thesis, consideration was given to a range of ethical issues that were identified as underpinning the research process such as informed consent, the right to withdraw, confidentiality, privacy and the clarification of boundaries and roles in order to minimise any potential harm to the wellbeing of the women who would become participants of the study. These measures were based on the assumption that in-depth discussion of the participant's adoption status had the potential to be a 'pandorian' trigger that may have placed the women involved at psychological risk. An unexpected consequence of this study, however, has been the positive impacts of the research process for those who took part.

While few studies in the adoption arena appear to record the growth producing impacts of research participation (Berger & Malkinson 2000), a number of other qualitative researchers have noted that taking part in research can at times be beneficial for participants in ways that might reasonably be described as therapeutic (Birch & Miller 2000; Brannen 1993; Dickson-Swift, James & Liamputtong 2007). From the comments of those in this study, their experiences of participation have been classified as acts of agency and visibility, as a therapeutic encounter, as mutual aid and as political action.

10.2.1 Participation as an Act of Agency and Visibility

Each woman represented in this research freely chose to participate and was highly motivated to contribute her lived experience and to learn more about what others had faced as a mother and an adopted person. Being visible, telling their story and informing the community about their adoption journey and parenting, were outcomes that the women hoped for by contributing to this study:

> *I think it's important for the impacts of adoption to be known* (P-I-8).

Another woman commented:

> *No one would admit that we existed* (P-I-5).

While a third stated:

> *What interested me straight away was that someone was interested in doing the research ... I actually didn't think that anyone was interested* (P-I-16).

All women identified as an adopted person and each woman had already thought a great deal about their adoption status over their life time. Choosing to participate in the study was viewed by participants as an act of agency and affirmation:

> *Ever since I found out I was adopted I have wanted to tell the story and I never knew how to go about that, and yeah, it goes to explain the person I am today* (P-I-10).

10.2.2 Participation as a Therapeutic Intervention

The process of engagement in the research process formed an environment of 'encounter', which was a vehicle for change (Berger & Malkinson 2000, p. 308), a finding endorsed by Birch & Miller (2000).

As in a therapeutic situation, the researcher consciously attempted to create a welcoming, safe space that included respectful listening and acknowledgement of the legitimacy of what was said:

> Participant: *But there are certain things that make you feel sad and I can see you understand that. Because I can see how you look at me*.
>
> Interviewer: *And you're watching that?*
>
> Participant: *I am. Body language, it's a wonderful thing* (P-I-15).

Participation in the research study became a place of reflection for the women who took part. The provision of the interview and focus group questions prior to interview began their process of reflection:

> *Looking over those questions has made me think a back a bit, about how things were for me and who was significant. Things like that* (P-I-12).

The interview conversation itself triggered further introspection and reflection. Participants were prompted to consider their experiences, and in some cases new insights were gained within the interview:

> *I hadn't thought of it like that before* (P-I-8).
>
> *As I talk about this now, I realise* (P-I-3).

The de-identification of each study participant has ensured anonymity for them, akin to the confidentiality of a counselling encounter. Anonymity, combined with each interview being a single session, may have provided a forum in which women felt they were able to speak frankly about what was significant for them, to re-engage with the emotion of the events of both their childhood and the parenting life stage and to provide a further debriefing opportunity:

> *It's good to be able to talk about it as well and that's why I volunteered for this because it's another outlet to talk about it. The more you talk about … the less of an impact it has* (P-I-5).

While there were no specific follow up questions asked about the interview process itself, the final question of each interview, about how the participant was feeling, provided insights into their experiences of the process:

> *I feel better than when I started* (P-I-6).
>
> *I feel really good. It's like a little valve has been released* (P-I-9).
>
> *I'm feeling … a sense of curiosity again … a bit more reflection* (P-I-3).

Several women were concerned to check that they had provided the information that the researcher was looking for and were affirmed in their participation:

> Participant: *I'm … yeah, I feel fine and I hope it's what you were … all the information you were looking for* (P-I-11).

Another source of information about the impact of the research contact occurred when participants responded to the provision of the interview transcripts, and the comments received from focus group members following receipt of the focus group summary. Eleven responses were received from the interview participants and all focus group participants also responded. In addition, unsolicited comments were received from several women, sometime after their participation. A number of the comments indicated that their participation had been experienced as liberating:

> *I wanted to let you know that I found our session really cathartic and refreshing. Thanks for allowing me the outlet, and I'm glad I was able to contribute to your important work* (P-I-2).
>
> *All is well here and I hope it is the same for you* (P-I-4).

Several respondents provided the researcher with information about what had been happening to them since the interview:

> *I have been lucky enough to forge a very close relationship with my real father and full brother* (P-I-7).

Another commented:

> *Just to update you, I have now told my children of my … conception … quite the opposite to what I thought their reactions may have been. All is going well and I am working to get off my depression meds slowly. With best wishes for your continuing studies* (P-I-12).

Since taking part in the study, the researcher has also heard that one of the participants has written and published her autobiography; another has begun practicing as a counsellor in the adoption field and two have re-entered counselling for themselves. Their comments conveyed a sense of partnership with the researcher.

10.2.3 Participation as Mutual Aid

Like the interview participants, the focus group members received the questions for consideration prior to their meeting as a focus group. They were not only seen as experts in their own story, their role as 'member checkers' placed them in a further position of authority in regard to the study findings. They evaluated the researcher's

summary of the interview categories and later, individually, considered the themes that the researcher had drawn from the categories.

During the focus group itself, discussion was lively and the members were confident in providing their feedback. Where they did not feel that a particular point had been accurately represented, they voiced this and the group then debated the meaning until they reached a more satisfactory consensus.

Again their discussion provided an avenue for reflection:

> *I have just arrived home and was in deep thought all the way … thank you very much for today it was very enjoyable and it was great to meet other inspirational women who have had a similar experience* (P-FG-4).

Approximately six months after the conclusion of the group meeting, the researcher was invited to attend a 'high tea' Christmas celebration with the members of the focus group. It was at this gathering that the researcher learned that the women had maintained contact with each other. They regularly telephoned, emailed and met for coffee. They had spontaneously formed their own support group, providing shared experiences, peer advice, inspiration and fun.

> *I have never spoken to other adoptees about being a mother. It's great* (P-FG-4).

Another commented:

> *We just know where we are coming from* (P-FG-3).

The reflections of the interview and focus group members about their experiences of participation were not deliberately canvassed for the purpose of evaluating that experience. Feedback had been sought about the content of the interviews and focus group discussion, and it was the incidental comments regarding the process and the subsequent outcomes that the researcher found stunning. The remarks of the participating women reinforced the significance of a respectful and mutual research process, and it raised the question as to whether the therapeutic or non-therapeutic consequences of any piece of research should be an aspect of most human research inquiries.

10.2.4 Participation as Political Action

As women who have lived the adoption experience and its impact on them as mothers, the participants not only wanted their personal story to be heard, but also their views on adoption as a welfare practice to be noted by social policy and those with the power to make decisions. They hoped their stories might impact on future adoption policy and practices.

There were those participants who perceived the impacts of adoption negatively:

> *[I] have a quite firm belief that adoption was a nasty little social experiment that was played out on people … it's left you with all sorts of feelings* (P-I-2)

Another stated:

> *No one gets over it [adoption] and at the end of the day the adoptee is not grateful or happy or … thrilled with the fact that they have been given away to people* (P-I-7).

Four other participants spoke of not allowing their adoption to be a negative force in their lives:

> *So I was very much a 'glass half full' kind of girl … I'm not going to be a victim within my adoption or within life at all* (P-I-4).

And one of the focus group commented:

> *I am proud of being adopted as it has helped me be the person I am today* (P-FG1).

There were those who supported adoption:

> *Having fostered [children], I wonder why there isn't more adoption these days because I look at some of these absolute circumstances where people should have their children taken away or how much of a better life would those children have had if they'd been adopted at birth* (P-I-3).

Two interview participants commented that they believed the timing of this study was politically advantageous in raising the profile of the lifelong impacts of adoption experience, following as it did, the national reports into past adoption experiences

(Kenny et al., 2012; SCARC 2012) and the Victorian and National Apologies that occurred in 2012 and 2013 respectively (see Table 2.1).

10.3 The Clinician as Researcher

Findings such as those just recounted, generate further consideration about the ethical responsibility of the researcher to participants in terms of the delicate balance between conducting research and being "unwittingly drawn into something far more like psychotherapy than they had anticipated" (Bondi 2013, p. 10). While initial consideration was given to the impact on the research process of the researcher's ontological and epistemological position, their skill in using their chosen methods for obtaining and analysing data, and the distribution of power (see Chapter 1 and Chapter 4), further attention is now paid to the challenges for the researcher of moving from a clinical focus to a research focus.

In many ways, the experience of these close, qualitative encounters was not unlike those of the clinician within a client/practitioner relationship, that is, the process of engagement and assessment, the attunement to hearing what the other is saying, the pacing of the encounter and being able to move appropriately toward a goal within an environment of therapeutic neutrality, are not dissimilar. Having clinical experience also went some way to ensuring that the researcher had adequate training in conducting research interviews and maintaining the professional 'distance' required in clinical practice (Johnson & Clarke 2003). However, there were also significant differences between the two roles and the clinician/researcher had to locate a way of incorporating both (Bondi 2013; Johnson & Clarke 2003). As a social work researcher the aim has been to remain emotionally open and sensitively attuned to participants while retaining an awareness of the processes of transference[47] and counter transference[48] that can occur as in a clinical encounter.

Clinicians actively participate in the movement of the change process as this constitutes the goal of the therapeutic contract but, as a researcher, the goal is

[47]Transference is a psychoanalytic concept that refers to the redirection of a client's feelings for a significant person to the clinician (King & O'Brien 2011).
[48]Countertransference is defined as the clinician's feelings towards a client. These are often a response to client transference (King &O'Brien 2011).

different. While the researcher is engaged in the research process, using prompting questions to clarify ideas where appropriate and holding participant emotion, they do not deal with potential counselling issues apart from providing the 'Support Information List' (see Appendix 5) or suggesting a referral as this is not the contract of the encounter (Bondi 2013; Johnson, & Clarke 2003). This way of combining the skills of researcher and clinician was supported in this study through several means. The researcher would write a summary of the interview content following each interview, often with personal observations or feelings included, as a way of considering the process of the interview and identifying gaps in understanding. It was also a means of externalising emotion held from the interview. The researcher participated in regular academic supervision that often included an exploration of the emotional impact of the participant contacts as well as intellectually examining the interview content (Bingley, 2002). The opportunity for peer support also provided another avenue for debriefing from the emotional content of the interviews.

10.4 Summary

For the women in this study, telling their story through participation in the research process appears to have had positive therapeutic-like spin offs. Their participation provided them with a sense of personal agency, visibility and mutual aid and taking part also conveyed a sense of having taken political action. These benefits contain implications for the conduct of future research and the provision of therapeutic services to be discussed in the next chapter.

Possessing a range of clinical skills and an awareness of the counter transferences that can occur in qualitative research appears to have enhanced both the quality of the interviews and increased the extraction of rich data. However, this combination of skills also presented additional ethical issues for the researcher with respect to being aware of remaining in a researcher role and not moving into a counselling one.

CHAPTER 11 DISCUSSION

11.1 Introduction

This chapter is concerned with linking the findings of the investigation to the questions that were originally posed at the commencement of the research, and considering them in the context of the wider literature reviewed in Chapter 3. It commences with a brief summary of the findings and then moves on to a deeper discussion of the themes and sub-themes in relation to the research questions.

11.2 A Summary of the Study Findings

This study has sought to answer the primary question posed at the beginning of the research, namely 'What meaning do adopted women draw from their experiences of parenting their own children?' From the codes, categories and themes that were derived from the analysis of the data presented in the preceding Findings Chapters (visually represented in Figure 11.1), it is evident that the experience of parenting children holds an array of profound meanings for the participants that are inevitably filtered through their adoption experiences. These meanings were captured within the sub-themes of 'two childhoods', 'loss and restoration', 'revision of identity', and the 'therapeutic potential for respondents of participating in the research'. These sub-themes will be linked to the secondary questions of the study, that asked "How the research participants feel and think about being a parent?'; Did they see a 'link between their own adoption experiences and the parenting of their own children?'; 'Does the experience of parenting create changes in relationships with adoptive family members and others?'; 'What role do participants' partners play?'; and 'Is the experience of parenting a time when additional emotional or other assistance is needed'?

Table 11.1 A Summary of the Study's Codes, Categories and Themes

Major Theme **Motherhood interpreted through the filter of adoption experiences**			
Sub Themes Two Childhoods Confronted	Loss & Restoration	Revision of Identity	Research Participation as Therapeutic
Categories ***Childhood:*** Pre- placement care Childhood nurturance in adoptive family & relationship with siblings & others Sense of similarity and difference to adoptive family Adoption narratives & communicative openness in childhood ***Family of procreation:*** Expectations of & commitment to mothering Partners as fathers Extended family member's responses to participants as mothers Participants adoption as an inheritance for their children	***Childhood:*** Childhood perception of loss & difference ***Family of procreation:*** Motherhood as an embodied metaphor of adoption losses Husbands as partner: a container for adoption issues Readjustments associated with information, search & birth family contact Family of procreation as a place of belonging	***Childhood:*** Self-narrative during childhood ***Family of procreation:*** Adult sense of self	***Participation as:*** An expression of Personal Agency Therapeutic Mutual Aid Political Action
Codes ***Childhood:*** Pre-placement care: hospital; babies' home; foster care; other Quality of care in	***Childhood:*** Thoughts of birth mother (as a child & adolescent): Frequency; fantasy	***Childhood:*** Self-description during childhood: ordinary; shy; anxious; happy; sad	***Reasons for participating*:** to tell the story; to help others

adoptive family: good enough nurturing; nurturing with challenges; mismatched/struggling; unprotected nurturing Relationship with siblings & extended family: good; bad; other Activities of childhood: school; leisure, friends Sense of belonging or not belonging Sense of being similar to or different from adoptive family & other families Knowledge of adoption: always, late discovery, wondered Communication about adoption: high, little communication, not to be spoken of ***Family of procreation:*** Courtship & marriage & children: wanted/not wanted children; miscarriage & IVF; death of children; consideration of adopting children Style & values of parenting: openness, honesty; similarity & difference to own upbringing; being the best parent Models of mothering: instinctive; adoptive mother; in-laws; others; none Partner as parent: good; different; negotiation of parenting style Relatives: adoptive parents as grandparents, birth mothers' involvement with participant & her children	Degree of sense of loss & abandonment as a child: strong; not strong; not present Responses of friends & others in the community to adoption: curious, hurtful comments, accepted ***Family of procreation:*** Courtship & marriage Desire to have children & pregnancy Thoughts of birth mother Empathy for adoptive mother Thoughts of themselves as infants Children as a first biological relative Degree of emotional closeness & distance with own children Partnership: length & quality of partnership	Adoption narrative & sense of belonging/ not belonging: as a child, as an adult ***Family of procreation:*** Self & normative adult roles: career; wife; mother; sibling; friend Extending an understanding of self through information; search & contact with birth family Dealing with the past: internalised adoption messages Negotiating relationships with birth family: ok; difficult; disappointing; positive; no contact Negotiating relationships with adoptive family members: positive;	to understand themselves more ***Outcomes of participation:*** generally helpful; Feel better; It helps to talk never spoken to other adopted women about motherhood

	Partner attitude to adoption status: supportive, gets it, does not get it Emotional health as an adult: anxiety; depression; treatment (counselling, medication, other) Relationships with birth family as an adult: expectations; disappointments; no response; obligations This is my family	distant; no more contact; an obligation Partners as contributors to sense of self: positive, challenging	
Data N=21 Interview participants=16 Focus group participants=5			

11.3 Impact of Social Context

In addressing the questions posed at the commencement of the study we must first go back to the social context in which the participants were born, grew up in and are now parenting within, as the study data has highlighted the profound underlying influence of society in the formation of participant meaning about themselves and motherhood. As Gadamar (cited in Crotty 1998, p. 14) reflects, the beliefs, norms and values that underlie everyday discourse within our communities, including our prejudices, become institutionalised within the legal and political domains of a society and 'long before we understand ourselves through the process of self-examination, we understand ourselves in a self-evident way in the family, society, and state in which we live'. These subliminal beliefs, norms and values inform our attitudes to kinship and motherhood amongst many things, and are in turn influenced as communities and individuals shift, adjust and challenge such beliefs, norms and values (Carsten 2000).

During the participants' life times, the social mores about motherhood, family and morality, sex and children born outside marriage, have undergone huge changes and each woman in the study has had to accommodate these changes within her own

personal narrative and life choices. During the decades of the participants' childhoods, the dominant social discourse implied that an adoptive family did not constitute a 'real' or 'true' relationship for the child or their adoptive parents, and that sanguinal difference might constitute grounds for concern. These ideas were freely aired in the press of the day with comments such as "the bad blood will come out, dear" (The Australian Women's Weekly 12 July1972, p.59) and they have subsequently been recognised by a number of adoption researchers (Brodzinsky & Palacios 2005; Swain & Howe 1995; Wegar 2000).

While adoption sought to emulate the dominant societal model of family, it simultaneously presented a challenge to it and recognised potential negative impacts of difference. Steps were taken to avoid the ambiguities of social connection, that accompany adoption status. Adoption workers attempted to 'match' children and adoptive parents on the assumption that being physically alike might ensure a better outcome for the placement, and adoption records were sealed in an effort to avoid acknowledgement of difference and 'protect' all parties from discrimination that might ensue from being outside the main stream (Marshall & McDonald 2001; Modell & Dambacher 1997). As the popular press reflected: "It is most important that an adopted child should not feel in anyway different from his friends. How can this be so if he is constantly reminded that he has two mothers?" (The Australian Women's Weekly 21 October 21 1964, p. 37).

In the community mind, adoption contained several unspoken and often conflicting uncertainties. Would the adoptive parents bond with their adopted child because of the lack of biological connection? And was the natural mother not only an immoral woman (as well as a challenge to the infertile adoptive mother) but also in some way negligent for allowing her child to be separated from her, while concurrently being heroic for wanting 'the best' for her child by relinquishing them. There was ambivalent "disdain felt toward single mothers and the high demand for their relinquished babies" (SCARC 2012, p. 25).

At the same time adopting a child was often perceived as an altruistic and charitable act undertaken by adopters, and society and the adopted person was consequently seen

to owe their adoptive parents a debt of gratitude and respect: “One should be really grateful to the new parents whom they come to love dearly over the years” (The Australian Women’s Weekly 4 May, 1966, p. 63).

These competing and often antithetical values and the ‘micro aggressions’ that frequently accompanied them (Baden 2016) were the broader context, mediated by the adoptive family’s own attitudes and dialogue about adoption, within which this study’s participants grew as children and teenagers. Each woman in this study (as noted in Chapters 6 and Chapter 9) declared having experienced some degree of ‘otherness’ or ‘difference’ and, at times, a sense of marginalisation and loss of status which they attributed to their adoptive position, despite the quality of nurturance received from their adoptive families. This finding is echoed by Grotevant et al.(2007) and Kline, Karel and Chaterjee (2006) in their research into the formation of ‘adoptive identity’ and social attitudes to kinship. Kline, Karel and Chaterjee (2006, p. 488) assert that “stigmatizing beliefs can make the construction of a coherent personal identity challenging for adoptees”.

As was noted in Chapter 2, huge social change and post-modern shifts in thinking about family form and the means by which a family is created have occurred since the 1960s and 1970s, which continue to challenge and adjust community perspectives about what constitutes family and kinship (Dow 2015; Fyfe & Davies 2015). Never-the-less biological relatedness still dominates Western thinking in regard to kinship (Grotevant et al. 2000; Modell & Dambacher 1997). This is reflected in the pursuit of parenting through the use of assisted reproduction and surrogacy (Fyfe & Davies 2015; *The Age* 12 August 2014, editorial) and the preference for preserving birth family ties within the welfare arena through the use of a variety of permanent care and kinship care arrangements. Reality television programs like ‘Find My Family’ (Channel 7 Australia), drama series such as ‘Upper Middle Bogan’ (ABC) and films like ‘Philomena’, also reflect society’s fascination with the ‘other’, while also suggesting “a hierarchy of parenting options, with a biological child topping the list, followed by various forms of reproductive technologies, and adoption as a last resort” (Logan 2013, p. 36). These current social attitudes, still provide a measure against which the participants in this study appear to compare themselves.

While the ‘legitimacy of motherhood’ is a familiar theme in adoption literature, it usually refers to the single birth mother separated from her baby, who could go on to marry and become a ‘legitimate mother’; or to the adoptive mother who became a legitimate mother through adoption. Participants in this study have been able to fulfil the predominant cultural script of ‘mother’ as someone who produces children biologically and raises them herself (although this was not the case for one participant whose first child had also been adopted and for whom this was an ongoing wound) and in choosing this family structure, the pattern of separation of child from birth mother, and the ensuing associated losses, has been interrupted. Theirs are ‘legitimate’ families affirmed by society (Finch 2007). They have sought and found legitimacy influenced by the power of exclusion imposed by the ideology of a socially defined preference for biological motherhood, and the strength of past adoption discourses. This finding is not one commented on in other literature.

11.4 Thoughts and Feelings about Being a Mother and the Link Between their Own Adoption Experiences and Parenting their Own Children’

Two of the secondary research questions have been combined in this section of the discussion, as the participant stories have inextricably linked them together. The first question asked, ‘How do the research participants feel and think about being a parent?’; and the second wondered ‘Whether the women in the study saw a link between their own adoption experiences and the parenting of their own children?’

While the sample size in this study is small, and the respondent stories are individual, the findings indicate that for all but two participants (who will be discussed later in this chapter), every aspect of their experiences as a mother are profoundly referenced in some way to their status as an adopted person. In a broad sense these findings are referred to in the larger the cohort studies (Kenny et al. 2012; Masso & Whitfield 2003; SCARC 2012) and the Ph.D. thesis of Pinkerton (2014). However, the larger studies miss the finer detail of the mothering experience as recounted in the nuanced consideration that the participants in this research gave to being a mother, and the efforts that they make to being the best mother that they can. The smaller studies

focus more on the transition to parenthood rather than on the experience of motherhood over many years.

In addition, other studies also highlight the re-emergence of adoption issues and the fragility that can be experienced by adopted women at the time of mothering. While this has also been found in this inquiry, the study also identifies these confrontations as powerful motivators for personal change, and change that is taken on behalf of their children.

11.4.1 Being the 'Best Parent'

Frost and Holt (2014) argue that the status of ' mother' is still central to how women define themselves within Western society (Frost & Holt 2014) and that in spite of the rise of feminism, the pro-natalist discourses which construct 'motherhood' as natural, inevitable and an intrinsic aspect of femininity, appear to remain strong. The choice of motherhood and mothering children within the context of a stable relationship was a conscious one for this group of women and single parenthood was a cause of guilt and stress for the one participant in this category.

The strength of commitment expressed by each woman to her children and family of procreation, the desire to be a 'good' parent, discussed at length in Chapter 7, was seen by participants as influenced by their adoption status and is new to the adoption literature.

> *I will do anything to be the best mother I can* (P-I-9).

All women in this current study sought to be nuanced in their understanding and responsiveness to their children. This involved protecting them from the impacts of maternal anxiety, depression and distress that was experienced from time to time. Those who had undertaken counselling, and who had sought assistance with parenting, did so to benefit their children as well as themselves (Chapter 7).

The value each woman placed on openness and honesty in their communication within their family of procreation, was also seen to be influenced by their adoption status (Chapter 7). This is reflected in the AIF study (Kenny et al. 2012, p. 103) and, as Schooler and Norris (2002) comment, secrecy can undermine trust and intimacy

within the adoptive family, something that the respondents in this study wished to guard against. An Australian study of adult adoptees conducted by Passmore, Feeney & Foulston (2007), found that adopted people who had experienced greater secrecy within their adoptive families did not feel emotionally close to their adoptive parents and experienced greater loneliness within the family context (Passmore, Feeney & Foulstone 2007); and Kenny et al (2012) reported their participants as experiencing a sense of 'invalidation' where openness was lacking. These findings are echoed in this study and they were experiences that the participants consciously strove to avoid for their children.

The efforts of participants to be 'the best mother' may also be interpreted as their desire to interrupt what was unwanted from their own pasts and provide the opportunity for the reorganisation of intergenerational patterns of attachment (Leiberman et al. 2005, p. 3). While Lieberman and her colleagues were primarily concerned with parents who have experienced maltreatment, the notion has application to those with an adoption experience, a view supported by Dozier (2011), van IJzendoorn (1995) and Fraiberg, Adelson and Shapiro (1975).

Being able to provide their children with knowledge and experience of biological genealogy (at least at the level of their family of procreation), information about medical conditions, the experience of seeing physical and temperamental traits with their parents, and the opportunity for close affective ties between mother and child (even though for several participants the balance of emotional closeness and distance with their children has been a challenge), was highly valued (Chapter 8). This finding is echoed in the studies of Masso and Whitfield (2003) and Pinkerton (2014). Participants saw the experience of their family of procreation as a precious thing, to be guarded and protected and sustained, a new finding to be articulated in the literature.

Of the two participants who did not reference motherhood in terms of their adoption status, one was a late discoverer of her adoption and already a mother (P-I-10). After her discovery she did however review her life and her family of procreation in terms of her adoption (as referred to in Chapter 8). She spoke of an increased sense of

awareness of the preciousness of her family of procreation and reported experiencing retrospective loss and grief (Nickman 1996). This raises the question as to the impacts of knowledge of adoption status and how it is handled through a person's growing years, as well as later stages of life, as opposed to those who suffer the shock and sense of betrayal that can come with a later discovery. The other woman who said that she did not reference her experiences as mother through an adoption filter (P-I-1), did however raise the question of medical conditions that her children may have inherited, and consciously chose not to seek further information at the time of interview. It seemed that she had an intuitive understanding that any deep consideration of her adoption may be emotionally difficult while she was in the midst of mothering her children.

11.4.2 Motherhood as an Embodied Metaphor of Adoption Losses

Studies of pregnancy and parenthood suggest that parenting can prompt reflections of one's own beginnings (Fraiberg et al. 1975; van IJzendoorn 1995) and Leiberman et al. (2005) indicates that the birth of a child might give adult adoptees new insights into their childhood experiences and meanings. For the majority of women in this study the birthing of their own children appears to be an embodied and confronting metaphor of their own adoption losses and sense of abandonment, as well as an empathic recognition of the grief of their two mothers (Chapter 8). As Lifton (1994, p. 118) states "having given birth to your baby, it is as if you are holding your abandoned self in your arms". These responses are echoed in the Masso and Whitfield study (2003), are reported in the Senate Inquiry (2012), the Kenny et al (2012) report and were also describe by Brodzinsky, Schechter and Marantz Henig (1992) and Pinkerton (2014).

This experience can be understood from a psychodynamic perspective in terms of the 'ghosts' that spring from the losses of adoption. In the spirit of Selma Freiberg's concept of 'ghosts in the nursery' (Fraiberg 1975), a term that she coined to describe the intergenerational transmission and potential impacts of unaddressed parental grief, Betty Jean Lifton notes, "the adoptee is accompanied by the ghost mother, eternally young. He [she] is also accompanied by the ghost of the original baby he [she] was before being adopted-the child he [she] might have been had he [she] stayed with his

[her] birth mother. The ghost of the golden child his [her] adoptive parents might have had, or the child who died is with him [her], too" (Lifton 2009, p. 71).

It can be postulated that it is these ghosts form part of the content of the struggle for the participants at the intrapsychic level, during the time of parenting. Nancy Verrier's perspective of 'the primal wound' in which she posits the lifelong physical, psychological and physiological effects that result for a person who was separated in infancy from their mother, is often challenged, as it appears to discount the resilience of the infant when provided with subsequent nurturing care (Spielman 2011). However given that we know each woman in this study experienced several types of short care placements prior to her adoption, the question is raised as to the quality of reparative attunement of subsequent care and the impacts in later life (Dozier & Rutter 2008; Fonagy & Target 2005; Leiberman et al. 2005; Slade 2010; Tronick 2007). Repeated patterns of misinterpretation by care givers can inhibit the adopted person's ability "to feel understood, retarding these particular aspects of their emotional development" (Muller, Gerits & Siecker, 2012, p. 115) and in turn can add vulnerability and unpredictability to their sense of trust (the foundation to further stages of childhood development) and a personal sense of agency. Additionally, the sense of loss described by study participants and reported in Chapter 8, appears to have been cumulative and retrospective. Those who knew of their adoption status as children, became more acutely aware of the various social and familial attitudes to their adoption, and they gradually understood more fully that being placed with their adoptive family meant that they had also been separated from their birth parents, and a life 'that might have been'. They began to experience varying degrees of ambivalence and grief associated with a sense of 'difference' and loss (Nickman 1996).

The women in this study also described experiencing 'disenfranchised grief', as they were unable to 'openly acknowledge', 'publicly mourned' or be socially supported, around their sense of loss as children and young people (Doka 2002). At later stages in their lives they began to question the inevitability of adoption itself. Evelyn Robinson notes: "because of the lack of community understanding of the grief which follows adoption loss ... there has been an unfortunate lack of community support for

adoption-related grief. The secrecy and denial involved in adoption have contributed to the difficulties in resolving adoption-related grief" (Robinson 2001, p. ii).
The unexpectedness, as well as the strength of the re-emergence of these losses for the study participants during early motherhood, in association with many unanswered questions that they had, left a profound mark. Each re-examine to varying degrees, who they are as individuals, as well as mothers. Further steps were taken toward restoration within themselves, through search for information and contact with birth family, and through counselling. These steps were also taken in order for them to be the best mother for their children, and they also appear to have fostered in general, the growth of their empathy and emotional intelligence in relation to others.

The choice of biological motherhood, for the women in this study, has in some measure attempted to ensure that their children do not experience the kind of separation that they had: the sense of being outside of "the internalized cultural attribution of parenthood and family by blood-lines" (Leon 2002, p. 653). Mothering within their family of procreation has also provided a forum for the study participants to acknowledge, mourn and address their grief, supported by their partners in the safety of their own family, and to consciously attempt to provide a more attuned experience for their own children.

11.5 Partners and Partnerships

Another secondary research question that has asked, was ''What role do participants' partners play?' The answer to this, is that the role of partners for the women in this study has been significant. As referred to in Chapter 5, the average length of participant marriages/partnerships is above the Victorian average and may be another indicator of this groups desire to remain within the dominant social discourse about marriage and motherhood.

Participants spoke about their partner's ability to share their memories, information, and feelings about adoption matters; to bear witness to their experiences and to provide a wider view of the world. Like the respondents in an Italian study which examined the role of partners for adopted women, the partners of the respondents in

this research "co-construct the significance of events and feelings" (Rosnati, Greco & Ferrari 2015, p. 16). Each woman spoke positively about the support they received from their partners when they experienced periods of sadness and anxiety. By and large they described their partners as nurturing, sustaining and affirming; experiences echoed in other studies (Conrick & Brown 2010; Roche & Perlesz 2000; Rosnati, Greco & Ferrari 2015). For several women, the early years of mothering also involved accepting that 'parenting' could be safely shared with trusted others such as their partner/husband and extended family, and feeling confident that this would assist in embedding the child, herself and her family in normative social networks (see Chapter 7 and Chapter 8).

Overall the marriage/partnership appears to be the refuge of Winnicott's 'holding environment' (Winnicott 1958)[49] or Bion's notion of 'the container' in which the support of the partner has provided the safe place in which the study participant makes sense of emerging and re-emerging adoption themes (Bion 1965). Partners were literally one of the 'angels' in a transformative space (Leiberman et al. 2005). Participant partnerships may also be seen as the safe forum for further differentiation of 'the self' that has provided degrees of opportunity for increased self-regulation; improved psychological well-being and adjustments to identity as an adopted person (Brodzinsky, Schechter & Marantz Henig 1992; Schnarch 1991; Von Korff & Grotevant 2011). Partners were profoundly valued as fathers, and participants have mostly taken pleasure in seeing their children physically reflected in their partners. At times this has also been a source of jealousy (see Chapter 8).

11.6 Changing Family Relationships with Extended Family Members

A fourth secondary research questions enquired, 'does the experience of parenting create changes in relationships with adoptive family members and others?' By forming their own family, participants stated that they were confronted with what it means to be a family. This confrontation appears to have been on many levels.

[49]Winnicott usually uses the notion of transitional space in relation to infants, to describe the emotional and physical containment provided the mother that assists the infant to negotiate their internal and external worlds.

Structurally, functionally, genetically and historically their family of procreation addresses their notions of what a family is and subsequent searching and/or contact with birth family members has led them to re-evaluate the notion of family ties (both birth and adoptive). In turn this has touched on each woman's sense of identity, belonging and personal narrative that connects her past present and future.

Pregnancy and becoming a mother appear to have contributed to the desire for the majority of the research participants to find out more information about themselves and to trace biological family members. The process of 'searching' has luring the ghosts of adoption into the light of the real world. Muller and Perry (2001) propose three general reasons why people search: because of a negative adoptive family experience; as a usual life cycle task of individuation, and to explore the social imperative of understanding genetic links. Each of these reasons were voiced to some extent by the women in this study, with the additional reason of searching for the sake of providing their children with additional information about their heritage.

From a psychodynamic perspective, the search process may be interpreted as a way of challenging the issues of loss, grief and identity by literally crossing over into " the ghost kingdom ... to lure their ghosts out in the bright light of the real world, where they become flesh and blood people" (Lifton 2009, p.74). This confrontation with 'the real' as opposed to 'the imagined' is at once personal as it informs and assists in the changing of personal narratives and identity, as well as having a political component: "lacking knowledge about one's biological family, one is left without [answers to] questions that matter culturally, and this is stigmatising" (Haslanger 2009, p. 113). Kenny et al (2012, p 108) frame this as a human rights issue.

The outcomes of obtaining information, of searching and of having contact with birth family appeared to challenge, often unconsciously, each woman's hopes and expectations about obtaining information about her past, and about forming a relationship with her birth mother that fulfilled past fantasies and held the possibility of future positive contact. For those who were unable to have contact or whose relationships were not sustained, varying degrees of loss and re-abandonment was felt. A number of women who did have contact were confronted with the difference in

their birth family culture compared to that of their adoptive family, while for others the connection was more comfortable and explained why some women approached life as they did.

Each woman's experience of information, search for and contact with birth parents has impacted and adjusted their understanding of who they are (Carsten 2000; Howe & Feast 2000; Passmore & Feeney 2009). One of the two women in this study who had felt that adoption did not impact significantly on their lives, had chosen not to obtain information and search because she understood that this might impact profoundly.

11.6.1 Relationships with Adoptive Parents and Siblings and the Incorporation of Birth Family Members

Within their family of procreation, intimacy and a sense of place are experienced as contributing factors to a renegotiation of adult relationships with their adoptive parents and siblings. Pinkerton (2014) found that becoming a mother led to a deeper relationship between the adopted woman and her adoptive mother, however in this study the outcome of the renegotiation of their adult relationship was reported as being influenced by how 'parent like' and 'grandparent like' the behaviours of the adoptive parents were. As Williams (2004, p 17) notes, the "networks of affection are not simply given by virtue of blood or marriage but are negotiated and shaped by us, over time and place".

The women in this study were additionally faced with the task of managing the complexity and competing needs of their expanded kinship networks that for some included family through marriage as well as birth family members. In the absence of a clear social script for 'managing such ambiguous family relationships, this task proved complicated. Participants drew on a repertoire of values relating to their notions of care and commitment, in order to work out what was the proper thing for them to do. This involved complex negotiations and accommodations which were worked out through their relationships and were also influenced by the opportunities and constraints of their communities (Williams 2004, pp. 41-42). The consideration of

the sense of moral obligation toward family at the time of mothering, is not well articulated in the current adoption literature.

11.7 Emotional Health and the Reforming of Identity and Personal Narrative

The final secondary question to be addressed in this discussion is whether 'the experience of parenting is a time when additional emotional or other assistance is needed'? While the mental health literature discussed in Chapter 3 show a diversity of opinions about the likelihood of adult adoptees being at higher risk for psychological outcomes and having a lower level of psychological well-being (Feeney, Passmore & Peterson 2007; Hjern 2010; Irhammar & Bengtsson 2004; Levy-Shiff 2001; Tieman, Van der Ende & Verhulst 2005), the women in this study have described their experiences of parenting being accompanied by differing degrees of depression that they have associated with adoption losses; anxiety about their own worth; concerns about separation and abandonment; and tensions created by a lack of information about their adoption (Chapters 7 and 8). Each woman has sought counselling for these issues.

Another indicator of the potential need for specialist assistance at the time of mothering, was the continuing contact that the focus group members sought with each other (see Chapter 10). This contact appears to offer support and normalisation of their experiences, and as one woman stated:

> *We had spoken to other adoptees about adoption but we had never spoken to other adopted women about what it was like being a mother* (P-FG-4).

11.7.1 The Reforming of Identity and Personal Narrative

For Henley, Kean and Lloyd (1998, p. 8) personal identity is a fluid and dynamic construction that is composed of "self-referential story lines ... available in the culture and inherited and internalised from others as well synthesised and imagined by the person her/himself". According to the women in this current study, having children led not only to a new and generative focus, normatively associated with the productivity and accomplishment of raising a family (Erikson 1980), but there was a re-emergence of adoption issues associated with the unknown layers of their personal,

genetic, and social histories and the losses that these contained for them. How the participants felt about themselves also accompanied these issues and each were faced, renegotiated and synthesised into a renewed sense of themselves (see Chapter 10) while appearing to be another area of potential vulnerability for each woman.

This finding is not surprising given the suggestion in the general adoption literature that being adopted can complicate the development of personal identity (Grotevant et al. 2007; Lifton 1994; Hoopes cited in Brodzinsky & Schechter 1990) and self-esteem (Sharma, McGue & Benson 1996). Bertocci and Schechter (1991) hypothesise that there is a dissonance in identity formation for adopted people due to the mixed messages that they received about their status, namely 'because you were loved you were given away'; and Conrick and Brown (2010) suggest that the experience of 'adoption dissonance' takes on another layer of generational complexity when adopted women form their own family of procreation.

As previously discussed, all but two participants in this study were clear that adoption had had a hand in shaping who they were as individuals and mothers: that the values that they held for their family, how they parented their children and how they managed extended family relationships, were influenced by their experiences as an adopted person. The degree of nurturance received from their adoptive family, combined with the affective openness of their adoptive parents regarding their adoptions, appears to be two major influences on their sense of self through childhood and adolescence, and continued to varying degrees into adulthood, influencing them as they parented. Those at the higher end of the nurturing and openness scale appeared to see themselves in a more positive light and did not report the same degree of ongoing pain that others, with a less nurturing and open experience, encountered. Those who had experienced less optimal; parenting and less positive affective handling of their adoption queries described a less positive sense of self and personal satisfaction. These women described thinking more often about their adoptions during the mothering years and appeared to be more preoccupied by that status generally. For those with a more difficult adoptive family experience, adoption status and personal identity were more of a negative issue with participants more inclined to express a personal sense of impotence and anger toward the notion of adoption. This

finding is echoed in the finding of the Feeney and her colleagues (2007, p144) which notes that adoption status "no longer predicted relational adjustment when attachment dimensions were included in the analysis".

Hal Grotevant and his colleagues, through the course of conducting the Minnesota/Texas Adoption Research Project (a national longitudinal study of openness in adoption) have developed a 'continuum of salience' of the importance of adoption status for the adopted person. Those at the higher end of the preoccupation scale were characterised by frequent intense reflection about their adoptions, those at the lower end were characterised by relatively little thought about adoption status and then there were those who oscillated at various points in the middle (Grotevant et al. 2007, p. 80). This continuum of salience can be seen with this study's participants.

Motherhood reignited a desire for the women in this study, for further information about their adoption to complete a fuller picture of themselves (Chapter 8). The outcome of searching confronted the fantasies, wondering and hopes that participants described regarding birth family, and challenged the ambivalences and at times allocation of 'good parent' and 'bad parent' to their adoptive and biological parents (Levy-Shiff 2001). While for some the identification of similarities in their birth family assisted in explaining things about themselves (looks, outlook and so on) it also served to highlight, for all, the significance of shared and not shared relational experiences over the years, their membership to both adoptive and birth families and the issue of their relational and emotional location. The support that participants had received within their partnerships appeared to be influential in assisting in a re-authorship of adoption issues and their overall sense of competence/ self-regulation and positive sense of self.

11.7.2 Identity as a Political Issue

Grotevant et al. (2007) describes adoption identity as one that is imposed. It takes from the person a sense of agency and can therefore be experienced as disempowering. Participants in this study perceived that, despite the quality of their adoptive placement, their new life was imposed on them and in many ways they were in a minority within the wider society.

No one asked me if I wanted to be adopted (P-I-4).

This perception of imposed identity, the hidden nature of their status and their desire for information about genetic and family origins (Chapters 7-9), can also be viewed from a justice perspective. Brison (1997 p.23) comments that there can be enormous difficulty "regaining one's voice, one's subjectivity, after one has been reduced to silence….an instrument of another's agency". This power imbalance can lead to subtle 'micro aggressions', referred to by Baden et al. (2013) that undermine the self-value of the individual and impinge on who they see themselves to be within society. This also links to Bourdieu's (1999) notion of 'social suffering' which draws a connection between the impact of marginalisation on daily life and emotions (Frost & Holt 2014).

Homi Bhabha understands this sense of marginalisation in terms of the notion of the 'third space'[50], which he describes as an unpredictable and changing 'hybrid' position on the border between two domains, where things are "neither the one nor the other but something else besides" (Bhabha cited in Mitchell 1995, p. 9). This concept is uncommon in the mothering, adoption and social work literature already explored and argued theoretically, earlier in the thesis. However Hubinette (2004) has used the concept to understand the experiences of Korean adopted persons, as they live between their imaginings about their inclusion in their country of origin, and a "Western culture demanding assimilation and loyalty" (Hubinette 2004, p. 23). He contends that their situation creates personal tension related to asymmetrical power relationships, and that the third space is an alternative position between the first space (indigenous/majority culture) and the second space (the colonial/ minority culture). It is a place or way of being, where the person "constructs alternative values out of a majority of given values" (Ikas & Wagner 2009, p. 102). In the current study, this concept accords with the participants sense of belonging' while 'not belonging' to two sets of families of origin, leading to a marginal positon within society. As families of procreation are being formed and children are being parented, the participant's dual family of origin memberships, can again create a tension of identity

[50]The concept of the third space is used across a number of disciplines and has been extensively described by Homi Bhabha within the context of the interaction between minorities within a majority culture. Influenced by the critical hermeneutics of Habermas and the post-structuralist and post-colonial movements, as such it can encourage a degree of compatibility between post-modernist and modernist perspectives.

because of the historical discourse around adoption and the exclusions it created, and the social value accorded to family relationships based on blood ties.

Robert Young understands the 'third space' as a site of "care or sorrow, grief and trouble ... a site to lament and mourn … above all … a site of production, the production of anxiety, an untimely place of loss, of fading, of appearance and disappearance" (Young 2009, p. 82). The invisibility and loss associated with occupying the 'third space' has particular application to the findings from this study, where 'locally born' adoption status is easily hidden, not evident or marked by racial difference, and where it is can be marginalised through lack of attention. Prompted by their own motherhood, participants have again to negotiate the legacies of their adoption losses, the social micro-aggressions associated with being adopted, and if they can, move to a place where they have claimed their family of procreation as their own and possibly to a point of further calmness about their adoption status.

Disruption, deconstruction and reconstitution of social binaries into something 'other', is similar to Foucault's 'heterotopology' or Jung's mandorla, "the transcendent, living third presence that forms the birth of a new way for personhood" (Shaffer 2004, p. 7). It promises an opportunity for change as "a non-binary space of reflection that re-imagines and transforms ideas of difference" (Bromley 2000); a place for renegotiation of identity and boundaries for this study's participants; a place of compromise, resilience and repair, where the dominant social narrative of the primacy of blood relationships over social kinship is made conscious and is responded to.
By being a mother, each woman has had to challenge, deconstruct and adjusted past narratives about herself as an adopted person, the place of adoption within society, and construct a new narrative and a new meaning that includes herself as mother. Each woman has had to imagine an identity that "does not succumb to an either/or logic, but rather simultaneously embraces the "also/and" across inter, intra and cultural levels of her life (Ikas and Wagner 2009). The adopted women as mothers have explored interpretive or hermeneutic possibilities (Ricoeur 1981), they have deconstructed and constructed new conceptualisations, understandings, and positions of meaning of self that re-imagines and transforms ideas of difference.

> *So as I've grown I've changed my perception on all that [self and adoption], a lot* (P-I-6).

As Ikas and Wagner comment "it is the thinking subject who constructs alternative values out of a majority of given values … doing so the thinking subject does not only generate a new space but rather open (s) a new position for his-or herself?" (Ikas and Wagner 2009, p.102).

Mothering children has been a point of challenge and change, that allows for a reinterpretation of participant's adoption histories and personal identity, and a renegotiation of the family relational network. The notion of the 'third space' is well situated for considering the hybrid identities of the adopted person and the challenges arising from membership of a hidden minority status, within a society that prioritises blood relationships above social kinship. It provides the opportunity for a new view of self, family and the world, through the agency of motherhood.

11.8 Summary

Being a mother has both practical and emotional impacts on the lives of the adopted women in this study, and while each participant account is unique (formed through individual life histories, experiences and relationships), shared threads of meaning have permeated the combined narratives, recounted through the filter of their own adoption experiences. Each of the participating women were well embedded in the mainstream of the community and they expressed a determined commitment to their family of procreation, and to being the best mother they could to their children. They describe the day-to-day parenting of children as been influenced by: the way in which they were parented in their adoptive families; the way in which their adoption status was dealt with; their need to manage the re-emergence of losses associated with their adoption as a mother; and the challenges to their identity that they relate to society's response to adoption status. They describe coping with mothering while seeking to integrate a simultaneous sense of belonging-and-not belonging to their adoptive family and biological families, and claiming their family of procreation as the place they now truly belong.

In general, the participants have been invisible within the broader community, and apart from the support of their partners and counsellors, their trials have remained unknown. Within the adoption literature there is a marked dearth of research specifically about this aspect of adopted life, and although it is alluded to from time to time in studies about other aspects of adoption experience, the complexities that accompany this life stage, have failed to be illuminated. This current inquiry shines a light on this life stage for adopted women and has reported in depth findings not present in other research. With visibility comes an acknowledgement of the intertwining of motherhood and adoption experience and the meanings that the participants have made. It also highlights the need for specific understanding of motherhood and adoption by those in helping professions., and specifically that of social work.

CHAPTER 12 EPILOGUE

12.1 Introduction

Although the number of local adoptions occurring across Australia have notably decreased since the early 1970's, as they have across the Western world, it is estimated that there are still significant numbers of adopted people living in our community and many are mothers now raising their own children. The adoption literature pays less attention to the outcomes and experiences for adopted adults than it does for adopted children, and significantly less consideration has been given to adopted women as mothers. These experiences remain hidden, and are not well understood generally or in terms of clinical social work practice.

After noting that the study's aims have been achieved, the implications of this research for adding to an evidence informed understanding of adopted women at this life stage, as well as other areas of welfare practice are also reflected upon, and a model of social work practice informed by the study outcomes, is proposed.

12.2 The Study Aims Achieved

To comment with more clarity on the experiences and meanings for Victorian women of mothering their own children, this current study set out to explore these experiences and uncover shared themes that relate to this stage of life. It is the only known study conducted in this state (apart from the pilot study to this project) that is concerned with this aspect of adopted life.

The study design allowed data to be gathered from a group of individuals who are often not considered, are difficult to access, and who remain a hidden part of the Australian population.

> *No one would admit that we existed* (P-I-5).

The research participants were drawn from the last large wave of infants adopted in Victoria in the 1960s, 1970s and early 1980s. In order to gain a rich and nuanced account of what this group of women think and feel about being a parent, the inquiry used a qualitative methodology, drawn from a constructivist epistemology. Related

approaches, such as the use of the social work person-in-environment perspective to gather and interpret data, the use of member checking, an inter-rater process and the computer software Nvivo 9, assisted with data organisation and retrieval. These strategies have ensured that the study's data and findings have been analysed and presented in a trustworthy manner. The use of in-depth interviewing permitted the study to achieve its aim of exploring and describing the experiences of adopted women as they mother and the meanings they made of these experiences.

From this investigation, the time of mothering children appears as a significant life stage in which the participants have balanced the normative demands of caring for growing children, negotiating their partnerships and extended family relationships, and participating in the paid work force. The form that their family of procreation has taken, their parenting style and the values they have attached to motherhood, have each been influenced by the personal meaning of their adoption status. They have considered what has been lost and gained in their own lives as well as that of their birth mothers and adoptive parents; and they have reflected upon their own childhoods with their adoptive family. Motherhood has led to an exploration of their personal identity and identity as mother and has been a time in which their partners have born witness to their lives as women and mothers, and also as adopted persons. It is a time when the participating women have felt supported to search for further information about their adoption and seek contact with birth family members (no matter what the outcome) not only for their own sake but also for that of their children.

The powerful processes of motherhood have provided the opportunity for 'reworking' while not 'resolving', the impact of the various elements of their adoption. Past narratives about themselves as adopted persons, their experiences and the place of adoption within society are reviewed and new understandings have been incorporated and accommodated into their personal stories.

The study provides both descriptive and explanatory information that assists in developing insight into a previously under-researched area. It also brings together literature from the broader adoption arena and interprets it specifically for this group of adopted woman at this life stage.

12.3 Consideration of the Study's Limitations

There are several potential shortcomings in the study that suggest directions for future investigations of this area of adoption. Reflections on who participated in the study raises the question about geographical diversity and whether adopted women located in other states and territories of Australia as well as other parts of the world, might have a different experience of motherhood, due to variations in meaning that differencing adoption legislations and practices, may bring. Future studies may choose to compare the experiences of participants from across Australia and between countries.

It was noted that all the responding participants, save one, were adopted through a closed system where information about the circumstances of their adoption, birth family and medical history, was not available. As described in Chapter 7, Chapter 8 and Chapter 9, this circumstance prompted many unanswered questions in the minds of the participants, causing emotional pain and uncertainty for them. It also raised the question as to whether these experiences would have been of similar degree for those adopted in an open system, where information and access to family members throughout childhood, was legislatively possible. Given the current Australian demographic for childbearing age, women adopted through an open system since 1984 are most probably now bearing children themselves, and future research may have an opportunity of hearing more from them.

Associated with this issue of the impact of closed and open adoption systems, is the matter of the degree of assistance that was provided to the participant's adoptive families, to support and enhance their capacity to support and be emotionally open with the participants (as children) about adoption matters. As we know from the accounts of the women who took part in this study, and from the research of Grotevant et al. (2007) and Neil (2013), these factors are now emerging as significant to the resilient identity formation of adopted persons. To hear from adoptive parents about their experiences of assistance/non-assistance and their view as to its impact on their adopted daughters as mothers, would add another dimension to the depth of understanding of this life stage for adopted women.

This study also consisted of a once off data collection and it is possible that the data provided by the participants was shaped by a range of exogenous factors such as a minimising the difficulties that they reported or wishing to protect others. Tracking a group of women throughout the years of mothering may be a way of overcoming these potential restraints.

Another area of the current study that might be seen to contain limitations, is the method of recruitment. As can be seen from the review of the literature in Chapter 3, much of the adoption research has relied on samples recruited largely through clinical settings or support groups. In an effort be more representative of the wider population, this study advertised in a widely read newspaper. However, the advertisement was small in size and only appeared once, due to the cost of advertising. Future studies will need to devote more resources to this aspect of the research process and to aim even more broadly. Also it might be suggested that the content of the narratives have been given more attention than other kinds of information such as tone and affect (Riessman & Quinney 2005).

From a positivist perspective the fact that the study involved self-reports, may be considered as leading to informant bias. However, there is growing evidence from positivist literature, of agreement between self-reports and observers' ratings in areas such as relational behaviour (Hahlweg et al. 2000). Similarly, in the adult attachment field, many studies indicate that self-reports do not reflect a generalised tendency to perceive events more or less favourably to independent ratings of behaviour (Simpson & Rholes 1998).

While this inquiry was concerned with women and motherhood, how parenthood is interpreted by adopted men, is another area for future consideration. Gender and other social attributes such as age and class, may also shape the life stories of adopted persons as parents, as alluded to in several studies reviewed in Chapter 3. In addition, cultural and racial diversity amongst adopted women who grew up in Australia, may also impact on their parenting experiences and would benefit from further consideration. Also silent in this research are the voices of the participant's children and partners, who are intimately entwined with the findings of this study. Their perspectives about the participants struggles, achievements and motherhood, are

potentially another source for enriching our understanding of motherhood and adoption.

12.4 Implications of the Study

The findings of this research indicate that the participating women viewed their everyday experiences of motherhood through the filter of their adoption experiences. Parenting their own children confronted them with issues from their own childhood, past and present losses, readjustments to identity and the renegotiation of relationships. These findings have implications for current social work practice at the policy, programmatic and clinical levels, not only for those who are adopted adults, but for those children who are still being placed for adoption or who live apart from their birth family. These findings also have implications for other populations, particularly those conceived through donor assisted-reproductive treatments (ART) and surrogacy.

12.4.1 Policy

At a policy level, this investigation highlights the paucity of available organisational, State and National adoption data. Apart from the annual statistics collected by the AIHW which capture the numbers of legalised adoptions state-by-state as well as nationally, no other adoption data is collected about the life course of adopted persons. The proportion of Australian adult adopted people who access mental health, drug and alcohol programs, the justice system, and general counselling services, are not captured, and even the AIHW data is not disaggregated according to gender or age and does not include the numbers of annual adoption breakdowns. Accounts of the issues that adoptees face as adults are only available in the large national studies (Kenny et al. 2012; SCARC 2012), and a number of smaller studies previously referred to in Chapter 3.

This lack of data suggests the need for health and welfare organisations to begin to build a picture of the service usage by adult adoptees. One way of doing this is by asking about adoption status at the time of intake to a service and during the formulation of an assessment. The inclusion of questions about adoption status in the

Australian Census[51] would also start to capture a clearer picture of the numbers of adoptees in the community, who are aware of their status. It requires identification of adoption issues across service silos and the collection of longitudinal data; it also requires a political commitment (begun with the Senate Inquiry into Forced Adoption) to continue funding programs and research.

12.4.2 Programs

Modifications are also needed at the program level. In 2014 the AIFS published the findings of a survey of all support services in Victoria, available to those with a forced adoption experience (Higgins et al. 2014). This scoping study was established in accordance with a recommendation from the Senate Community Affairs Reference Committee Inquiry into former forced adoption policies and practices (2012), and its purpose was to provide guidance about the establishment and extension of a range of specialist support services for those with a forced adoption experience. However, these recommendations have application for all post-adoption services.

The recommendations of the Senate Inquiry (2012) recognise the need for the development of a health and allied health workforce that understand the needs of the 'forced adoption' population as well as the provision of a set of principles that guide practice (these guiding principles are scheduled for publication in 2016). The scoping study also noted the need for evidenced informed interventions designed to address issues not only at the intrapsychic level, but also at the relational, behavioural and life skill level. These recommendations and the means for achieving them are in line with similar recommendations made by the Donaldson Adoption Institute (2014) in relation to all adoption populations in the United States of America, and in the study concerning adoption disruption conducted in 2014 by Julie Selwyn and her colleagues in the United Kingdom (Selwyn et al. 2014). While each report concerns slightly different adoption populations, the principles that they have formulated, are relevant to this study's findings. Social workers and other professionals working with adopted women at the time of parenting need to understand the impact of adoption at this life stage and approach intervention in an informed and sensitive manner.

[51]The Australian Census occurs every five years and it is conducted by the Australian Bureau of Statistics (ABS).

12.4.3 Implications at the Clinical Level

> *There certainly needs to be some awareness around women who have had adoption … I think there needs to be very early intervention when that person is in a labour ward giving birth. I think that's when … strike when the iron is hot and I reckon that's exactly the right time* (P-I-16).

How does this current research inform practice at the clinical level, particularly as limited attention has been paid to models for counselling those with an adoption experience? The 'person-in-environment' model, as a foundational social work paradigm outlined in Chapters 1 and 2, recognises the deep interrelationship between psychological well-being and the impact of social structures, support and inequality. It has been used in this study to assist with the collection and interpretation of data. The study findings suggest that the addition of an adoption perspective to this model, that considers the salience of adoption in the life of the individual client, will assist the practitioner in their identification, assessment and intervention with adopted women who are mothers. A visual representation of this model can be seen in
Figure 12.1.

12.4.3.1 Identification

At the clinical level, the study findings point to the importance for the practitioner of discovering whether a mother presenting to a social work service, has an adoption experience. At the point when assistance is sought, this can be ascertained either through the usual intake process, that may include recording adoption status, as well as in the course of taking a social history that includes questions which consciously and sensitively account for the possibility of an adoption experience.

12.4.3.2 Assessment

Once it is established that a client has an adoption history, it is essential to understand the impact of her adoption status on her psychological and social adjustment, not only in the present but throughout her developmental history. The clinician needs to gain an understanding of the strength of feeling and past memories that becoming a mother may have evoked for her, the closeness and distance that is present in the mother/child relationship, and the perceptions that the woman has in relation to her performance of her mothering role. The function of the birth family (as well as that of her adoptive

family) in the emotional life of the woman across her life span, needs to be accounted for and explored, and the potential mental health and identity impacts of adoption need to be considered. Whether or not the client is involved in search and contact processes at the time of mothering is significant to understanding the additional stresses, strains and energy expenditure that she may be experiencing (Conrick & Brown 2010). This is then considered in conjunction with the supports that she has in her life at the time of seeking counselling assistance.

The use of the 'Adoption Life Story Chart' (Appendix 12) is an example of how a client's relationships and how they function, have been mapped across life stages, in this research. In a clinical setting this can be used not only to gather data for assessment, but also to pin point areas for intervention. The chart demonstrates how enquiries about adoption status can be incorporated into the clinician's data gathering at each life stage. Table 21.1 is an example of the 'adoption life story chart' adjusted for clinical use with adopted clients.

Table 12.1 Adoption Life Story Chart

A Family of Origin and Adoptive Family

Participant	**Parents**	**Siblings**	**Extended Family** (***Sub institutional environment)***	**Friends** ***(Sub institutional environment*)**	**Organisations** ***(Institutional Environment)***
Childhood	Birth & Adoptive	Birth & Adoptive	Birth & Adoptive		
Adolescence	Birth & Adoptive	Birth & Adoptive	Birth & Adoptive		
Early Adulthood	Birth & Adoptive	Birth & Adoptive	Birth & Adoptive		

B Family of Procreation

Participant	**Partner**	**Own Children**	**Parents**	**Parents-in-law**	**Siblings**	**Extended Family**	**Friends**	**Organisations** ***(Institutional Environment)***
Adulthood			Birth & Adoptive		Birth & Adoptive	Birth/ Adoptive/ By marriage		

12.4.3.3 Service Provision

Adoption sensitive practices that seeks to understand and account for the impact of adoption status in the life of a client alongside other presenting issues, in a society where the dominant social paradigms of motherhood and family are based on sanguinal relationships, are needed. The provision of a safe and trusted clinical space, where the unspeakable and hidden can be spoken and believed, is foundational. Readily available literature about motherhood and adoption, professional support as searches for birth family are undertaken, peer group contact where motherhood and adoption are understood and discussed, are several types of service interventions. One of the main goals of service as nominated by the women in this study is the search for integration of meaning and the alleviation of pain. Telling their story and reforming the narrative is significant (see Chapter 10).

12.4.3.4 The clinician

Practitioners need to keep in mind that each adopted person will react in different ways to their adoption status issues. Clinicians need to be aware of the impacts of grief, trauma and marginalisation on an individual's sense of 'self' and they require a working knowledge of the impacts of search and reunion with birth relatives at the time of parenting children. Clinicians also need to be aware of and be able to regulate, their own countertransference while remaining open to the process of the interaction between client and clinician (Conrick 2013).

Environment

Dominant Cultural Paradigm of Motherhood

Trained adoption sensitive social work profession

Diversity of programs available to adopted women

National tracking of adoption outcomes

Adoption research that informs practice

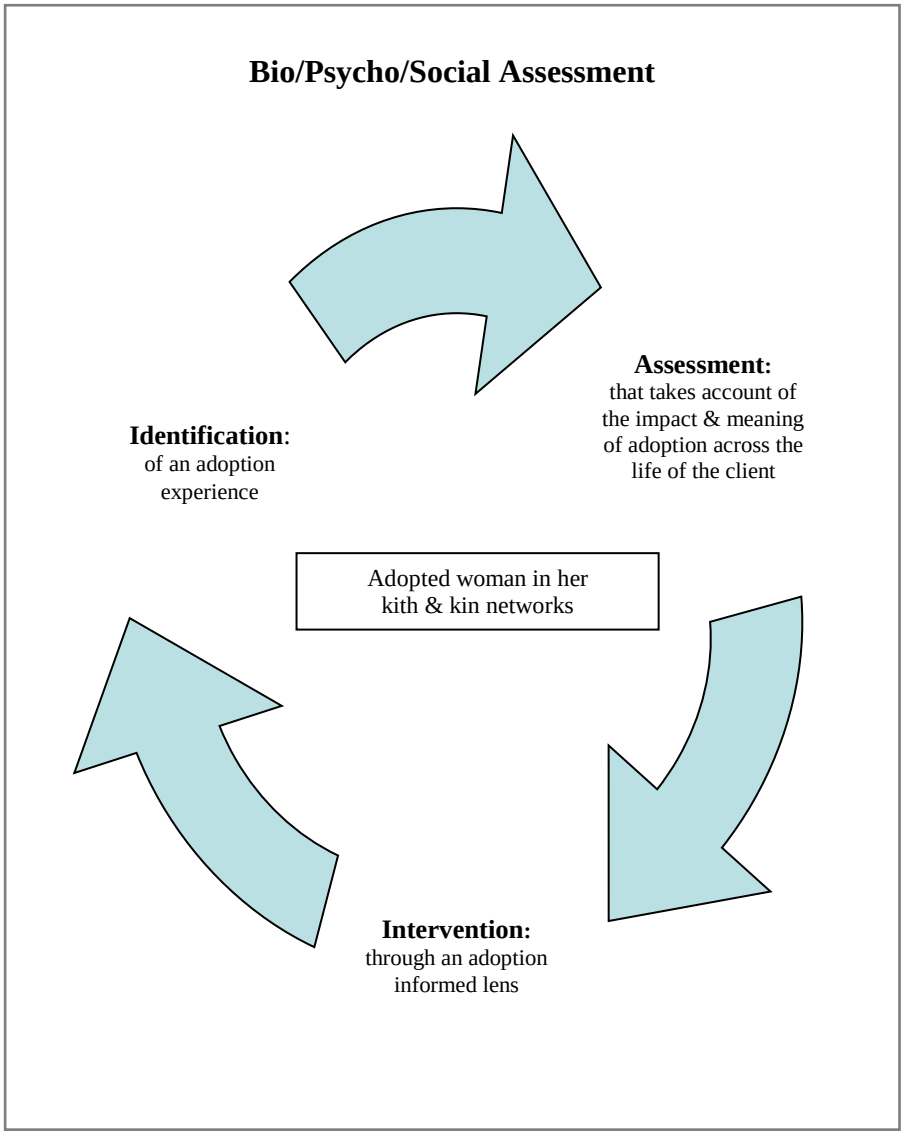

Figure 12.2 A Model for Clinical Social Work Practice

12.4.4 Research

This current study follows a "strong continuity in the commitment of social workers to doing research which makes a difference" (Scott 2011). It attests to the need for further Australian adoption research (see Chapter 3), not only for women at this life stage but also for men as fathers and other areas of post placement life. One avenue for future investigation that was an unexpected finding from this study, relates to the adopted brothers of the study participants. From the anecdotes of their sisters the adopted boys appear not to have fared as well over all. This raises the question as to whether gender adds yet another layer of complexity to the development of identity for the adopted person at this life stage. Do social expectations of males, their facility with integrating adoption and other aspects of their lives (Grotevant et al. 2007), and the way in which they are raised, impact on them as fathers to their own children?

This study points to the need for government funding for further Australian research into evidence-based practices to support adoptive persons and their families: longitudinal studies mapping outcomes across the life cycle for adopted persons; studies to evaluate the effectiveness interventions for those with an adoption experience, and the initiation of national databases of service use.

12.4.5 Implications for Other Areas of Practice

Childbearing and rearing is embedded in a web of unconsciously transmitted and absorbed inter-generational beliefs about "birth, copulation and death" (Raphael-Leff 2010), so to assist one generation to parent with conscious intention and knowledge, is to potentially assist subsequent generations. The accounts of this study's participants, highlight the additional issues they faced as children and point to the need for specialist support for current adoptive and OoHC parents. Understanding the impacts for their children of separation experiences, of the daily confrontations of dual family membership and of inadequate information about origins, may assist these 'social parents' in providing attuned parenting which promotes their child's self-regulation, builds positive attachment relationships, and increases a more robust sense of self (Dozier, Dozier & Manni 2002; Slade, Sadler & Mayers 2005). This support includes assisting adoptive/OoHC parents with the quality of communication with their children, that can help them to "construct, organise, and interpret the meaning of

adoption in their lives" (Von Korff & Grotevant 2011, p. 399) and negotiate the variety of 'micro aggressions' encountered in daily living (Baden et al. 2013).

In a time when many local adoptions are 'open', and adoption from care is occurring (Neil 2009; Tregeagle & Voight 2014) the support needs of birth family as they have contact with their children, negotiate relationships with adoptive/OoHC parents and the welfare system, must be considered if those who are adopted or in some form of OoHC, are to come to motherhood from the strongest possible position. The findings of this current inquiry also lead to consideration of the appropriateness of adoption for some children. A child's age and enduring family connections may suggest permanent care orders (in Victoria) or other extended family arrangements as a more appropriate option, rather than an adoptive placement. This may help to reduce the impacts of identity disruption and sense of abandonment that can re-emerge at the time of mothering children as well as throughout life.

Finally, a study such as this has much to contribute to the understanding of potential future experiences for those who have been conceived via the new assisted reproductive technologies (ART), where there is a donation of sperm, eggs or gametes and the resulting child is not raised by their two biological parents[52]. In this circumstance many parallels exist between past adoption practices and current ART policy and practices. Just as it was argued that there was a 'market in babies' in which the adopted infant became a commodity (Quartly, Swain & Cuthbert 2013), so it can be argued that gametes and the resulting children are in danger of being objectified, particularly when they are the subject of financial transactions.

Like adoption, reproductive technologies using gifted, sperm, egg or gamete, initiate complicated patterns of kin relationships, in which various parties are often unknown. These new relationships provoke ethical dilemmas around "adult entitlement to succession, donors' claim to privacy, children's right to origins and parents to remain silent" (Raphael-Leff 2010, p.134). Access by adults to information about their donor, has often remained hidden or unavailable, as in former times with adoption. The

[52]ART is also used by people conceiving a baby with two biological parents and while there are issues as to 'telling' a child about their ART conception this is not what is referred to here.

competing interests of the parties involved in ART are still being balanced and some parents struggle with conflicts about whether and when to face the difficulties of disclosure, or to keep the secret with all the dilemmas that this involves.

Since 2005 fertility clinics in the United Kingdom have been required to provide adult offspring with information about their donor (Raphael-Leff 2010), while in Victoria, the *Infertility Treatment Act 1995* allows those conceived through the use of donor sperm after 1988, to obtain information about their genetic origins. Recent amendments to this Act enacted in 2015, has extended the access to identifying information about the donor with the donor's consent, to those conceived before 1988 (Victorian Law Reform Commission 2007). In Australia the search by donor offspring for information, family history, family members and identity, like adoption, are now beginning to be reported in the media and are starting to be the subject of research. In an article published in Melbourne's Child, a contributor wrote: "I am donor conceived. I was raised by two loving parents yet the… need to know and have a relationship with my genetic father ran deep" (Melbourne's Child, 2012). Another article in the 'Times of Malta' about an Australian donor conceived woman, reported her reactions at age fifteen on being told by her parents that she was donor conceived: "As you can imagine first I was shocked, although it wasn't until years later that I seriously considered what this news meant for me-my identity, my place in my family and in the world" (Carabott 2011).

A study conducted by Riley (2013), explored the ethical concerns around the lateness of discovery of a sample of twenty-five adoptive and (heterosexual couple) DI offspring. Three themes were shared by both those with a late discovery adoption and heterosexual couple donor insemination experience, namely disruption to personal autonomy, betrayal of deep levels of trust and feelings of injustice and diminished self-worth. The impact of the late discovery was compounded by a lack of recognition, acknowledgment and support for their experiences, that appeared to undermine the processes of repair for the study's participants. However there still appears to be little analysis of the psychological ramifications of contemporary treatments, protocols and expectations in reproductive medicine, and the long term outcomes appear to only now be being considered (Raphael-Leff 2010). One must

look to the future for those infants who are donor conceived, as they mature to adulthood, and keep in mind that they potentially face similar dilemmas at the time of raising their own children, as the women in this study. They may re-engage with issues of the loss of biological connection; the impacts of information from records and seek contact with biological parents and other relatives. They may also struggle with challenges to their identity as they re-evaluate their status in society.

12.5 Summary

This research inquiry set out to explore an area of adoptive life about which little is known. Twenty-one women who were adopted in the State of Victoria, Australia, have shared their experiences of mothering children and the meanings they made of these experiences. This is a time of life when each women's aspirations for her children, her family of procreation and for herself personally, have emerged as being viewed through the filter of her own adoption experiences. In turn, this life stage has involved a reinterpretation of their adoption history and personal identity; a revisiting and reframing of losses associated with their adoption; and a negotiation of the diverse family relational networks. Participant accounts highlight that although hidden, adoption status has had an impact at this life stage and that the cultural messages about motherhood, family and belonging have been imbibed and reinterpreted in their daily lives.

The current inquiry has come from social work practice within the adoption arena and it has sought to enhance future practice by engaging in equal dialogue "between the worlds of practice and research" (The Salisbury Statement 2011, pp.4-5). This is important at this point in time given a preference for clinical performance and programmatic direction that is informed by evidence. Indeed, this current research highlights the need for welfare and health policies and programs that enable the delivery of appropriate support services to this population and to equip the social work workforce with theoretical frameworks that contains an adoption perspective, such as the one outlined in this thesis, developed from the study's findings. The research results indicate the need for further inquiry into this life stage not only from the perspective of adopted women but also from the perspective of adopted men as fathers and from the perspective of the children of adopted people.

The study is the first of its kind within Victoria and it also fills a gap in the international adoption research arena. Given a primary aim of the study has been to give voice to the experiences and meanings of adopted women as mothers, it is only fitting that the words of the participants conclude this thesis:

> *Be clear about how you're feeling about your adoption and where you sit with that … because it [motherhood] does raise questions* (P-I-12).

> *Be ready for the emotional baggage that may come … it [motherhood] may start you thinking … it may stir things up … it just stirs the pot* (P-I-9).

> *It's about being on the adoption journey - it [motherhood] is one of the spikes because you think you're okay and then you have your own kids and you have to rethink everything again because now you've got another generation of people to share your blood* (P-I-5).

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APPENDICES

Appendix 1

Advertisement for the Research Study

Were you Adopted
in
Victoria ?

Are you the Mother of a child still living at home?

Join a Monash University, School of Social Work, PhD research study.

We would love to hear about your motherhood experiences.

Call Jeanette Conrick on 0409 256 355

Appendix 2

MONASH University

Explanatory Statement

Date:

Interview or Focus Group

Title of the Research: "What meaning do adopted women draw from their own experiences of parenting their own children?"

Thank you for taking time to consider this study. This information sheet is for you to keep.

My name is Jeanette Conrick and I am conducting a research project with Professor Thea Brown and Associate Professor Fiona McDermott from the Department of Social Work, Faculty of Medicine, Nursing and Health Sciences, towards a PhD at Monash University. This means that I will be writing a thesis (which is the equivalent of a 300 page book), that may lead onto publication of journal articles and presentations of the project at conferences.

Thank you for your interest and response to the advertisement displayed in Melbourne's Child; VANISH Voice or the Post Placement Support Newsletter.

Over 60,000 adoptions have occurred in Victoria since adoption legislation was introduced, and many adopted women are now mothers themselves. Very little is known about their experiences at this time of life and what impact their adoption may have on their motherhood experiences.

The aim/purpose of the research

The aim of this study is to hear from women who still have children at home. To hear their stories, ideas and reflections about motherhood and adoption, as a way of gaining more understanding and giving voice to their experiences.

Possible benefits

The benefit of this study is to increase knowledge, as a way of more clearly understanding the experiences and possible information and support needs of adopted women as they parent. I would hope that you might also gain from sharing your experiences.

What does the research involve?

If you choose to take part in the interview component of this study, I will send you a copy of the questions that will be asked and a one-page demographic questionnaire to be completed and returned at the interview. Interview questions are prompts to a conversation that can occur at Monash University (Caulfield campus), the VANISH office in the Melbourne CBD or the Post Placement Support office in Flemington, whichever is most convenient for you.

Each interview will be audio recorded and I will send you a copy of the transcript for your information and comment, within two weeks of our meeting. At the completion of the study I will provide you with a summary of the findings of the study if you would like to receive them.

If you are unable to be part of the study interviews, because the study numbers have been filled and you would like to participate in a focus group that will discuss the study findings, you can indicate this to me via my mobile number listed below, along with a way for me to contact you about the time, the location of the focus group, and the areas for group discussion. A demographic questionnaire will also be forwarded to you, to be completed and returned at the group. The focus group will be audio recorded and a transcript will be sent to you.

How much time will the research take?

The time to consider the interview questions prior to interview may take approximately 30 minutes and our face-to-face conversation may take approximately 2 hours. The subsequent reading of the conversation transcript may take a further hour of your time.

The focus group will be approximately 1-2 hours in length.

Inconvenience/discomfort

It is recognised that women offering to share their stories do so for many different reasons. It is also recognised that in the course of telling their stories, participants may experience vulnerability or distress and may require assistance in the form of information, support or counselling. The following will be put in place to minimise any potential harm to you:

The student researcher who will be conducting the interviews and focus group is a social worker of 30 years standing, who is experienced working clinically and in leadership roles within the family welfare, health and adoption fields. She is currently a Board member of the Post Placement Support Services and has in the past provided contracted casework services for VANISH. Her skill at engaging, assessing, intervening and pacing client contact ensures that the best interests of those she works with are always kept in mind.

Any participant in the research will be provided with a list of support options that have specific experience in the area of adoption prior to participation. Should participants feel the need to for assistance in accessing such services during the course of or following participation in the research, I will be happy to help you to do this.

Payment

As this research is unfunded, as a token of appreciation for your involvement in the study, Met cards will be provided to assist you with transport to and from an interview or focus group and a thank you card and flowers will be given.

Can I withdraw from the research?

Being in this study is voluntary and you are under no obligation to consent to participate Participants have a right to take time away from the study or withdraw from the study at any time prior to the publication of the thesis.

Confidentiality and Storage of Data

Those who contact me will not be required to identify themselves by name and will be welcome to ask questions about the research. If you choose to take part in this study, your identity remains confidential unless you choose to disclose this.

Data collected will be stored in accordance with Monash University regulations, kept on University premises, in a locked filing cabinet for 5 years.

The report of the study and any subsequent presentations or publications, will ensure that individual participants will not be identifiable.

At no point in the research process will identifying information be accessible to either of the organisations that have advertised this study.

Results

If you would like to receive a summary of the research findings, please contact **Jeanette Conrick** on 0409256355. The findings will be accessible for a six month period following the completion of the study.

If you would like to contact the researchers about any aspect of this study, please contact the Chief Investigator, Professor Thea Brown on 61 3 990 31139 or thea.brown@monash.edu or send her a fax on 61 3 9903 114.

If you have a **complaint** concerning the manner in which this research is being conducted, please contact:

Executive Officer
Monash University Human Research Ethics Committee (MUHREC)
Building 3e Room 111
Research Office
Monash University VIC 3800
Tel: +61 3 9905 2052 Fax: +61 3 9905 3831 Email: muhrec@monash.edu

Thank you
Jeanette Conrick

Appendix 3

MONASH University

Consent Form – For Participation in a Research Study

Title of the Research: "What meaning do adopted women draw from their own experiences of parenting their own children?"

I agree to take part in the Monash University research project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that:

I agree to complete a demographic questionnaire	☐ Yes	☐ No
I agree to be interviewed by the researcher	☐ Yes	☐ No
I agree to allow the interview to be audio-taped	☐ Yes	☐ No
I agree to participate in a focus group	☐ Yes	☐ No
I agree to allow the focus group to be audio-taped	☐ Yes	☐ No
I agree to make myself available for a further interview if required	☐ Yes	☐ No

and/or

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project prior to the publication of the thesis without being penalised or disadvantaged in any way.

and/or

I understand that any data that the researcher extracts from the interview/focus group/questionnaire/survey for use in reports or published findings will not, under any circumstances, contain names or identifying characteristics.

and/or

I understand that I will be given a transcript of data concerning me for my approval before it is included in the write up of the research.

and/or

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party.

and/or

I understand that data from the **<interview/focus group/transcript/audio-tape>** will be kept in a secure storage and accessible to the research team. I also understand that the data will be destroyed after a 5-year period unless I consent to it being used in future research.

Participant's Name: ……
Signature: …….……
Date: ……..

Appendix 4

MONASH University

Demographic Questionnaire: Interview Participants

Participant Identification Code:

Participant Age:

Under 20	O
20-29	O
30-39	O
over 40	O

Education:

Tertiary Qualification	O
VCE	O
Other	O

Employment Status:

Full-time	O
Part-time	O
Unemployed	O
Home duties	O
Maternity leave	O

Religion:

Religious beliefs practicing	O
Religious beliefs non-practicing	O
No religious beliefs	O

Your Adoption:

Non-relative adoption	O

Age adopted	Under 12 months	O
	1-2 years	O
	Over 2 years	O

Year of adoption……

Current Marital Status:

Married/Partnership	O
Single	O

Your children:

Age	Under 12 months	O	O M	O F
	1- 2 years	O	O M	O F
	Over 2 years	O	O M	O F
	Other	O	O M	O F

Appendix 5

MONASH University

Support Information List

***Self Help Organisations*:**

1. VANISH
   3rd Floor, 100 Franklin St, Melbourne, VICTORIA, 3000
   Ph: (03) 93288611; Toll Free: 1300826474
   Fax: (03) 9329 1752
   Email: info@vanish.org.au

2. The Adoptive Families Association of Victoria Inc
   P.O. Box 1, Canterbury 3126
   Email:afav@vicnet.au

3. Post Placement Support Service (VIC) Inc
   135 Mt Alexander Road, Flemington VIC 3031
   Ph: (03) 9020 1833
   Fax: (03) 9020 1834
   Email: info@ppss.org.au
   Parent/Carer Help Line: (03) 9489 9770

Non-Government Agencies:

(These organisations provide counselling and support to those who were adopted through their service).

1. Connections (Uniting Church Agencies- Methodist, Presbyterian and Congregational)
   274 High St Windsor 3181
   Ph: (03) 9521 5666

2. CatholicCare (Catholic Agencies, Orders and Religious)

Ph: (03) 96893888

3. Anglicare (Church of England Agencies and Clergy)
   41 Somerville Rd Yarraville 3013
   Ph: (03) 9396 7400

Private Counsellors

1. George Habib - Senior Psychologist, Early in Life Mental Health Service (ELMHS)
   Southern Health
   246 Clayton Road Clayton VIC 3168
   Ph: (03) 9594 6666

2. Peter Cooke - Psychologist
   1032 Mount Alexander Rd, Essendon 3040
   Ph: (03) 9374 1197

3. Jenny Howard - Mental Health Social Worker
   Ormond
   Ph: 0419115829

4. Marcus Coats - Psychologist (Saturdays only)
   8/653 Mountain Highway
   Bayswater
   0418303193

5. Gabby Howse
   gabby@gabby-howse.com
   Ph: 0411651 094

Appendix 6

MONASH University

Interview Protocol

Structure of the Interview

- Welcome and thank the participant for taking part in this study. Familiarise the Participant with the physical space in which we are meeting, i.e. location of the toilets
- Introduce the research topic and purpose of the study
- Reiterate confidentiality and the Participant's right to pause or stop the interview process at any point. Allow for questions.
- Ensure that a signed Consent has been received.
- Ensure that the Participant has a copy of the 'Support List'
- Review the Participant's Demographic data.
- Proceed with the Interview Questions, allowing the Participant to elaborate on areas that she sees as important.
- When all Interview Questions have been completed, answer any queries that the Participant may have. Ask how she is feeling.
- Outline the next steps in the research process i.e. the transcription process and forwarding a copy of the transcribed interview to her for comment.
- Reiterate that support is available if the Participant feels any vulnerability following the interview.
- Thank the Participant for taking part in the study and provide her with a bunch of flowers and thank you card.

Equipment

- Interview room and amenities
- Glass of Water
- Tissues
- Flowers and card

Appendix 7

MONASH University

Interview Questions

1. **Life History**

I would like to ask you a few questions about your childhood experiences, about your own parents and about how this might have influenced your feelings toward parenting and the way you parent your own children.

Can you tell me about:

a. What it was like as a child growing up in your family?
b. How would you describe yourself as a child, and adolescent?
c. Were there other people (family members and others) and organisations (such as school, church, sporting/social clubs, health/welfare organisations) who were significant to you during your early years?
d. What were some of the challenges that you faced as you grew?
e. What did you know about your adoption as a child and young person and what impact and meaning did it have for you?
f. What do you think your adoption has meant for your adoptive parents and other family members and friends?
g. How did your adoptive parents assist you in understanding your adoption status and how did they handle being adoptive parents? What impact did this have on you?
h. Are there things in your parent's lives that may have impacted on you?
i. Can you tell me about your life as a young adult; meeting your husband/partner and your life together before having children? What has been your partner's response to your adoption status?
j. After you married/partnered, and prior to having children, what did you know, think and feel about your adoption?
k. Have you 'searched' and 'had a reunion' with birth family? Can you tell me about this and the impact that it has had?

2. **Parenting**

Can you tell me about:

a. Your decision to become a mother and your expectations hopes and fears around motherhood?
b. Can you tell me about your pregnancies and births?
c. Can you tell me about your children - their likes and dislikes, their development and temperament, school experiences and so on?
d. What is your relationship like with them?
e. Have there ever been times in your children's lives when you felt as if you were losing him/her just a little bit? What did that feel like for you?
f. Can you describe yourself as a parent - what are the best and hardest times?
g. Has there been a difference for you parenting each of your children? Can you tell me about this?
h. Can you tell me about your partner, extended family and significant others and their relationship with you and your children as you parent?

3. **Current Family**

Within your current family:

a. Who are your greatest supports as you parent?
b. Has becoming a mother affected the way you understand and think about your adoption experience? Can you tell me about this?
c. To what extent (if any) has adoption influenced your present family relationships?
d. What is your current relationship like with your adoptive family and birth family?

4. **Final Questions**

a. If you were giving advice to another adopted woman about being a parent, what would you say to her?
b. Is there anything else that you would like to mention/discuss?
c. How are you feeling now?

Appendix 8

MONASH University

Demographic Questionnaire: Focus Group

Participant Identification Code:

Participant Age:

Under 20	O
20-29	O
30-39	O
over 40	O

Location (now and while growing up)

Country	O
City	O

Education:

Tertiary Qualification	O
VCE	O
Other	O

Employment Status:

Full-time	O
Part-time	O
Unemployed	O
Home Duties	O
Maternity leave	O

Religion:

Religious beliefs practicing	O
Religious beliefs non-practicing	O
No religious beliefs	O

Current Marital Status:

Married/Partnership	O
Single	O
Divorced	O

Length of partnership…….……

Your children:

Age	Under 12 months	O	O M	O F
	1-2years	O	O M	O F
	Over 2 years	O	O M	O F
	Other	O	O M	O F

Your Adoption:

Non-relative adoption O

Other O

Age at placement…….…….

Year of adoption……...…...….

Adoptive Family Membership…….……

……..

At what age did you learn of your adoption? .....

…….

Have you obtained your adoption information?

Yes O

No O

Have you conducted a search and had contact?

Yes O

No O

Why have you agreed to be part of the study?

……

……

……

……

……

Appendix 9

Sample of Interview Coding

P-I-11 (p 22)

Interviewer: He's [son]close to you?

Participant: We're very close. [emotional closeness to son] [emotional closeness and distance in relationships]

Interviewer: You're very close. Has he been interested in your adoption status?

Participant: Yeah, we've talked about it a lot over the years and he understands what it means. That, in terms of … it's a bit confusing because right from the time he's been - I think he was three when we … no, he was 2½ when we met my birth mother. [son knows of mother's adoption status and has a relationship with birth grandmother]

Yeah. But, I call her [name] of course, she's not Mum, she's [name] and… since Mum's died, she's still [name]. [name given to BM indicative of a non-mother type relationship] [renegotiation of family relationships]

Interviewer: Yes.

Participant: And you can never get back those years. So, you're establishing new relationships. It is a new one because it's such a long time in-between. Because I was thirty-four when we met. [relationship with BM- lost years] [renegotiation of family relationships]

Interviewer: So [name of son]'s seen all of that.

Participant: He's seen all of that and understood that it's a bit complex: this one's my half-sister and this one's my half-brother, but that one's my half-brother but through a different father. So, he's grappled with all that. [complexity of extended birth family for participant and her son] [impact of their adoption on participant's children]

Interviewer: And remained supportive and interested.

Participant: Yeah. He quite … and he gets the irony of we having named him [same name] and then [birth mother]'s husband is [name] and, like it's … yeah.

Participant: Yeah … we still visit the birth mother two or three times a year. [ongoing contact with BM] [renegotiation of family relationships]. In fact, last year as well as all that was going on, her husband got very sick

and nearly died a few times. So, we've had … we've been up to see him as well. Amongst all of that, when I could.

I've travelled with my sister. She's come on a couple of trips with me overseas. So we've forged a very close, good relationship. We email and text all the time and see each other when she comes down to Melbourne and vice versa. Not as close to my youngest brother, but that's still on good terms. [ongoing relationship with BM and B half-sister] [renegotiation of family relationships]

Then my husband he would go up there for his motor car racing and [natural mothers husband], [natural mother]'s husband, he used to be the champion at that particular track. So he goes over there when they're at that track and so even my husband's brother, who's also called [name]- a lot of [name]'s in our family, he goes up and they… so, he's good mates with [natural mother's husband] as well and [son] knows [natural mother's husband] through that other side. [family friendships] [renegotiation of family relationships]

Interviewer: So, there are all these relationships that have been forged.

Participant: Yeah, in other interesting ways. So, even [husband]'s family – [brother-in-law] have got … to know them and … yeah.

It's interesting, since Mum died we had a joint, combined birthday - it was added together and it was a hundred - this year in May for [husband] and me - and I invited all my adopted extended family. [Husband] invited lots of friends and he invited his family. [Natural mother] came and my sister and half-brother and his partner and [natural mother's husband]), although he wasn't very well, he was, actually, on a real downturn at that point, but he managed to come; he was well enough to come then.

[1:30:00.0] So, I introduced some of my extended … my cousins to him and different ones to [natural mother] and the family and that seemed to go alright. But then I heard later, the grapevine through the family, that one of my cousins was saying, "oh, [participant] obviously couldn't wait until her Mum died because now she's got the birth family all involved." [extended AF feeling about BF inclusion; use of adoption status to differentiate participant from the extended family] [renegotiation of family relationships]

It was so cruel and it was like … if Mum had been alive she would have been invited. If she couldn't come I still wouldn't have invited the birth family, out of respect for her, because she was alive and I didn't want the extended family … in fact I kept it from them because I didn't want them talking to Mum about it when I knew she couldn't cope.

So, it was complex. Then, so that was opportunity for them, now, to be involved. I felt fine about it and they felt fine about it. The birth family

have always been fine about it. But it's only my Mum who wasn't coping. I'd even told my brother – who was only talking sometimes [AM not coping with BF- complexity for participant managing the relationships].

Appendix 10

Focus Group Questions

Introduction and Instructions to Focus Group Participants

As you are aware, this study is seeking to learn more about "What meaning adopted women draw from their experiences of parenting their own children?"

Sixteen women who were adopted in Victoria and who are currently raising their own children have been individually interviewed. Each participant has spoken about and reflected on their lives and their experiences as a mother and the categories and themes that you will be considering here come from those interviews. I now want to find out if my interpretations of their responses make sense to you, given your first hand, lived experience. You will be taking the role of 'expert checkers'.

You will be working together as a group and the responses to all the questions will require a 'collective group voice' rather than an individual voice. Responses will be recorded manually and voice recorded, around each category and theme, by the group facilitator and then sent back to you for checking and feedback.

Confidentiality will be maintained within the group and all participants will be de-identified in any written material.

The Categories and Themes to be explored

1. All participants hold the belief that their adoption has had an impact on their life in some way and has also had an impact on them as a parent. Would you agree with this statement:

   Yes No

2. The quality of care participants experienced in their adoptive family as they grew up, forms a continuum and has contributed to their parenting. Can you indicate your thoughts about this:

Poor Good enough Sensitive and supportive

3. Growing up, participants felt varying degrees of difference/similarity in relation to their adoptive family (looks, outlook, status) and varying degrees of belonging/fitting in (special, having a sense of being an outsider; not completely belonging; different, not real). Some also felt this with their peers. Please comment in terms of:

Childhood Adolescence Young adulthood As a parent

4. At various times in their lives, participants have had questions about 'who am I', 'why was I given away'; 'what is my medical history'; 'what is my 'real' family history', who am I like? Please comment in terms of:

Childhood Adolescence Young adulthood As a parent

5. As they grew up, participants vary in terms of having had an adoption story/information and the kind of adoption discussions provided about their adoptions. Please comment in terms of:

Childhood Adolescence Young adulthood As a parent

6. At various times participants have experienced a sense of loss and grief in relation to their adoption status and may have experienced depression and anxiety; and/or risk taking behaviour. Please comment in terms of:

Childhood Adolescence Young adulthood As a parent

7. At various points in their lives participants have questioned their own self-worth and have related this to their adoption status. Please comment in terms of:

Childhood Adolescence Young adulthood As a parent

8. Many of the participants have undergone counselling at some point. Please comment in terms of:

   Childhood Adolescence Young adulthood As a parent

9. All participant had obtained their adoption information. Please comment:

   Yes No

10. Many of the participants were searching and/or negotiating relationships with birth family following the birth of their children. Please comment:

    Yes No

11. Those for whom the contact with birth family did not continue, felt a renewed sense of loss and rejection. This was often being dealt with at the time of raising their own children. Please comment:

    Yes No

12. The birth of children raised thoughts for participants about their birth mother, adoptive mother and self. Please comment:

    Yes No

13. Models of mothering/own parenting style have been influenced by:

a.	Adoptive mother	Yes	No
b.	Mother in law	Yes	No
c.	Other important woman	Yes	No
d.	Friends	Yes	No
e.	M&CHN	Yes	No
f.	Self	Yes	No
g.	Other	Yes	No

14. As parents, participants have said that their adoption has influenced their:

a. Commitment to family of procreation (mine; no-one will take them away; sanguinal link):

Yes to some extent No

b. Wanting to be the best parent they can for their children

Yes to some extent No

c. Their parenting style, such as openness and honesty about life matters with children/ partner (avoiding secrecy)

Yes To some extent No

15. Within their families of procreation, emotional closeness and distance has been an issue that has arisen between the participant and their children and partner.

Partner

No issue Very distant A slight sense of distance Close Overly close

Children

No issue Very Distant A slight sense of distance Close Overly close.

(15A - How would you feel about your children if they were adopted?
15 B - How do you think you would feel about a child if you had had to adopt them out?
15C - Would you consider your family of procreation to be a 'real family?'
Why is this so?)

16. All partners/ husband know of their partner's adoption and are supportive:

Yes To some extent No

17. Some participants are concerned that their depression and or anxiety has impacted on their children. Please comment:

    Yes To some extent No

18. Some participants felt that their children have been denied a true history (medical; familial):

    Yes To some extent No

19. Parenting is a time of juggling multiple extended family relationships (adoptive family and in-laws), made more complex by birth family relationships (including for some, a continuation of search and/or negotiation of relationship with birth family):

    Yes To some extent No

20. Adoptive parents are older than birth family and participants are needing to assist with their care while still parenting (earlier than many of their peers)

    Yes To some extent No

21. The involvement of adoptive parents with grandchildren forms a continuum. Please comment:

    Distant Enough involvement Overly involved

22. Over time, participants have gained an understanding of the role of the social and legal environments in which they were adopted. This has helped them to understand/ make sense of their situation:

    Yes To some extent No

23. The family of procreation is a place of new beginnings:

    Yes To some extent No

24. Parenting and the family of procreation is an opportunity to repair the past:

Yes To some extent No

25. Parenting is a time for continued adjustment to identity, including a reworking of identity as an adopted person:

Yes To some extent No

26. Participants have embraced a family life style common in the mainstream of our community, in terms of:

- Values/aspirations/ for themselves, their children and family

  Yes No

- Family structures

  Yes No

- Kith and kin reciprocity

  Yes No

27. Is there anything that you would have thought the women who have been interviewed might say but they didn't?

28. Is there anything else that you would like to share?

Appendix 11

MONASH University

Inter - rater Letter and Instructions

Date

Dear …

Thank you for agreeing to be an inter - rater for the PhD study that is seeking to address the question: 'What are the experiences and the meaning for adopted women of parenting their own children?'

To date, sixteen women who volunteered to participate in the project have been interviewed. Prior to interview, each participant was provided with a list of questions that formed the basis of the interview conversation. As you will see, each interview seeks to follow the particular stories of each woman, while covering the questions that were provided. I have attached the questions for your information.

Your task will be to read the attached two copies of the two Participant interviews and to comment on the coding that has occurred.

The first copy of each interview, does not contain any researcher comments while the second copy of the interviews contains researcher comments within the body of the transcript. These comments denote codes that are written in red and categories that are written in green.

I would ask that you initially read each unannotated transcript, noting any issue that appears significant to you. If you could then read the annotated copies of each transcript and consider the codes and categories that are recorded.

Please comment on:

- whether you think the codes and categories capture the content of the phrase or works they are linked to; and
- what you think may not have been covered in the coding/categorising process.

Once again, many thanks for your time and thoughts.

Jenny Conrick
PhD Candidate
Monash University

Appendix 12

Adoption Life Story Chart (I-P-8)

A. Family of Origin and Adoptive Family

Key: AM-adoptive mother; AF-adoptive father; A-adoption; NM-natural mother; P-Particpant.

	Participant	**Parents**	**Siblings**	**Extended Family (*Sub institutional environment)***	**Friends *(Sub institutional environment*)**	**Organisations *(Institutional Environment)***
		Adoptive	***Adoptive***	***Adoptive***		
Childhood	Good childhood Holidays at Christmas weekend water skiing A Placement-6-8/52 Knew of adopt from early age-fascinated AP frequently read book about adoption Had a story of her adoption; although little discussion Sense of difference -	Wanted the children AM lost 7-9 babies prior to adoption (participant believes that AP had no outlet for their grief-this impacted on their parenting style)	Younger adopted brother-close as children	Aunts & uncles-nurturing	Water skiing family friends	*School*-youngest in class. *Peers*-when 6y-someone found out about adoption (P felt different & hated it-distress-can't recall how AP handled it). *Adoption*-agency/court.

	Participant	**Parents**	**Siblings**	**Extended Family (*Sub institutional environment)***	**Friends *(Sub institutional environment*)**	**Organisations *(Institutional Environment)***
	hated this Anxious Thoughts of BM-particularly on birthday					
		Birth	***Birth***	***Birth***	***Birth***	
	P born in a hospital; weeks in a babies' home (visited by both parents)	Family secret	No Information	No information	No information	Hospital Babies' home Adoption Legislation/court.
		Adoptive	***Adoptive***	***Adoptive***		
Adolescence	12/13-questions about adoption-brushed off by AP Pushed boundaries 1987-14y- pregnant "just like biological mother"-trauma of this experience- turned to alcohol & drug use-relationship with AP deteriorated Y11-moved to the city	AP-didn't cope well Participant felt rejected by AM because of pregnancy Felt AM jealous- pregnancy something that she couldn't do Felt blamed & guilty "That shaped so much of my life" Severely impacted on relationship with AP	As above	Support of paternal uncle & aunt during pregnancy- still close	Friends of aunt & uncle also supportive during pregnancy Biker friends-supportive	*School*-hung out with wrong crowd Year 11-dropped out -moved to Melbourne on her own *Home for unwed mothers* *Foster care then Adoption* - for eldest daughter Always worked.

	Participant	Parents	Siblings	Extended Family (*Sub institutional environment)*	Friends *(Sub institutional environment*)	Organisations *(Institutional Environment)*
		Birth	***Birth***	***Birth***		
	15y - Non identifying info obtained. Participant felt that AP wouldn't allow her to have identifying info 18y - searched for mother	Non ID info	No Info	No Info		
		Adoptive	***Adoptive***	***Adoptive***		
Early Adulthood	Travelled Risk taking- drug & alcohol 2 relationships	Met mother	Distant relationship	Distant relationship	Good friends- had good people in her life	Child protection work.
		Birth	***Birth***	***Birth***		
		Met BM **Intermittent contact**	**No Info**	**No Info**		

B Family of Procreation

	Participant	Partner	Own Children	Parents	Parents in law	Siblings	Extended Family	Friends	Organisations
				Adoptive		***Adoptive***	***Adoptive By Marriage***		***Institutional***
Adulthood	Thought of BM when pregnant and after birth Thoughts of relinquished daughter PND after 1st child of the marriage Made a choice after 1st child of the marriage, to protect her family from her adoption guilt Studying - counselling Second child Great birth Counselling after 2nd child	10y- met & married partner - not the person she thought she would marry Finds it hard to let him close Participant Adoption known & accepted. He knows of first child - didn't tell his parents (secret) supportive of search	Has maintained contact with eldest A child (now 25) Loves 3 children Open relationship- answers their questions & discusses issues, age appropriately about P8 adoption and adopted sister I don't want my kids to be disconnected from me, like I feel disconnected from everyone. …I don't fit in either camp. All children have a relationship with each other	Involved with grandchildren Supporting parents hurt by A. son Relationship renegotiated AP turned their backs on her for the second time during the birth when she spoke about her first child On 3rd child's 2nd birthday AM & NM met	Nurturing of participant Supportive & involved with P8, & grandchildren Warm & nurturing Has met biological mother	1 brother- successful businessman 'sociopath' Distant contact Maintains contact with sister in law and nieces & nephews'	Continuing relationships	Good friends - had good people in her life	Worked in disability area for 16 years.

	Self-protective Closed in Trust/ Intimacy difficult Adoption questions		Parenting style not like her Mum Intuition. Informed by in-laws Protects youngest 2 children from 1st child's ambivalence Adop affects children- they have questions- need to answer openly Medical history						
				Birth		***Birth***	***Birth***		
				Regular contact now with BM B mother accepting & supportive of A; involved with grandchildren; knows AP BM married BF & family met (distant)			Has met maternal aunts- gets on well with them P family know of A.		

Appendix 13

Reflective Comments

P-I-2- Notes following Interview - 1/9/2012

1. Impressions of P2
   - Generally Coherent
   - Initial assertion that adoption was a "dirty little experiment" & referred to social workers negatively (I wondered if this might hinder our discussion?). Her later comments did not seem congruent with her later descriptions of adoption process and her analysis of the social times
   - Slight incoherent aspect with her reference to PTSD
   - Eager to tell her story
   - Spoke frankly
   - Displayed anger when she recalled her AM emotional abuse and sadness
   - Warm accounts of her children and partnership

2. How do I feel
   - Not as nervous; decided to reverse the order of the questions
   - Followed a current issue that she referred to on several occasions
   - Could have asked more about her children
   - Changed the order of the questions - this worked well
   - Added the question about why P's responded to the advert - worked well
   - Sad, heavy feeling following the interview

3. What did I do or would I have done differently
   - Took time to ascertain the pace of the interview - let the conversation range beyond the scope of the questions until the rhythm established
   - Forgot to ask how she would like herself referred to
   - Forgot to ask how she felt at the end of the interview

4. Venue

   Comfortable, relaxed; outside sound not too intrusive