

**THE EXPERIENCES AND NARRATIVES OF ADOPTIVE PARENTS: A
CONSTRUCTIONIST FAMILY PERSPECTIVE**

by

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Declaration

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I declare that **The Experiences and Narratives of Adoptive Parents: A Constructionist Family Perspective** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Mr. B.T. Groves

Date

Abstract

The study explored the narratives of three adoptive couples. The participants were selected using criterion based convenience and snowball sampling. The adoptive couples' data was captured through written narratives and/or individual or joint semi-structured interviews. The data was then analysed by means of thematic analysis conducted from the perspective of second order cybernetics. The results note the participants' experiences of their infertility threatened their functioning as a couple. However, this threat to the couples' functioning was limited by the adoptions through two means. First, the adoptions limited the couples' communication about their infertility. Second, the adoptions allowed the couples to continue functioning as a couple dedicated to the goal of becoming parents. Differences between the participant couples' experiences surrounded their interactions with social workers; their selection of support structures; their interaction with external systems; as well as their anxiety towards the individuation of the adopted child.

Key words: Adoption; adoptive couple; infertility; Compensation Theory; Family Systems Theory; social workers; grand narratives; postmodernism; social constructionism; hermeneutics.

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This study is dedicated to my swan, “big sis”, bee, and the old man. Each and every one of you have carried me when I could no longer walk, lifted my head when it hung in sorrow, and wiped the tears so that I could see the light of day again. I am here because of you all.

Lastly, to my black panther, Tommy: Thanks for keeping me company and teaching me that if I take life so seriously I might just never get out alive.

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CHAPTER ONE

Introduction

The road that I am travelling as a psychology student brings to mind a dusty Free State farm lane that seems to go on forever. It is polluted with bitter dry earth and potholes, and minimum signposts and road markings leave you unguided and alone. If you should attempt to navigate this round with a zippy sports car, the chances are that you will not make it, at least not without sustaining grievous damage to the body, mind or car. Worse than that, you may lose sight of the beautiful surroundings because you are too focused on the performance of the car. However, if you set off for the journey with a “bakkie” mindset you will surely make it to your destination safely and you may even find occasion to smile at the tell-tale signs of human life along the way – an empty cold drink can and, further along, a champagne bottle.

A few years ago I stopped on such a road where a signpost pointed to Kathstan College, which catered largely for children with learning difficulties. Here I took up a position as a guidance counsellor for two years. One day, whilst perusing the books and old pictures on the walls of the library, a lady approached and handed me a book, the subject of which was adoption. Judging by its age and good condition it had obviously not attracted a great readership. The lady was in fact the author of this book, in which she described the great changes in her life that had resulted from her adoption of a child. The story described feelings of sadness, joy, fear and guilt. The more I studied the book, the more intrigued I became with the whole subject of adoption from a parental perspective. I was consumed by thoughts and questions surrounding adoptive parents’ experiences and the impact of these experiences upon

them. I pondered why, at the ripe age of 23 I had never met or even heard of anyone that had been adopted. It had never been mentioned at any dinner party or social occasion that I had attended. Evidently this was a subject that did not go down well with post-dinner banter. Upon this topic many sensitive questions now needed to be raised and meaningful answers assessed.

After I was accepted at the University of South Africa (Unisa) I continued to search for stories and data concerning adoption and, where possible, for those people who had provided them. In short, the collation of these stories has lit a pathway for my intention in this study, namely, to expand understanding and develop new insights on the phenomenon of adoption.

Aim

The aim of this study is to gain a wider understanding of the range of social and psychological factors experienced by adoptive parents. The primary focus is on how the reasons for the adoption, as well as the arrival of the adopted child perturbs the parents – as individuals and as partners in the greater community. Perturbation commonly refers to events that cause a fluctuation in an individual's or a group of individuals' behaviour (Meyer, Moore, & Viljoen, 2003). It is expected that this study will lead to an understanding of why adoptions might occur in the first place, how the adoption perturbs the adoptive parents' relationship with each other as well as their relationship with different members in the community – such as extended family, friends, schools and churches.¹ The study will then go on to examine the differing needs of the adoptive parents and the areas of assistance and support required. It is

¹ The reasons explaining why the adoption perturbs the parents' relationship with different members in the community will be provided in the conceptual framework and research method.

hoped that the understanding gained will be of some help to those contemplating adoption, policy-makers in the legislation of adoption, and to those professionals already working therapeutically with adoptive families.

Rationale

As indicated in the introduction, this study developed during my experience as a guidance counsellor at a school for children with learning difficulties, some of whom were adopted. Personnel working in the school who witnessed these adopted children and their families entering my consulting room, frequently passed comments such as: “Shame, you know that they are adopted hey? It must be so difficult for the poor thing.” For me the use of language such as “shame” and “poor” implied that the adopted child was an innocent victim of circumstances beyond both its control and comprehension. Along with this perception came the assumption that either the biological or the adoptive parents were the cause of the adopted child’s current unfortunate situation. On behalf of the biological parents this assumption rests on them possibly having “abandoned” their child, while in the case of the adoptive parents it may rather have resulted from them having “taken” the child away from its “real” parents. Based on my observations, regardless of whether the blame for the adopted child’s unfortunate situation was passed on to the biological or adoptive parents, there was no doubt as to whom the work colleagues held to remedy it – the adoptive parents. This responsibility was fixed, as the adoptive parents were understood to have made the conscious decision to accept a child that was “abandoned” or to have “taken” a child away from its biological parents. According to the work colleagues, by making either of those decisions the adoptive parents were forced to accept the consequences and had to deal with them.

As will be discussed in detail in the literature review, the idea of the adoptive parents' responsibility to remedy the adopted child's unfortunate situation has filtered through the field of research on this topic. Much literature has therefore focused on the adopted child and their "suffering" in an attempt to "free" them from their unfortunate situation. "Suffering" that not only includes circumstances of the past, which will be discussed in detail in the subsequent paragraph, but also the "suffering" of the future. The latter develops from the widely promoted view that adopted children will become problematic or even pathological in adolescence due to difficulties in forming relationships with figures other than their own biological parents (Borders, Black, & Pasley, 1998; Brodzinsky, Smith, & Brodzinsky, 1998; O'Brien & Zamostny, 2002; Wegar, 2000). The development of a relationship between an infant child and their primary caregiver(s) is referred to as attachment (Wenar & Kerig, 2000). From the literature reviewed, it can be stated that the impact of adoption from the adopted child's perspective has received much attention. However, what has been neglected is the views of adoptive parents on this matter. This study therefore asks, what is the impact of adoption on adoptive parents? How does the impact of adoption affect adopters' roles as parents to their adopted child? Further, how does the impact of adoption affect the adoptive parents' relationships with others such as extended family, friends and the larger community?

Research on adoption has focused predominantly on the unfortunate circumstances that many adopted children have stemmed from and how these circumstances are perceived to manifest as problems with attachment (Barth & Berry, 1988; Smith & Howard, 1994). Reports of psychiatric pathology in the birth family (Cadoret, 1990), birth complications, or deprivation in the adopted child's home, including

malnutrition, neglect, or abuse are given in detail in the literature (McGuinness & Pallansch, 2000; O'Connor, Rutter, Becket, Keaveney, Kreppner, & English and Romanian Adoptees Study Team, 2000; Rutter, Andersen-Wood, Becket, Bredenkamp, Castle, & Dunn, 1998). In relation to South Africa, the high rate of violence and of those living with HIV/AIDS is widely publicised and has contributed to an emphasis on the troubled backgrounds and the care required by adopted children in or from this country (Jacques, 2008). Statistics on the numbers of children in South Africa orphaned due to violence and HIV/AIDS are provided in the literature review. The impact of circumstances on the adopted child has been explored in depth and will therefore not form the focus of this study. Rather, this study asks: What are the histories of adoptive parents? Further, how do adoptive parents' histories affect the overall functioning of the adoptive family?

Questions concerning adoptive parents' experience of the events leading up to, as well as during the adoption process, therefore form the primary area of exploration in this study. As a subsidiary to this the needs of adoptive parents is explored. The necessity for this demonstration rests upon adoptive parents' needs commonly being overlooked in light of the "problematic" or "pathological" adopted child. Participant couples with adopted children between the ages of 8 and 13 were selected for this study. Literature suggests that this period, where the adopted child enters adolescence, is the most challenging for adopted parents (Grotevant, Dunbar, Kohler, & Esau, 2000; Kohler, Grotevant, & McRoy, 2002). In turn I am of the view that this developmental phase will then highlight the adoptive parents' most central needs.

Chapter Outline

This study has been divided into six chapters. An outline of these chapters is provided in order to illustrate the framework in which this study will be presented.

Chapter Two – Literature Review

Chapter two focuses on two areas. First, it demonstrates the significance of this study in a South African context. Second, it focuses on the review of recent as well as past research pertaining to adoption. Generally, adoption includes a multiplicity of sub-topics, and this chapter will accordingly concentrate on issues which are central to the aim of this study, for example: negative versus positive views on adoption, the adopted child/parent dichotomy, the needs of adoptive parents, and the need for further research.

Chapter Three – Conceptual Framework

Chapter three depicts the conceptual framework that has guided me in this study, namely, Family Systems Theory.

Chapter Four – Research Method

Chapter four describes qualitative research and its congruence with this study. Additionally this chapter describes the method of data collection and analysis as well as the ethical procedures adhered to in this study.

Chapter Five – Results and Discussion

Chapter five focuses on the findings of the study. These findings have been divided into separate dominant themes and analysed according to the theoretical assumptions

stated in the conceptual framework. Similarities and differences between the research participants are then highlighted.

Chapter Six – Conclusion

Chapter six provides a conclusion to the study. Strengths, weaknesses, recommendations and reflections are also provided.

CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter presents recent literature pertaining to the topic of adoption. It covers both South African as well as global aspects of adoption. Opposing viewpoints, limitations of problem-orientated research, challenges for adoptive parents, as well as the adopted child/parent dichotomy will be discussed. Further, the particular needs and support required by the adoptive parents will be reflected upon. Lastly, a brief overview of Compensation Theory will be provided.

Adoptions in the South African Context

South Africa had a negligible number of approximately 1682 national adoptions in the financial year of 2007/2008, as compared to the needs of an estimated 1.5 million children orphaned as a result of high rates of violence and HIV/AIDS. Evidently, adoptive parents in South Africa are in drastically short supply (Skweyiya, 2008). In a statement issued by the South African Minister of Social Development, Dr. Zola Skweyiya, in October 2008, it was stated that the Department of Social Development has the following objectives for the forthcoming years:

- to increase the number of local adoptions;
- to increase the number of prospective adoptive parents within the country and to decrease the number of placements made through transnational adoption;
- to develop the awareness of adoption and adoption services within communities;
- to reduce the number of children placed in foster care and child and youth care centres.

In addition, Dr. Zola Skweyiya noted that the Department of Social Development is conducting research on South African's views and perceptions on adoption in order to fulfil the objectives listed above. The Minister believes that this research can shed light on the reasons why there is a meagre amount of national adoptions in South Africa. This knowledge could then be used to encourage and motivate South Africans to provide orphaned children with permanent homes. Although this research may prove to be valuable in highlighting society's thoughts and feelings about adoption, the question that still remains to be answered is about how adoption perturbs adoptive parents and families themselves. Information gathered from research that focuses on the adopters may prove vital in effectively encouraging South Africans to adopt as this specifically addresses the needs of adopters. In my view this would paint a positive picture for adoption and in turn encourage confidence in the members of society to adopt. Through the review of available literature, it is evident that research on adoption in the South African context tends to concentrate on the perspective of the adoptee living with or orphaned by HIV/AIDS (Halkett, 1998; Thupayagale-Tshweneagae, Wright, & Hoffmann, 2009). Consequently, studies on adopters in South Africa are in short supply and focus more so on topics that overlook or merely scrape the surface of a systemic understanding of adoption. Respective examples include Townsend and Dawes' (2004) linear investigation of adoptive parents' willingness to care for children orphaned by HIV/AIDS and Mokomane, Rochat, and The Directorate's (2011) study that refers to systemic barriers and social worker attitudes as obstacles to improved social work practice around national adoptions. The fundamental need to address these concerns therefore lends significance to this current qualitative research study.

In partially fulfilling the objectives of the Department of Social Development, Section 29 of the South African Children's Act (2005) indicates that the purpose of adoption is twofold. First, adoption aims to protect and nurture children by providing safe and healthy environments where they can receive beneficial support. Second, it aims to establish permanent connections between children and other safe and nurturing family relationships. The value of this study on adoptive parents and their families therefore not only rests on its contribution to a limited body of knowledge on the subject in South Africa but also on its inherent focus upon the parental perspective. This parental perspective highlights the adopters' roles as caregivers, nurturers, and protectors of adopted children (O'Brien & Zamostny, 2002). The needs of the adoptive parents should not be neglected, lest their level of physical and mental functioning deteriorates and subsequently negatively impacts upon success of the adoption itself. Despite the obvious need to consider the impact of adoption on adopters, the parental perspective is commonly held as secondary, or sometimes dismissed entirely, when compared to the adopted child's experiences and needs (Wegar, 2000).

Negative Versus Positive Views on Adoption

Research on adoption has been predominantly clinical and problem-orientated with researchers placing emphasis on individualistic models, deficiencies or psychopathology in the adopted child (Wegar, 2000). As a result, much of the research conducted illustrates a self-fulfilling prophecy, as the problem-orientated approach to the research substantiates the notion that adoption is a difficult enterprise, filled with hardships. Thus, researchers assume that adoptive families are deficient. In turn, this assumption of deficiency manifests in researchers asking questions of

adoptive families that confirm their bias (Borders et al., 1998). A common bias in the research on adoption is that the child, once adopted, is predicted to experience difficulties in forming a relationship with, or attachment to, the adoptive parents. Further, the adopted child is expected to become behaviourally more problematic over time (Borders et al., 1998; Brodzinsky et al., 1998; O'Brien & Zamostny, 2002). Such children are expected to experience more severe "typical teen" behaviour such as dramatic instances of withdrawal, dwindling academic performance and "risky behaviour" (Centre for Adoption Support and Education, 2008a). Statistics indicate that they are more likely to suffer from behavioural, learning or emotional disorders when compared to non-adopted children (Lears, Guth, & Lewandowski, 1998; Miller, Fan, Grotevant, Christensen, Coyl, & Dulmen, 2000)

On the contrary, researchers such as Benson, Sharma, and Roehlkepartain (1994) argue against a problem-orientated approach by indicating that individuals who are adopted experience no more mental health problems than individuals who are not adopted. The study of 881 adopted adolescents by Benson et al. (1994) illustrated that attachment between parent and child in adoptive families did not differ in any significant manner to that formed between parent and child in biological families. Further, adoptees in the study were actually shown to score higher on identity measures such as self-esteem in contrast to their non-adopted counterparts. In addition to these findings, a study conducted by Borders et al. (1998) evaluated the responses of adoptive and biological parents with regard to the level of development achieved by their children. The results indicated that adoptive and biological parents rated their children's development to be highly similar. Thus, non-adopted children were as anxious, sad or angry as their adopted classmates. In turn, adopted children were as

happy, sociable and well-adjusted in their behaviours as their non-adopted peers (Borders et al., 1998).

It is therefore evident that problem-orientated research on adoption fulfils its objective of establishing problems, specifically in the adopted child. But as demonstrated, this is only a partial view on adoption. By broadening our observation of the literature, it is clear that the contrary may also occur, where the majority of adopted children are found to live healthy and successful lives (Bimmel, Juffer, Van Ijzendoorn, & Bakermans-Kranenburg, 2003). However, having brought about an awareness of these two conflicting views on adoption, a further question arises. This question pertains to the consequences of a limited and problematic view on adoption. Further, what could be the impact of these consequences upon the adoptive family members, specifically the adoptive parents? As I will show under the sub-headings of 'limitations of negative research' as well as 'the need for further research' in this chapter, these questions have rarely been explored. Consequently, this validates my intention in this study to gain an understanding of what effect adoption and society's perception of adoption has had upon the adoptive parents. Before embarking upon the limits of negatively orientated research, as well as the need to rectify it, I will briefly cover an additional question: does adoption present specific challenges for adopters in comparison to biological parenting? My answer to this question is provided in the following section.

Challenges for Adoptive Parents

Although the studies by Benson et al. (1994) and Borders et al. (1998) indicate that adoptees do not display more problematic behaviours or pathology than biological

children, it should not be assumed that adoption is without challenges. Such challenges include intrapsychic issues for the adoptive parents as well as the adopted child. These issues surround stressors that are connected with basic human impulses, such as sexuality and aggression or procreation and rivalry, as well as the fundamental human relationships between the child and the parent or the husband and wife (Brinich, 1990). Gibbs, Barth, and Houts (2005) and Kohler et al. (2002) note that the challenges that adoptive parents are confronted with typically increase with the age of the adopted child. Adoption during middle childhood is the most challenging, as the child is separated from the biological parents at a later age. This increases the likelihood that they have suffered more neglect and abuse or that they have formed greater attachments to their parents, thus making it more difficult for them to integrate into a new family system (Smith & Howard, 1994). Further, with the increase of age of adoption, children may also have spent longer periods in foster care and may have had prior adoptive placements (Barth & Berry, 1988). This makes it more difficult for the adopted child to form a relationship or attachment to the adoptive parents (Gibbs et al., 2005).

The aim of this chapter, therefore, is not to dispute that there are special challenges in adoptive families, but rather to dispute the assumption that these challenges result directly in problematic behaviour or pathology in the adopted child. If a linear view of adoption resulting in behavioural difficulties or pathology in the adoptee is assumed, specific consequences will result. These consequences are discussed in the subsequent section.

Limitations of Negative Views on Adoption

The limitation of negative views on adoption constitutes problem-orientated research. As identified in the rationale of this study, the negative view defines adoptive families as “different” or not “normal”, as compared to biological families. Unfortunately, in my opinion, a common conception in the Western World is that perceived problems translate into difference. Difference then results in class distinction and invariably difference based upon perceived problems places the individual(s) in a category below the norm. To this effect, I am of the view that problem-orientated research on adoption has proven to be contradictory in nature. Instead of trying to assist adoptive families in their perceived problems, problem-orientated research has defined them as only having problems.

Additionally, problem-orientated research, which has promoted the idea of adopted children having a higher propensity to be problematic as compared to biological children, places upon the adopted child the onus of being the determining factor in the quest for optimal family functioning. It is therefore evident that much attention has been cast upon meeting the needs of the adopted child in the hope of reducing these difficulties (Wegar, 2000). In contrast, by focusing the attention on the adopted child the needs of the adoptive parents are frequently set aside. This ultimately results in the concern of a narrow or constricted view towards therapeutic intervention, as illustrated by Howe (1996):

In general terms this philosophy is fine but it trips lightly over some rather deep questions about the nature of child development, the quality of parenting and the significance of social relationships in

family life. To ignore the needs of parents, in a sense, is to ignore the needs of children. (p. 5)

This narrow view towards therapeutic intervention is exemplified by Brodzinsky, Schechter, and Henig (1992); Lee (2003); and Sobol, Delaney and Earn (1994) who indicate that difficulties commonly associated with adopted children in adolescence are due to the child's attempt to construct and integrate an adoptive identity into the overall sense of self (Grotevant et al., 2000). According to Kohler et al. (2002) during adolescence, teenagers that view their adoptive status as a salient aspect of their identity tend to emotionally withdraw from their adoptive parents for a period of time. Despite this withdrawal, Kohler et al. (2002) indicate that no differences are found between adolescents' perceived levels of communication or the family systems' functioning. This study did not, however, investigate whether or not any differences occurred in the parents' perceived level of communication or overall functioning in the family. In my opinion this excludes the parental perspective on adoption by placing it beneath the adopted child's experience. The parental perspective concerning the overall functioning of the adoptive family when an adolescent is placed in the mix needs to be understood. The need expressed above is supported by three decades of research that has established a strong association between parent-child interactions/communications and adolescent adjustment (Reiss, 2000; Schweiger & O'Brien, 2005; Steinberg, 2001). The conclusion arrived at by this research is that the experience of adoption for the adoptive parents directs their perspectives and thereby modifies their interactions and communications with their adopted child. Thus, if research is solely focused on the adopted child, is it not clear that the vital parental experiential component contributing to the efficacy of adoption is being missed?

The Adopted Child/Parent Dichotomy

A further example of the neglect of parental experiences from the research on adoption is illustrated by the question of whether or not adoptive parents really have any understanding of what it feels like to be adopted. The answer suggested to the question above indicates that parents can do so only if they undergo the process of adoption themselves (Centre for Adoption Support and Education, 2008b). This answer not only evokes a number of debates, which includes the argument as to whether or not it is achievable for biological parents to understand and empathise with their child's inner emotions and worries, as they, too, frequently fail in this regard. It indirectly puts the focus of attention upon the requirement of the parents to fulfil this necessity for their adopted child. The argument here is not against the need for adoptive parents to increase their understanding of what it feels like to be adopted, as this understanding can only benefit adopters and their adoptees. The argument is rather if it may be equally as important to try and understand the inner emotions and worries of the adoptive parents experience themselves. It is clearly recognised that parents can assist and help their children by knowing how to empathetically respond to them. However, what is commonly unacknowledged in this process is that sometimes, before this can be achieved, the parents themselves must come to terms with their own feelings about adoption (Weckstein, 1994). These feelings frequently occur prior to the adoption itself and often surround deep-seated issues of the loss of self-esteem related to the inability to reproduce (Singer, 2009). Infertility, being the most common factor for parents' decision to adopt (Nichols, Pace-Nichols, Becvar, & Napier, 2000), can be an issue that remains with adopters throughout their lives, even after an adopted child has been successfully incorporated into the family (Pavao, 1998). This point relates to the rationale of this study, where it was indicated that

much attention has been focused upon the background of the adopted child, as they have frequently endured abuse and neglect (Smith & Howard, 2004), yet very little attention has been paid to the possible sufferings of the adopters.

I, through my experience of working with adoptive families, concur with the few studies (Daniluk & Hurtig-Mitchell, 2003; Merson, O'Brien, Neiderhiser, & Reiss, 2008) that report commonly, severe traumas of loss have occurred with adopters. This involves not only the psychological effects caused by the loss of the ability to reproduce but in many cases the physical loss of a child or children through miscarriages due to medical problems. Further, many of the adoptive couples involved in the above-mentioned studies as well as in my personal therapeutic capacity had attempted numerous In Vitro Fertilisation (IVF) and Artificial Insemination (AI) procedures that were unsuccessful. Are these procedures not traumatic in themselves, let alone the trauma that occurs as a result of the constant failures that took place in these procedures? What is the psychological effect of this trauma on the couple and where is this pain and hurt placed? Through the observation of the literature, these questions appear to be the focus of researchers investigating infertility (Dyer, Abrahams, Hoffman, & van der Spuy, 2002; Greil, Slauson-Blevins, & McQuillan, 2010; Tsuge, 2008) but tend to be overlooked or even disregarded by the bulk of researchers when studying adoption. A probable explanation for this omission may be the researchers' assumption that adoptive parents who have endured trauma are now considered healed and have reached closure because of their decision to adopt. Alternatively, it could be the case that questions pertaining to previous trauma and the impact of these traumas upon the adoptive couples never arose because of the focus on the adopted child and the adoption itself (Merson et al., 2008).

My reasoning, therefore, is that to ignore the experiences and the impact of these experiences on the couple is to ignore valuable and insightful information about what these parents experience on an emotional and practical level, prior to and during the adoption. Without such information those working therapeutically in the field of adoption will be ineffective in their approaches. The understanding that adoptive couples are diverse and heterogeneous strengthens the argument indicating the dire need to attend to the needs of adoptive couples (Daniluk & Hurtig-Mitchell, 2003). Due sensitivity has to be demonstrated when working with adoptive parents, as the particular experiences of adoptive couples differ significantly. Accordingly, it cannot be assumed that a universal method of assistance for adoptive couples and adoptive family systems can exist (O'Brien & Zamostny, 2002). Further, fundamental needs and necessities of adoptive families evolve as they develop, indicating that the process of understanding adoptive couples and their experiences is not a limited task but is rather an on-going practice (Gibbs et al., 2005). Emily (2006) supports this view where she writes, "because adoptive families have a wide variety of experiences and needs, it is crucial that mental health professionals continue to research and address these issues in order to create more effective services" (p. 5). In the section that follows, I will note the limited amount of studies that have revealed or exposed some of the adoptive parents' needs.

The Needs of Adoptive Parents

Adopters will commonly require therapeutic assistance such as psycho-education and support groups during the course of parenthood (Kreisher, 2002). For the minority of adoptive parents, therapeutic assistance may only be required at a particular stage in the adopted child's progression into adulthood. However, for the majority of adoptive

parents, therapeutic assistance may be sought throughout the adopted child's maturation (Gibbs et al., 2005). The need for therapeutic assistance at a particular stage in the adopted child's development may occur initially following their inclusion into the new family system. As will be discussed in detail in the conceptual framework, the reason for immediate therapeutic assistance can be explained by the theoretical principle of recursion in Family Systems Theory. Recursion stipulates that every individual influences and is, in turn, influenced by every other individual (Becvar & Becvar, 2003). Thus, each member in the family affects and reacts to every other family member's behaviour. Over time, patterns in the reciprocal behaviours of the family members begin to emerge. These patterns then develop into rules about what conduct is permitted (Becvar & Becvar, 2003). Further, in these rules each member is assigned a role in the family system and, accordingly, members must maintain their role in order to preserve the reciprocal role of the other (Andolfi, Angelo, Menghi, & Nicolo'-Corigliano, 1983).

The introduction of a new family member, such as an adopted child, therefore affects or perturbs the family system's equilibrium. The new family system or the adoptive family system must form new rules about what conduct is permitted. Additionally, each member must redefine his or her role in relation to the perturbation affected by the new adopted member (Schweiger & O'Brien, 2005). According to Family System's Theory, any change or transition will render the family system unstable. Further, pathology may occur where the family system itself, or its individual members, may not wish to adapt to a perturbation (Andolfi et al., 1983). Consequently, it is in this stage of renegotiation, or the adoptive families' avoidance of renegotiation, that adopters may seek therapeutic assistance. The task of

renegotiating the rules, as well as the roles or the mere acceptance from the adoptive family members to renegotiate the established norms, may require an extended duration of time. Where adoptive families are able to successfully mediate new rules and roles they will still have to contend with additional perturbations in the future, for example, a family member being diagnosed with a terminal illness or the adopted child's departure to university. To this effect, further renegotiations by the adoptive family will be required. Additional perturbations for adoptive families may include challenges that were discussed earlier in this chapter.

Owing to future perturbations, Gibbs et al. (2005) notes that the majority of adopters will require on-going therapeutic assistance. Adopters' needs for on-going therapeutic assistance is further reinforced by Kreisher (2002), who indicates that adoptive families particularly benefit from support groups where they can vent their concerns, seek advice and find solutions, as well as receive support. Thus, if adopters are unable to satisfy their needs through therapeutic structures such as support groups, then the stability of the adoption may be threatened (Kramer & Houston, 1999). This threat to the adoption's stability occurs as adopters' unmet needs for therapeutic assistance may be associated with perceived relational problems between adopters and their adopted children (Reilly & Platz, 2004).

Despite adopters' needs of on-going therapeutic assistance, adoptive parents commonly feel that they have been forgotten or discarded by those therapeutic personnel that were supporting them. Daniluk and Hurtig-Mitchell (2003) demonstrate this perception in the following case:

Couples also spoke with some resentment about the lack of support provided to them as adoptive parents about feeling “abandoned” by adoption workers and agencies once a child was placed in their home: “Our sense was that we were just the adoptive couple and that once we had the child it’s like ‘Okay, you should be happy, now go away’.” (p. 395)

This feeling of isolation or alienation is reiterated and reinforced by Houston’s (2003) study, which found that after a three-year longitudinal assessment the majority of adoptive parents in the sample perceived a substantial decrease in the amount of social support from pre- to post-adoption. As McDonald, Propp and Murphy (2001) indicate:

There is more to the adoption process than simply bringing children and families together. Equally important are preserving and supporting adoptive families once they are formed. Therefore, attention to post adoptive experiences, including adoptive family needs and factors associated with healthy and successful adoptive experiences, is needed. (p. 72)

As a result of adoptive parents’ feelings of abandonment and isolation during and after the adoption has taken place, many adoptive families do not have high expectations when it comes to post-adoption support (Phillips, 1990). Further, Phillips (1990) notes that the majority of adoptive families are unclear about how to obtain post-adoption support services. A negative cycle therefore emanates, as current and

future adoptive parents remain uncertain about searching for, and participating in, pre- and post-adoption services such as parenting classes as well as support and psycho-education groups. In large part, this is due to the adoption services' lack of exposure to the adopters and their inconsistency in providing continuing support and assistance to the adoptive families (Phillips, 1990).

In addition to the lack of social support available to adoptive parents, there are also great concerns about the nature of the support that is provided by personnel in the psychological field. Gibbs et al. (2005) indicate that adoptive families in their study's sample that had received previous therapeutic services were, after the conclusion of therapy, experiencing more challenges in several areas as compared to the adoptive families that had not received previous therapeutic services. This suggests that the nature of the support provided to the adoptive families did not correlate with the intended purpose of therapy, that is, to bring about beneficial transformation. The adoptive parents involved in the focus group stated that previous therapeutic services were not adoption sensitive. According to Gibbs et al. (2005), these therapeutic services were lacking in knowledge about adoption and the challenges that adopters may face. The problem areas experienced by the adoptive families included adopters' concerns about parenting and child behaviour, fewer family strengths, weaker family relationships, additional non-adoption related problems (such as marital status), all of which was associated with closeness in the family, as well as the need for more instrumental relationships (Gibbs et al., 2005). An interesting debate therefore emerges as it is questioned whether therapists' limitations in working with adoptive parents is brought about by the lack of attention that they and researchers have paid to adopters in the past? I argue that this was inevitable because by not listening to

adoptive parents, therapists and researchers have discarded adopters' experiences of adoption. Consequently, the worth and wisdom contained in adoptive parents' narratives has been overlooked. The need for researchers and therapists to attend to and learn from adopters' narratives is supported by Janie Cravens in her book "Good Ideas...for Adoptive Parents" (2007). Cravens (2007) notes that having worked in the field of adoption for twenty years she has become aware of how little she initially knew about how to assist adopters. Thus, it is only through her working with and being taught by adopters that she has learnt how to therapeutically intervene in adoptive families. This point validates the aims of this study, as well as further studies on adoption that includes the adoptive parents and their experiences. This will be discussed in further detail in the section that follows.

The Need for Further Research

In order to address the needs of adoptive couples, the concern surrounding the deficiency of the quality and quantity of knowledge about adoptive families must be addressed. Pavao (1998) indicates that many therapists do not have the knowledge to effectively intervene and therapeutically treat adoptive families. This point is further reinforced by research conducted by Sass and Henderson (2000), where it was established that 90% of a sample of doctoral level practicing psychologists indicated that they were in dire need of additional and further education about the process of adoption and adoption itself. In my view, this need for additional education about adoption stems directly from researchers' and therapists' focus being limited to problematic or pathological adopted children, thereby abandoning adopters' experiences. Owing to the exclusion of adopters' experiences and the knowledge that these experiences might present, therapists have become restricted in developing

alternative means of intervention with adoptive families. Despite a recent positive change in the recognition of the needs of adoptive families it is evident that the need for further research is vital (Phillips, 1990). O'Brien and Zamostny (2002) argue that "although the unique (and positive) aspects of adoptive families are now being acknowledged, additional research and empirically-validated interventions are needed to address the experiences of adoptive families" (p. 3).

I argue further that inadequate and problem-orientated approaches that emphasise problems or pathology in the adopted child create more room for subjective biases on behalf of the therapist. On this basis, therapists' may develop interventions that are based on what they assume will be effective for the adoptive family, as opposed to what the adoptive family actually requires. Consequently, these subjective biases and assumptions may evoke a harmful and damaging therapeutic context. An example of this harm and damage brought about by therapists' subjective biases and assumptions is where adoptive parents are encouraged by therapists to deny any differences, whether physical or with regard to personality, in the adopted child (Blomquist, 2001). Thus, therapists' stipulated that adoptive parents should treat the adopted child as if he/she was born into the family as a biological child. However, this rejection-of-differences approach proves ineffective and damaging to adoptive families; it results from therapists' denying adoptive families the right to establish genuine relationships based on openness amongst the family members. Over time the rejection-of-differences model has been challenged and discarded; hence, modern therapists now treat adoptive families by encouraging adoptive parents to acknowledge and accept the differences between themselves and their adopted child (Brodzinsky et al., 1998; Salzer, 1999).

A further example of a harmful and damaging therapeutic context that was created by a therapist's subjective bias and assumptions is illustrated by an adoptive parent's account of consulting a psychologist after she and her husband had made the difficult decision of sending their adopted son to boarding school:

She was very hard on us, said Lydia. She kept saying, "This poor child. It's absolutely criminal for you to send an adopted child away to boarding school." We felt it was our fault and not down to him at all. We were made to feel useless parents. We felt so awful and so guilty it made matters ten times worse. (Howe, 1996, p. 89)

This personal account highlights the negative experience that the adoptive family were forced to endure under the counsel of the therapist, even though they may have been acting in the child's best interests. Further research that is inclusive of adoptive parents' experiences is therefore urgently required in order to eradicate therapists' subjective biases and assumptions inherent in their interventions with adoptive families. But who and what modes of support can be provided in the interim? The section that follows will interrogate this question.

Types of Support

Houston (2003) is of the opinion that support to adoptive couples can take multiple forms and it may arise from multiple sources. This includes the traditional perspective of assistance being provided by the adoption agencies, but also extends to a more ecological approach (Houston, 2003). The ecological approach includes informal resources such as the extended family, the educational and schooling systems, as well

as other community-based assistants (Reilly & Platz, 2004; Schweiger & O'Brien, 2005). It is further argued that any form of support allocated to the adoptive parents, be it formal or informal, should at its core, provide a space where adoptive parents feel able to express their feelings and emotions (Atkinson & Gonet, 2007). From a therapeutic point of view, this can only be acquired through listening to parental experiences on adoption, albeit experiences that have had a negative impact on them. To this effect, any space that is provided to adoptive parents needs to be free of the fear of rejection and judgement. This need alludes to social constructionism as well as grand narratives. A brief overview of social constructionism and grand narratives is presented beneath.²

Social constructionism states that individuals interpret the world or create meaning in their lives through social and cultural contexts (Dean & Rhodes, 1998). Interactions between societal members in a specific cultural context therefore create socially constructed belief systems or realities (Becvar & Becvar, 2003). Meyer et al. (2003) write, “it should also be borne in mind that people tend to adhere to these socially constructed belief systems, despite the fact that their personal realities may not fit the socially constructed reality” (p. 469). A social constructionist perspective is therefore concerned with the grand narratives that socially constructed realities create and which people, in turn, measure themselves against (Dickerson & Zimmerman, 1996). Hence, if an individual is unable to meet the expectations of the socially constructed reality, a context for the development of problems may emerge (Meyer et al., 2003). A primary example of a grand narrative in the practice of adoption is where adoptive parents are classified as not being “real” parents (Hamilton et al., 2007). This

² Social constructionism and grand narratives will be discussed in detail in the research method.

classification of not being “real” parents occurs because adopters are believed to have weaker, less meaningful relationships with their children as compared to biological parents that share blood with their progeny (Bartholet, 1993). This perception is common with members of the nuclear family, the extended family, as well as with friends as they may not support the adoptive parents’ pronouncement to adopt. This lack of support from family members and friends results from their difficulty in being able to accept a child into the family system that is not biologically connected to the parents (O’Brien & Zamostny, 2002).

Adoption practitioners may be contributing substantially to the maintenance of this grand narrative, as professional personnel working with adoption are more likely to categorise adopters as inferior or substandard to biological parents than the actual community (Miall, 1996). Consequently, adoptive parents will refrain from seeking assistance from those working in the adoption field because of their fear of stigmatisation and victim blaming (Wegar, 2000). I therefore query whether it is a contradiction that therapeutic personnel are preventing adoptive parents from seeking and gaining the help that they require. Further, what about the impact that this fear of stigmatisation and victim blaming by therapeutic personnel will have on those individuals considering adoption? I postulate that adoption practitioners that place adopters in an inferior parental category as compared to biological parents will only reduce the number of potential adoptive parents. Specifically in South Africa, this reduction in potential adopters will contribute to the ever-increasing number of children that require homes as a result of violence and HIV/AIDS (Skweyiya, 2008). Thus, it will be the adoption practitioners themselves who promote this grand

narrative that will be obstructing the objectives listed by the Department of Social Development.

A potential damaging consequence of normative or grand narratives for individuals that have already adopted is that they are prohibited in their right to be viewed as parental figures by societal members (Miall, 1987). In turn, this will affect an adopter's sense of worth of being a parent to an adopted child (Daniluk & Hurtig-Mitchell, 2003). Owing to this decreased sense of worth as parental figures, adoptive parents may find it difficult to engage and connect with other biological parents (Bartholet, 1993; Kirk, 1984; Miall, 1987). This difficulty in engagement and connection may manifest from biological parents' perception that they are "real" parents and therefore have a higher parental status than adoptive parents. Thus, adoptive parents may feel inadequate and may isolate themselves from biological parents who maintain their classification and stigmatisation of not "real" parents. In my view an intense fear of stigmatisation may additionally restrict adoptive parents' contact with further members in the community. This restriction could then limit the possibility of adoptive families interacting with individuals or groups of people that do not stigmatise adopters. I assume that in these interactions, devoid of judgement and persecution, adoptive parents may be able to gain support and knowledge that will assist them in their learning to become parents. Formal sources of support, such as adoption agencies, as well as informal sources, such as extended family, educational systems and the community members themselves, therefore need to provide a platform where adoptive parents can grow as caregivers by preventing stigmatisation (Schweiger & O'Brien, 2005). It is only through a platform that prevents stigmatisation that adoptive families may be encouraged to seek and engage in formal

and informal support structures that will provide them with suitable parenting skills, as Atkinson and Gonet (2007) indicate:

They [adoptive parents] want a place where they can talk about their confusion while feeling accepted and understood. They also want someone with experience to help them “learn the ropes.” Many [adoptive] families have learned that their children will never be “fixed,” but that adults can grow as parents, nurture their children, and have successful families. (p. 9)

Additionally, by encouraging adoptive parents to search for and participate in formal and informal support structures, those working in these support structures may gain knowledge and insight into adopters’ experiences. As discussed earlier in this chapter, knowledge and insight into adoptive parents’ experiences will assist researchers and therapists in their quest to create applicable, formal and informal methods of intervention for adoptive families. In this quest for applicable methods of intervention for adoptive families it must be designated that it should not solely rest on adoptive families that require support and assistance. Rather, researchers and therapists should also attend to adoptive parents’ experiences where adoptive families have overcome challenges specific to adoption. This knowledge may then assist further adoptive families in similar social and cultural contexts. An example of an adoptive family’s propensity to overcome challenges specific to adoption as well as the grand narrative of not being “real” parents is found in Compensation Theory. A brief overview of Compensation Theory is provided in the section below.

Compensation Theory

Hartman and Laird (1990) note that adoptive parents are commonly confronted with pressure to perform in their roles as parental figures. To this effect, adoptive parents may heighten their efforts and make greater investments in their adopted child, both physically and emotionally, to achieve the standard of a “good parent” (Hartman & Laird, 1990). Compensation Theory therefore illustrates the potential of adoptive parents to overcome and nullify the damaging negative effects of social stigma by inserting greater effort into their parenting. These efforts to be a “good parent” may be motivated or encouraged by adoptive parents having an intensified devotion to creating an ideal family (Hartman & Laird, 1990). This devotion towards the creation of an ideal family may occur when adoptive parents have endured great hardships, such as waiting for extended periods of time with great financial burdens, in order to enter parenthood (Kirk, 1984). According to Compensation Theory, efforts made by adoptive parents to overcome the assumed negative effects and consequences of adoption can result in them attaining a similar parenting standard to that of two-biological-parent families (Hamilton et al., 2007). In other instances it can actually result in adoptive parents having a slight enhancement or advantage over two-biological-parent families, as adopters may devote more time and energy into the care and development of their child (Hamilton et al., 2007). Case and Paxson (2001) indicate that this devotion commonly occurs over the adopted child’s health, as adoptive parents are more likely to invest in the physical care of their adopted child as compared to other parents. It should be borne in mind that Compensation Theory may conversely suggest maladaptive functioning within the adoptive family system, as

heightened parental investments could represent the adoptive parents becoming too involved in their adopted child's life.³

Despite the inclusion of Compensation Theory in the research on adoption, I am of the opinion that more in-depth investigations into adoptive families that support this theory must be conducted. This opinion is based upon previous stipulation that adoptive couples and families are diverse and heterogeneous. Thus, adoptive families that act accordingly with Compensation Theory will differ in their experiences. Researchers and therapists therefore need to explore these unique experiences so that they can identify key characteristics for each of the adoptive families that assisted them in overcoming obstacles in their path.

Conclusion

In this chapter it was demonstrated that much of the research on adoption has been problem-orientated and overly focused on pathology in the adopted child (Borders et al., 1998; Brodzinsky et al., 1998; O'Brien & Zamostny, 2002; Wegar, 2000). Consequently, I argued that owing to researchers limiting their focus to the negative influences on the adopted child, adoptive parents' experiences have not been sufficiently taken into account (Brodzinsky et al., 1998). Following this argument a discussion surrounding the potential negative limitations or consequences of this exclusion of adopters' experiences was provided. The explication of these negative limitations or consequences validated my discussion of the need for further investigations that are inclusive of adopters' narratives such as this study. Types of support required by adoptive parents were then illustrated. In this illustration of

³ The concern of adoptive parents' over - involvement with the adoptee will be discussed in detail in the conceptual framework.

differing types of support I focused on socially constructed grand narratives and the damaging effect that they may have on potential and current adoptive parents. Finally, it was illustrated how socially constructed grand narratives may be overcome through Compensation Theory.

CHAPTER THREE: CONCEPTUAL FRAMEWORK

Introduction

This chapter presents the conceptual framework that underlies this study. The theory will be defined and central second order cybernetic theoretical principles will be demonstrated. Further, the relevance and applicability of these theoretical principles to this study are illustrated. As theory and concept are synonymous terms, my preference is the latter. Accordingly, a conceptual framework is utilised in this chapter.

Conceptual Framework

A conceptual framework is defined as a worldview, or set of assumptions about the world according to which similarities and differences are punctuated. A conceptual framework provides definitions of what is called problematic. Further, once a problem is defined as a problem, that framework also suggests certain ways of dealing with the problem; that is, possible solutions to a problem are limited to those that are logically consistent with the framework (Becvar & Becvar, 2003, p. 209).

The conceptual framework underlying this study is Family Systems Theory, with specific reference to second order cybernetics. The selection of this conceptual framework is based on my argument that much of the previous research concerning adoption has been clinical and problem orientated. Hence, researchers have placed a high regard on individualistic models of explanation that emphasise deficiencies or psychopathology in the adopted child (Wegar, 2000). The basic premise for this has

developed through the view that the adopted child will become behaviourally problematic in time because of difficulties in attachment to the new parents (Borders et al., 1998; Brodzinsky et al., 1998; O'Brien & Zamostny, 2002). Consequently, the bulk of the research on adoption has discarded the importance of viewing the adopted child in context of its parents, and likewise, the parents in context of the child (Schweiger & O'Brien, 2005). This dualistic view is more appropriately defined as the patterns of mutual influence or interaction that exist in the adoptive family system (Becvar & Becvar, 2003).

By incorporating Family Systems Theory I argue that the narrow and constricted emphasise on the adopted child in the overall functioning of the adoptive family can be countered. This argument to counter a narrow or constricted emphasise on the adopted child results from the Family Systems Theory's objective to understand human behaviour in the context of relationships (Becvar & Becvar, 2003). Therefore, Family Systems Theory designates the inclusion of adoptive parents' experiences, as it maintains that it is only through this inclusion that greater insight into the adoptive family system can be acquired. Further, Family Systems Theory not only counters the narrow and constricted emphasise on the adopted child but simultaneously, it overcomes the common limitation of focusing on the adoptive family system in isolation from the greater community (Schweiger & O'Brien, 2005). The ability to overcome this limitation manifests from Family Systems Theory's assertion that systems exist and function within systems (Meyer et al., 2003). Hence, human behaviour is understood in the context of relationships and relationships exist not only between members of the system but also between members of different systems (Fourie, 1991). Literature, presented earlier, demonstrated that relationships between

adoptive family members and members of differing systems not only include the possibility of a lack of support (Daniluk & Hurtig-Mitchell, 2003; Gibbs et al. 2005; McDonald et al., 2001), but also the possibility of negative support in the form of grand narratives from extended family, friends, as well as adoption agencies (Bartholet, 1993; Miall, 1996; O'Brien & Zamostny, 2002). These grand narratives were shown to have an adverse effect on the inter-relational functioning of the whole adoptive family.

Before embarking upon an in-depth description of second order cybernetics and the principles contained therein, a brief discussion on General Systems Theory is presented. This is done to provide a foundation for the conceptual framework of Family Systems Theory.

General Systems Theory

General Systems Theory arose predominantly through the work of Ludwig von Bertalanffy in the twentieth century. Von Bertalanffy (1968) argued that individual elements could only be understood by examining the interrelationships between them. This argument was in response to the widely accepted scientific method employed at the time that phenomena under investigation should be retained in isolation. A shift in focus occurred from the individual elements to the relationships between the elements in the system. Von Bertalanffy (1968) defined this as a group of elements that are connected by a dynamic exchange of energy, information or materials into a product of the outcome, for use in or outside the system. This definition is congruent with the term 'cybernetics' that was developed through the workings of Norbert Wiener (1948). Wiener (1948) stated that cybernetics refers to the principles that regulate the

distribution of information or messages. Meyer et al. (2003, p. 466) indicate that, “cybernetics has to do with the basic principles underlying the control, regulation, exchange and processing of information.” The idea of interrelated components in a system therefore yielded a shift from linearity and cause and effect to circularity and feedback, where “part of the system’s output is reintroduced into the system as information about the output” (Watzlawick, Beavin, & Jackson, 1967, p. 31).

General Systems Theory as well as cybernetics brought about new creative perspectives and approaches to the understanding of various, observable features of reality. As a result General Systems Theory and cybernetics were described as theories of theories or meta-theories that could be utilised to investigate and describe any system regardless of its components (Simon, Stierlin, & Wynne, 1985). Accordingly, General Systems Theory and cybernetics can be applied to any domain of knowledge. The subsequent section will demonstrate the application of General Systems Theory in psychology through Family Systems Theory and the Palo Alto Group.

Family Systems Theory and the Palo Alto Group

Gregory Bateson, an anthropologist by trade, became acquainted with cybernetics through the article “Behaviour, Purpose and Teleology” (1943), written by Rosenblueth, Wiener, and Bigelow (Bateson & Mead, 1976). Following his introduction to cybernetics, Bateson’s primary objective was to develop an alternative framework towards the explanation of human behaviour (Heims, 1977). Accordingly, Bateson utilised General Systems Theory and cybernetic principles to great effect in the domain of human relationships (Meyer et al., 2003) by translating psychiatry into

a theory of communication between individuals (Heims, 1977). Bateson (1972) maintained, "...if you want to understand some phenomenon or appearance, you must consider that phenomenon within the context of all completed circuits which are relevant to it" (p.244).

After being awarded a two-year grant by the Macy Foundation in 1954, Bateson together with Jay Haley, John Weakland, William Fry and Don D. Jackson formed the Palo Alto Group (Becvar & Becvar, 2003). They began to study communication and to formulate a theory that explained Schizophrenia through the interpersonal functioning of the family system. The Palo Alto Group's objective was therefore to focus on the family as a whole and to observe and investigate the patterns that occurred in the family system, as opposed to focusing upon the individual members themselves (Jackson, 1965).

Through the Palo Alto Group's research with schizophrenic families, Bateson developed his double-bind hypothesis (Bateson, Jackson, Hayley, & Weakland, 1956). The double-bind hypothesis highlights the role of conflicting messages in the formation of Schizophrenic patients. According to Bateson (1972), a double-bind occurs when an individual is exposed to two orders of messages and where one message denies the other. As an example, a mother may inform her son that he needs to be more independent and to make decisions for himself, as she is tired of caring for him. Simultaneously, the boy receives an additional message that any act of independence must be according to his mother's standards and not that of his own. Consequently, the boy in this predicament is unable to act independently, as this will upset his mother. Alternatively, if the boy does not act independently then he will also

upset his mother, as she will have to continue to care for him. Thus, the boy does not know what message to respond to. Further, if he responds to either message he will upset his mother. Thus, he is “damned if he does and he is damned if he doesn’t”. Following constant double-bind messages, Bateson (1972) notes that an individual will begin to display a lack of sensitivity to signals that accompany messages. Additionally, individuals exposed to constant double-bind messages will not be able to identify what kind of a message a message is (Bateson, 1972). This lack of sensitivity to signals as well as the inability to identify messages is otherwise labelled Schizophrenia.

The Palo Alto Group’s contribution in the development of Family Systems Theory transcended the previously maintained notion of pathology existing in the individual. Any such pathology was shown to emerge in a relational context. In adopting this relational view a significant limitation was found to be the prevalent usage of psychoanalytic terminology, as the language of psychoanalysis was unable to adapt to a relational perspective (Becvar & Becvar, 2003). Its focus was therefore on the individual rather than on the patterns of reciprocal influence and recursion occurring between individuals. The central requirement of a novel language that could describe the interactional processes between individual members of a family resulted in therapists using the language of General Systems Theory and cybernetics.

In the section that follows I will discuss the development of Family Systems Theory.

The Evolution of Family Systems Theory

Throughout recent years Family Systems Theory has progressed significantly. It has gone beyond the notion that patterns and processes in the family system are merely cybernetic principles of interaction, to viewing them as meaning creating systems in themselves (Becvar & Becvar, 2003). This results in family systems being interpretive as well (Hoffman, 1992). With a systemic perspective the meaning that is constructed in relation to internal and external events experienced by the family yields valuable insight into the internal workings of the family system. Additionally, family therapy has extended its initial focus upon the family system in isolation to that of its functioning in the greater social context (Jasnoski, 1984). Human functioning is therefore studied through the interactional patterns in and between systems, as these interactions result in the systems' meaning creating processes (Fourie, 1991). An example of this is the "blood" or "genetic" factor.

Earlier in the literature review it was noted that people living in the West commonly maintain that children are only "real" children when they are biologically conceived. Thus, a parent is not a "real" parent unless they share blood or DNA with their child. Individuals maintaining this opinion yet not communicating it to others may not pose a concern for adoptive parents. However, if these individuals begin to communicate this judgement to each other this may no longer be the case, as this agreed upon meaning results in the creation of an ever-expanding reality that supports their prejudice. For an individual or for a couple that have adopted a child in a society where it is promoted that they are "not real parents", their reality becomes shaped by that perception. This new reality reinforces their understanding that this consensual domain of agreed upon meaning is factual. This ultimately shapes their thoughts and

perceptions of themselves as well of the adopted child to be in line with the idea that they are “not real parents”. Hence, thoughts and perceptions, impacted upon by socially generated meanings, contour the adoptive parents’ behaviours. Their thoughts and perceptions are churned into a never-ending cycle that reinforces the initial “not real parents” syndrome.

Family Systems Theory incorporates both first order cybernetic principles as well as second order cybernetic principles. In the section that follows, a general overview of first order cybernetics is presented. Second order cybernetics will be utilised in the analysis of the data. Therefore, the presentation of first order cybernetics serves to provide a basis of comparison between first order and second order cybernetic principles. In turn, this basis of comparison will illustrate the applicability of second order cybernetics with the ontology and epistemology underlying this study. This will be discussed in detail at the end of this chapter as well as in the research method.

First Order Cybernetics

Implicit to first order cybernetics is the assumption that an objective reality exists. On this basis, the first order therapists’ or thinkers’ trade is to study this objective reality, being the patterns of interaction and relational functioning of the family system, according to the expert knowledge that he or she possesses as a family therapist (Wilder, 1979). In order to maintain objectivity and to limit subjectivity the first order therapist acquires a position outside of the family system. In first order cybernetics the therapist is therefore described as being a neutral observer of the patterns of interaction and the differing ways in which events, experiences or phenomena are organised (Meyer et al., 2003). Therapists working on a first order cybernetic level

present themselves as knowledge bearers. They determine what is and what is not “normal” or “problematic” in the family system.

Accordingly, it is the task of the first order therapist to intervene in the family system and to correct the “problem” in the family’s relational functioning through methods of power and control. Methods of power and control performed in first order therapy typically involve tactics to disturb the equilibrium in the relationships between the family members. An example of a therapeutic tactic or strategy designed to evoke this disturbance in equilibrium is circular questioning. Circular questioning is discussed in the subsequent section.

The Milan Group

Circular questioning was developed by the Milan group (1980). The Milan group, which consisted of Mara Selvini-Palazzoli, Luigi Boscolo, Gianfranco Cecchin, and Giuliana Prata utilised circular questioning after the publication of their book *Paradox and Counterparadox* (1975), as a means to interview families seeking therapeutic assistance. Circular questioning serves to connect the “presenting problem”, that is, the problem that the family presents to the therapist, with the relational functioning or the organisation of the family system.

According to the Milan group (1980) the organisation of the family system seeking therapeutic assistance typically incorporates alliances or coalitions between specific family members. Further, the Milan group (1980) specifies that in periods where alliances and coalitions alter, “problems” or “pathology” may emerge. Circular questioning therefore attempts to elucidate these alliances and coalitions as well as

their connection to the “problem” or “pathological” family member. This elucidation is ultimately achieved by requesting a family member to comment or metacommunicate about the nature of the relationship between two other family members (Keeney & Ross, 1985).

After receiving feedback on their relationship, the therapist will then verify the presence or absence of an alliance or coalition between the two family members. This verification is established by requesting further metacommunication about the relationship from differing family members or from the family members involved in the relationship themselves (Boscolo, Cecchin, Hoffman, & Penn, 1987). In the process of verification the therapist, equipped with knowledge surrounding the onset of the “problem” or “pathological” behaviour, will begin to connect the establishment of the alliance or coalition to this index episode (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980). Thus, by highlighting alliances and coalitions as well as their connection to the “problem” or “pathological” member the first order therapist evokes insight into the organisation of the family system. This insight, in turn, disturbs the equilibrium in the family members’ relational functioning or organisation. The family system is subsequently forced to adapt and to reorganise (Tomm, 1984). As a result of this adaptation and reorganisation the “problem” is nullified and the “pathological” member is cured.

A general overview of second order cybernetics as well as an illustration of specific second order cybernetic principles is provided in the section below.

Second Order Cybernetics

Second order cybernetics differs from first order cybernetics by stipulating that an objective reality, subject to empirical investigation, does not exist (Efran & Lukens, 1985). This stipulation results from the second order cybernetic principle of **self-reference**. Self-reference notes that the observer is constantly and inextricably attached to what he or she observes or describes (Hoffman, 1985). Thus, statements about a system are based on the observers' views, values as well as their subsequent behaviours. What you perceive, therefore, reflects your properties (Varela & Johnson, 1976). Consequently, the position of the first order therapist transforms from a neutral observer of the patterns of relational functioning of the family system to an active participant in these patterns of relational functioning at a second order cybernetic level. This active participation occurs as the therapists' interaction with the family system, such as outside observation, is understood to affect the families' functioning. Accordingly, the reverse applies in that the families' interaction with the therapist affects the therapists' functioning (Atkinson & Heath, 1990).

On a second order cybernetic level what is understood as being the truth is therefore merely a particular observer's definition of their subjective reality (Becvar & Becvar, 2003). This definition occurs via the observer's focusing on specific acts or experiences. Bateson (1972) defined the process of shaping reality through the organisation of events and experiences as **punctuation**. By applying the principle of punctuation to family therapy, it becomes apparent that "problems" or "pathology" in the family system do not exist in an objective sense. Rather, "problems" or "pathology" exist in the minds of therapists that define specific events or experiences in their interactions with the family as problematic or pathological. Therapists'

potential to define events or experiences as “problematic” or “pathological” is based upon their individual epistemological premise.

Epistemology refers to “a set of immanent rules used in thought by large groups of people to define reality” (Auerswald, 1985, p.1). There is, of course, a broad range of possible punctuations of that reality by other individuals with differing epistemological premises. An example of an alternative punctuation to “problems” or “pathology” is where they are viewed as being functional, in that they preserve the family system’s organisation. The preservation of the family system’s organisation through “problems” or “pathology” will be discussed in detail under the second order cybernetic principle of **stability**.

Literature, presented earlier, demonstrated that many concerns surround the nature of support that is provided to adoptive families by therapists (Gibbs et al., 2005). As hinted to in this demonstration, a probable explanation to this concern may be related to the second order cybernetic principle of self-reference. This relation is based on the argument of the majority of research on adoption being negatively orientated or problem orientated (Wegar, 2000). Due to this orientation a great number of therapists associate adoption with problems and resultant pathology. Consequently, therapists that maintain this association deal with adoptive families in a manner that supports their problematic view and the negative cycle is perpetuated (Borders et al., 1998). This point reinforces my discussion presented earlier that therapists have become restricted in developing alternative means of intervention in cases of adoption. In turn this has resulted in many therapists being deficient in their ability to successfully work with adoptive families (Pavao, 1998; Sass & Henderson, 2000).

In addition, the concept or notion of self-reference results in what is defined as the system's **organisational closure** or **autonomy**, as the system maintains stability through **recursion** or **negative feedback** processes. Stability refers to the maintenance of the status quo, being the system's balance or equilibrium that is maintained by restricting change (Becvar & Becvar, 2003). In certain cases subsystems within the family system such as the couple, parental as well as the child subsystems may desperately adhere to interactional patterns deemed as being symptomatic or pathological by an outside observer. This is executed by the subsystems or the family system in order to hinder change or transformation and to retain the family's survival and autonomy (Fourie, 1991).

The potential of the subsystems or the family system to incorporate new information is present. However, in opposition to first order cybernetics, which defines this process as positive feedback, second order cybernetics states that this transformation is the system's attempt to maintain its functioning and stability in the larger social context (Keeney, 1983). Andolfi et al. (1983) note that subsystems in the family system or the family system itself may therefore change in order to not change at all, as "it may use the new input to adopt surface changes which neither modify nor question it's functioning" (p.11).

An example of a surface change, which is not specific to adoption but merely serves to indicate the above process, may occur where the adopted child begins to display symptomatic behaviour on the arrival of a paternal grandfather into the family household, say, due to the recent death of his wife. The adopted child may begin to display symptoms such as defiant or oppositional behaviours. In turn this not only

gains his parents' attention but also the grandfather's who is also a new member and is gradually incorporated into the family system. This gradual incorporation due to his assistance with the problematic adopted child causes the adoptive couple to overlook the potential divide that the paternal grandfather's introduction into the family system could cause in their relationship or the couple subsystem. This divide could occur as their loyalties to the paternal grandfather may differ and cause conflict in their functioning. Simultaneously this conflict, if present, could begin to impact upon their relational functioning in any other system that they function in as a couple such as the adopted child's school and their church. The function of the adopted child's symptomatic behaviours therefore permits surface changes in the family such that the adoptive couple's relationship does not have to change as a result of the paternal grandfather's inclusion (Andolfi et al., 1983).

In addition to the principle of stability, systems are described as being **autopoietic**. This means that the system constantly *does what it does* so that it can *do what it does* and maintain its existence (Becvar & Becvar, 2003). This results in the product of the system always being itself through the processes of recursion and negative feedback (Maturana & Varela, 1987). Recursion states that people and events can only be understood in the context of mutual interaction and mutual influence (Bateson, 1979). This definition illustrates that individuals' affect and are simultaneously affected by other individuals. Concurrently, the notion of linear causality or the idea that individual "A" affects individual "B" which then affects individual "C" is abandoned. Finally, in relation to recursion, feedback refers to the process where information about the system comes back into the system as input (Watzlawick et al., 1967). Ultimately, negative feedback as compared to positive feedback serves to maintain the

stability of the system by keeping deviation in the system in certain parameters (Hoffman, 1981; Von Bertalanffy, 1972).

An example of negative feedback that maintains the stability of the system is where an adopted adolescent child is brought to therapy for “behavioural problems”. Literature, presented earlier, noted the problem-orientated approach which supports the perception that adopted children suffer from more severe “typical teen” behaviour such as dramatic instances of withdrawal, dwindling academic performance and “risky behaviour” as compared to non-adopted children (“Post-Adoption Support Benefits Adopted Teens and Parents”, 2008). After the first session with the “problematic” adopted adolescent and his or her adopters, the therapist notices that the adoptive parents deny any difficulties in their relationship. The adoptive couple, therefore, claim that they are happy and content with one another in all aspects of their relationship. The therapist, not fooled by the couple’s display of stability and security with one another, asks them questions about how much time they spend with each other and what activities they engage in separate to their adopted child. The adoptive parent’s responses indicate that they are unhappy in their marriage. Subsequently, the couple does not spend any time with each other separate to focusing on their “problematic” adopted child. On closer examination, it becomes apparent that both of the adoptive parents, covertly, encourage and reinforce the adopted child’s “problematic” behaviours. To this effect, the “problematic” adopted child functions to unite the adoptive couple. This function occurs, as the adoptive parents must jointly focus on their “problematic” adoptee in order to resolve their adopted child’s issues. In turn, the adopter’s joint focus on their adopted child distracts or detours them away from their marital difficulties.

Thus, through the function of the “problematic” adopted child, the adoptive parents are able to maintain the illusion of a happy marriage. Of course, in situations where the adopted child does not misbehave, the adoptive parents may be forced to confront their concerns with one another and the adoptive family’s stability may be threatened. Therefore, in order to maintain the status quo that the adoptive parents are happily married, they may have to encourage and reinforce their adopted child’s “problematic” behaviours. Encouragement or reinforcement of the adopted child’s “problematic” behaviours provides negative feedback in the adoptive family system. This negative feedback occurs, as the information being fed back into the system is that their adopted child needs its parents to work together to address its “misbehaviours.” The example provided is referred to as “detouring-attacking” (Minuchin, 1974).

With second order cybernetics the family system as well as the observer are “understood to be mutually interacting with each other within a larger system whose boundary is closed, and thus no reference is made to an external environment” (Becvar & Becvar, 2003, p. 80). In addition, the autonomous family system is believed to be **interactive**, as it exists and functions in varying contexts that include other systems and other observers. These other systems and observers include the extended family systems, differing social networks of friends, work or occupational environments, schools, as well as churches.

In order for the adoptive family system to exist and function it must be able to coexist with external systems. This process is defined as **structural coupling**. The concept of structural coupling specifies that systems can only continue their existence by

acquiring adequate fit with each other (Varela & Johnson, 1976). Thus, if the system does not acquire adequate fit it may cease to exist (Efran & Lukens, 1985). Viewed in relation to this study the adoptive couple subsystem or the adoptive family system has to structurally couple with other differing systems such as the extended family, the school or the church. These differing systems in combination with the adoptive couple subsystem or the adoptive family system, co-construct varying contexts. In turn, these co-constructed contexts cause the system in question as well as the adoptive couple or adoptive family to **compensate**, thereby changing and allowing stability for that interaction. Ultimately the reverse may apply where compensation does not occur. In this instance **instability** in the reaction and potential **disintegration** may take place.

Instability, for example, may occur where the extended family does not support the parent's decision to adopt. This was noted earlier where O'Brien and Zamostny (2002) typically found that grandparents initially respond with little interest or no enthusiasm to the news of adoption. If this occurs on one side of the extended family, for example on the side of the adoptive father's parents, it is not hard to imagine that this would cause distress in the couple's relationship. They may begin to argue frequently, especially if the adoptive father tries to mediate in the conflict between his wife and his parents. This mediation could take place out of the adoptive father's hope that his parents will eventually change or compensate in their interaction with them. Consequently, the adopted child who has been exposed or privy to the couple's conflict may start to display symptomatic behaviour such as withdrawal and academic decline at school.

The couple's constant arguing and the adopted child's symptomatic behaviour demonstrate the instability in the interaction with the paternal extended family. This, in turn, may cause further conflict in the adoptive parent's interactions with other systems external to them. If the family is unable to adapt to these increased demands, then further instability will result and a real risk of total family disintegration comes into play. Disintegration could, for example, manifest when the adopted child is removed by social welfare due to the problems with the child's academic achievements and the parent's conflict with each other, and other systems.

The example above reiterates the importance of a systemic investigation of the issues affecting adoptive families, as by assuming a linear focus on the "presenting problem", say in this instance the adopted child's symptomatic behaviours, one could easily lose sight of the main concern, namely, the instability between the adoptive parents and the extended family. Schweiger and O'Brien (2005) substantiate this importance as they note the kinds of pre – and post – adoption services available to most adoptive families are narrowly conceived and do not consider the broader contexts in which they live.

Change in the adoptive family system is therefore required for its survival. This change occurs via **perturbation** through independent events on either the level of organisation or the level of structure of the system (Maturana, 1978). Commonly perturbation can be described as any external or internal event that causes a disturbance in the adoptive family system's functioning to which it must adapt (Becvar & Becvar, 2003). This adaptation may result in the system either changing or staying the same. External or internal perturbing agents could be, for example; the

introduction of an extended family member into the household or the introduction of new family member in the nuclear family through birth; the death of another family member; or the relocation of the adoptive family into a new area, involving new environments for the working parents, and the school going child.

Perturbation can occur at the level of **organisation** or at the level of **structure** of the family system. According to Maturana (1978) the organisation of a system can be explained as the following:

... it refers to the relations between components that define and specify a system as a composite unity of a particular class, and determine its properties as such a unity. Hence, the organisation of a composite unity specifies the class of entities to which it belongs (p. 3).

The organisation of a system is therefore described as that which defines the system as an entity, which is unified (Maturana, 1978). It illustrates the way in which the individuals in the family system or adoptive family system operate and function with each other. These interactions between the individuals can comply with a primary objective evident in Family Systems Theory, as illustrated by Andolfi et al. (1983):

We start with the assumption that the family is an active system in constant transformation, that is, a complex organism that changes over time to ensure continuity and psychosocial growth in its component members. This dual process of continuity and growth

allows the development of the family as a unit and at the same time assures the differentiation of its members (p. 4).

A group of individuals that function along a generational continuum and which have the intention of mutual growth and development for the group, whilst maintaining the need for growth and development on an individual level, can be defined by society as a family. This statement exists regardless of whether or not the family consists of only a mother and her children or that of a father and a mother with an adopted child.

In contrast to organisation, the structure of the system "... refers to the actual components and to the actual relations that these must satisfy in their participation in the constitution of a given composite unity" (Maturana, 1978, p. 3). Accordingly, the structure of the system is defined as the relations between the parts of the system as well as the specific identity of the parts of the system that make it a whole (Becvar & Becvar, 2003). For example, the structure of a family or an adoptive family could exist of a father and mother who are married with a single son or it could exist of an unmarried father and his adopted daughter with his parents. The structure of the system is evident as having the capacity to alter, and frequently does alter, as members of the extended family may come to live with the nuclear family or children may grow, mature and leave home.

In certain circumstances the structure of the family system may alter through the passing of family members. In this case the structure may transform but ultimately the organisation of the adoptive family system remains unchanged. This occurs as the family maintains its identity as a unity towards the well being of all collectively and

the benefit to each individually. In fact it is only under extreme circumstances that a drastic modification in the system's structure will evoke a transformation in the systems' organisation. An example of this may be where single-child remains after his or her parents pass due to HIV/AIDS, causing the family system to cease to exist.

Changes or transformations that occur in systems through perturbation are those that the structure of the system permits. For this reason, couple subsystems and family systems are defined as being **structurally determined**, meaning that the system itself indicates which variations it can incorporate into its structure (Efran & Lukens, 1985). Variations that are incorporated into the structure of the system that do not result in the system's loss of identity are referred to as **changes of state**. In contrast to changes of state, variations that result in the loss of the system's identity are denoted as disintegration (Maturana, 1978). A variation that results in a change of state without the loss of the system's identity could be where the adopted child becomes an adult and leaves home. Despite the loss of the child's presence in the household, the adoptive family still exists and maintains its identity as family unit. This occurs due to the shared incentive of the well being of all and the individual development of each member. However, if the adoptive couple divorce and the adopted child decides to terminate his or her contact with the couple and reunite with his/her biological parents, this variation would result in the disintegration of the adoptive family systems' identity. Subsequently the family system would then cease to exist.

Structural determinism dictates that the environment does not determine what the system will do, as this is determined by the structure of the system itself (Meyer et al., 2003). The environment and the varying contexts that are contained in it can therefore

only act as provoking or perturbing agents, permitting the possibility of structural change or transformation for which the system's structure determines (Maturana, 1974). Structural determinism emphasises the idea that despite the possibility of an identical perturbation occurring in the lives of adoptive families it cannot be assumed that the reaction or reactions to this perturbation will be identical or even similar, as the structures as well as the organisations of these adoptive families differ.

Consequently, an adoptive family with a specific structure and organisation can adapt to a perturbation such as the loss of a grandparent by each member of the family becoming closer to each other. This could then go to the extreme where they become over - involved or enmeshed with one another. In another adoptive family with a different structure and organisation the reverse may occur where each of the family members becomes more distant. Again, taken to the extreme this could develop into disengagement between the family members. Hence, a new perspective emerges with regard to the concepts of development and change, as the adoptive family system is able to transform into anything it decides to, as long as the environment permits it.

This new perspective is illustrated by Hayward (1984, p. 134) where he writes, "we can think of the continually changing environment continually opening up further possible habitats for species to evolve *into* through their internal pressures, their 'curiosity,' and their vast richness of possibilities." Through the principles of structural development and change and with the understanding that family systems or adoptive family systems differ in their reactions towards perturbations, the need for on-going support for those who have adopted is clearly reinforced. This point indicates that research into the efficacy of post adoption services must be

implemented on a frequent basis and be sown back into families in order to benefit adoptive families. The requirement for on-going research comes from an understanding that adoptive families are heterogeneous, and that their needs and requirements transform as they develop (Emily, 2006; Gibbs et al., 2005).

Structural coupling indicates the fundamental necessity of different systems to co-exist for survival. The focus here falls upon **consensual domains**. As stated by Becvar and Becvar (2003, p. 84), "... as living systems we operate in consensual domains generated through structural coupling in the context of a common language system." We, as individuals, are a part of these consensual domains. Thus, as we observe, we interact with what we are observing. With this interaction we assist in the creation of the reality that we are attempting to observe (Efran & Lukens, 1985). This point illustrates the constructivist stance where individuals are believed to construe their own unique realities through combinations of their genetic compositions, their histories of experience, and their perceptions (Meyer et al., 2003).

As will be shown in the discussion of the ontology and epistemology underlying this study, social constructionism can be considered an extension of constructivism. This extension occurs because social constructionism emphasises the impact of social meanings, on how individuals view the world and create their realities. Thus, as Owen (1992) writes:

Social constructionism is thus the claim and viewpoint that the content of our consciousness, and the mode of relating we have to others, is taught by our cultures and society: all the metaphysical

qualities we take for granted are learned from others around us
(p.386).

Therefore, correspondence is illustrated between the second order cybernetic principle of consensual domains and social constructionism. In the research method the varying debates pertaining to the correspondence between second order cybernetics and social constructionism will be presented.

Conclusion

In this chapter I illustrated the theoretical and conceptual framework that forms the basis for this study. This was achieved by providing an historical account of General Systems Theory and the fundamental principles contained in the conceptual framework. The formulation of Family Systems Theory as a subsidiary to General Systems Theory was then clarified. In addition, a comparison between first and second order cybernetics was revealed, and the central principles and concepts in second order cybernetics were discussed and applied to adoptive family systems. Finally, I demonstrated correspondence between the second order cybernetic principle of consensual domains, the ontology of postmodernism, and the epistemology of social constructionism. These views on the nature of reality will be discussed extensively in the research method, as they have served to provide a better understanding of the impact of the adoption process, and the adopted child, on the adopting couple.

CHAPTER FOUR: RESEARCH METHOD

Introduction

This chapter presents the research paradigm, the research design as well as the research method. Accordingly, this chapter is divided into four sections, commencing with the research questions. Following the research questions the ontology of postmodernism and the epistemology of social constructionism are discussed. The next section will describe qualitative research and demonstrate its significance to this study. Lastly, participant selection, data collection, analysis and verification as well as ethical issues are discussed.

Research Questions

The primary research question guiding this study is, how does adoption perturb the adoptive couple subsystem as well as the adoptive parents individually? The second research question serves to determine how adoption perturbs the couples' interactions with other systems that they are structurally coupled with. These other systems may include the extended family, friends and varying other resources in the community such as church and school. In these interactions attention will be given to grand narratives and the impact that they have on the adoptive parents.

As illustrated earlier in the rationale, the topic of this research study developed through my experience of working with adoptive families. These experiences resulted in curiosity about the impact of external perceptions on adoptive parents. Earlier in the literature review this point was exemplified by demonstrating that socially constructed meanings bring forth realities that include the notion that the practice of adoption is perceived as substandard or inferior to having biological children. Further,

research on adoption has commonly focused on the adopted child and their needs. Consequently, adoptive parents are viewed as “agents” that can assist their child by providing support to them but ultimately their needs appear to be devalued or dismissed.

The exploration of adoptive couples’ narratives therefore serves to provide insight into the third research question, namely: what are the needs of adoptive couples and what support do they require from external sources? Further, through mutual interaction and influence or recursion, noted earlier in the conceptual framework, an investigation into what is required from the adoptive couple subsystem itself in order to achieve these needs will form the basis of the fourth and final research question.

Research Paradigm

Ontology-Postmodernism

Terre Blanche and Durheim (1999) define ontology as, that which “specifies the nature of reality that is to be studied, and what can be known about it” (p. 6). The ontology dictates how the researcher views reality and prescribes what can be known about this perceived reality (Rapmund, 2005). Ontology is in essence the theory of the nature of knowledge. The ontology utilised in the conceptualisation of this study was postmodernism.

Postmodernism represents a dynamic transformation from the predominantly scientific modernist paradigm. According to Lowe (1991), the scientific modernist paradigm maintains “that knowledge can be founded upon, or grounded in absolute

truth..., is 'about' something external to the knower, and can present itself objectively to the knower" (p. 42). On the contrary, the postmodern approaches argue that objective knowledge and absolute truth do not exist (Lynch, 1997). This stems from postmodernism's assertion that there is no singular reality, as each and every individual views the world in his or her own unique way (Dickerson & Zimmerman, 1996). Reality is therefore "understood to be constructed as a function of belief systems that one brings to bear on a particular situation and according to which one operates" (Becvar & Becvar, 2003, p. 89). Behaviour in this sense can never be objectively observed, as behaviour is created through our observing and our perceptions formulate our believing (Jonassen, 1991).

The postmodern approaches, therefore, acknowledge a plurality of perspectives and allow multiple truths (Meyer et al., 2003). Further, each of these multiple realities is noted as being equally valid. This occurs due to postmodernism's demolishing the hierarchical stepladder of assumed experts with their privileged information through the rejection of objective knowledge and absolute truth. Hence, as stated by Gergen (1991), "... if we are to be consistent with the fundamental assumptions of the postmodern worldview, clients must be understood as possessing equally valid perspectives, and we must become aware that there is no 'transcendent criterion of the correct'" (p. 111).

Although postmodernism advocates multiple realities and multiple truths with equal validity, it cautions proponents of this stance about the disrespectful and detrimental effects that certain realities or narratives can have on others (Owen, 1992). This disrespect and detriment frequently occurs via themes of gender, ethnicity, or religion

(Doan, 1997). Thus, although postmodernism acknowledges multiple realities and multiple truths with equal validity, this validity is in terms of the individual. This stipulates that an individual's reality or truth is valid for them but is not necessarily valid or beneficial to all that are privy to it.

In the postmodern ontology a transformation from an intrapersonal level of functioning to an interpersonal one is made (Rapmund, 2005). This transformation corresponds with the conceptual framework presented earlier. Family Systems Theory focuses on the interpersonal functioning between the family members as well as between the family system and other systems in the larger social context (Jasnoski, 1984). Postmodernism maintains that individuals exist within a network of social relations, where their behaviours and functioning differ from context to context (Rapmund, 2005). Consequently, it illustrates the importance of acknowledging both the subjective self and the relational self, as both are vital components in the understanding of human behaviours. The idea of "problems" in a postmodernist stance therefore comes to be viewed as that phenomenon/aspect which exists between individuals in a specific relational context (Gergen, 1991). As individuals develop their self-defining narratives in and through exchanges with significant others in a social context, "problems" result from socially constructed narrative identities and self-definitions, which do not yield effective agency for the tasks that are implicit in their self-narratives (Anderson & Goolishian, 1992).

Neutrality of the Researcher

Postmodernism strongly rejects the idea that the researcher can remain neutral or objective during the research process (Newmark & Beels, 1994). This practically

means that the researcher's experience will, to varying degrees, impact on the study. Due to this impact the research process is believed to develop through mutual exchanges between the research participants and the researcher (Johnson, 1993). In turn these exchanges are influenced and impacted upon by their respective histories, value systems, and biases.

I therefore acknowledge and appreciate the potential impact of the subjective experiences and thoughts on adoption in this study. These subjective experiences and thoughts surrounded my being a 28-year-old male, involved in a seven-year relationship, and having a strong desire to begin a family. By articulating these circumstances it is argued that the participants were more at ease to divulge information about their parental roles as first, they understood that I did not have a personal standard of parenting to compare theirs against. Second, due to my intention to begin a family, the adoptive couples' willingness to divulge was motivated by their sense of teaching and educating me about becoming a parent.

Accordingly, this study is viewed as a co-constructed context with the intended purpose to achieve the accommodation of the respective objectives and aims of each of the members involved in it. In these co-constructed contexts emphasis is sited upon discourse and the role of language (Becvar & Becvar, 2003). The emphasis upon discourse and the role of language occurs, as the system of language is the means by which we come to know and understand our world. Additionally, it is through our coming to know the world that we construct it (Jonassen, 1991).

In maintaining a postmodernist approach it is assumed that many or multiple realities exist in adoptive families. This point indicates that each of the adoptive couples in this study construe their reality in a different manner. Additionally, these realities are influenced and impacted by the social and cultural context that the family exists within. Thus, the adoptive family system, composed of individual members with alternating realities that are structurally coupled with each other, simultaneously resides in the greater social system, with its own reality, to which it is structurally coupled.

By incorporating a postmodern perspective the aim of the research study itself is considered to be a reflection of my construction of reality. Thus, although this reality contains elements of truth and meaning for me, it may not do the same for others such as the participants. This possibility comes about as the participants' construction of reality may manifest into a perspective or view of the world that is completely different to that of my own.

Epistemology-Social Constructionism

Auerswald (1985) defines epistemology as, “a set of immanent rules used in thought by large groups of people to define reality” (p. 1). The epistemology employed in the conceptualisation of this study was social constructionism.

Social constructionism postulates that the development of multiple realities is not based solely on individual construction. Social meanings derived from culture and communicated to one another through the use of language, have a substantial impact and influence on how we view the world that we are a part of (Dean & Rhodes, 1998).

Meyer et al. (2003) write that “social constructionism expands constructivist thinking by including the important role that social and cultural contexts play in the way we interpret the world or create meaning” (p. 469). This reinforces the role of language in the postmodernist, social constructionist stance, as language is no longer a means to depict or illustrate our experience; rather it becomes a means to define our experience (Becvar & Becvar, 2003). Hence, as noted by McNamee and Gergen (1992), “a change in language equals a change in the experience; for reality can only be experienced, and the ‘reality’ experienced is inseparable from the pre-packaged thoughts of the society, or the “fore structures of understanding” (p. 1).

In the social constructionist perspective the self is viewed as relational (Rapmund, 2005). Thus, self-identity can only be achieved and acquired through interactions with other individuals in a social context. Accordingly, Gergen (1985) writes, “social constructionist inquiry is principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live” (p. 266). Dickerson and Zimmerman (1996) note that this objective is achieved by the researcher who “locates meaning in an understanding of how ideas are developed over time within a social, community context” (p. 80).

Finally, the social constructionist approach stresses the importance of identifying grand narratives. Grand narratives are social inventions that represent a socially constructed ideal reality (Berger & Luckman, 1966). This reality is created through shared and agreed upon meanings by members of the community and then communicated to the remaining parties through language (Dean & Rhodes, 1998). Through grand narratives societal members make comparisons and measure their

worth against the ideals set by the society itself (Meyer et al., 2003). In turn, this can result in emotional difficulties or even pathologies for those individuals who do not satisfy these demands (Dickerson & Zimmerman, 1996).

The epistemology of social constructionism is therefore applicable to this study as an adoptive parent's perception of the world is formulated or constructed in their social and cultural context. The reality that adoptive parents reserve, which incorporates the value that they ascribe to themselves such as their self-worth, extends beyond the notion of individual construction to a domain that is influenced by interpersonal relationships. It is here in these interactions with others that the socially accepted meanings, definitions as well as the expectations of an adoptive parent are communicated. I argue that these socially constructed meanings and definitions can result in the formation of pathologising grand narratives.

As noted earlier in the literature review, a primary grand narrative is adoption's classification as a substandard or inferior manner of family formation in comparison to biological families. In the comparison between adoptive and biological families, adopters are designated as "not real" parents, as adoptive relationships are considered by society to have less meaning and worth than blood relationships (Hamilton et al., 2007). Further, an additional grand narrative is displayed where researchers, therapists and other members in society promote the idea that adoption should only have the interest of benefiting the adopted child and not the adoptive parents. Researchers, therapists and societal members that habitually exclude adopters and their needs by focusing entirely on the adoptee display and promote this idea of sole benefit for the adopted child.

As indicated earlier in the conceptual framework a discussion pertaining to the congruence between the postmodernist, social constructionist stance and the theory of second order cybernetics would take place after the central assumptions in these views on reality were provided. To this effect, contrasting views on the congruence between the postmodernist, social constructionist stance and second order cybernetics have occurred over the last two decades.

Proponents who oppose the view that congruence exists are Anderson and Goolishian (1990) who state, “we believe, as we think Bateson later did, that the language of cybernetics is not appropriate or sufficient to deal with the issues of human systems and therapists’ work with them” (p. 159). Anderson and Goolishian (1990) maintain that with its emphasis on the therapist’s or in this instance the researcher’s degree of power in the analysis of the data, the cybernetic approach illustrates the assumed mechanistic control implicit in its core. In contrast to the cybernetic perspective Anderson and Goolishian (1990) promote a narrative stance. The narrative stance views psychotherapy or research as a conversational space where the individual’s life story and the meanings attached to it can be explored and expanded upon. This occurs specifically in therapy where alternative meanings to the same events or reframes can be provided. Through this co-construction the client formulates a differing self-identity and a differing narrative (Rappaport, 1993).

Those who oppose Anderson and Goolishian by arguing that congruence between the postmodernist, social constructionist stance and second order cybernetics are Becvar and Becvar. Becvar and Becvar (2003) are of the view that second order cybernetics does not incorporate notions of power and control on behalf of the therapist or

researcher. Consequently, therapy and research is defined as a mutual interaction that involves the structural coupling of the various systems included in the process (Meyer et al., 2003). As indicated earlier in the conceptual framework, systems are structurally determined. The structure of the system itself therefore indicates what the system can and will do, not the therapist or researcher (Maturana, 1974). Due to structural determinism, power and control is given to all parties in the therapeutic or research context. This occurs, as the relationship is co-constructed through each system's structure coupling with one another in a manner that its structure permits. This transposes to the analysis of the data where the researcher does not exert power and control but rather highlights statements that reveal the structures of the respective systems present in the research context. Auerswald (1968) reinforces a second order cybernetic approach to the analysis of data by writing:

The approach (second order cybernetics) implies a different way of ordering data – not gathering information in order to fit a specific label, but to identify the structure of the field – the systems and subsystems involved and to trace the communications within and between systems (p. 211).

Consistent with Becvar and Becvar's (2003) view, I maintain that the theory or conceptual framework of second order cybernetics corresponds with a postmodern, social constructionist stance. With this correspondence the utilisation of second order cybernetics in the analysis of the data in this study is validated.

Research Design

In this study a qualitative approach was selected. In order to support this selection, a comparison between qualitative and quantitative research is provided below.

Quantitative Versus Qualitative Research

Quantitative research paradigms stipulate that phenomena, such as human behaviour, can be observed and systematically interpreted through mathematical and statistical means (Guba & Lincoln, 1990). The belief of a single objective reality that can be measured and calculated through deductive procedures is therefore assumed (Merriam, 1988). The researcher achieves this measurement and calculation by focusing on relationships of linear, cause and effect and by controlling or manipulating the individual components under investigation. In contrast to this Anderson and Meyer (1988) illustrate that “qualitative research methods are distinguished from quantitative methods in that they do not rest their evidence on the logic of mathematics, the principle of numbers, or the methods of statistical analysis” (p. 247).

Qualitative research assembles information via written or spoken language, which is then analysed by identifying and categorising themes (Terre Blanche & Durheim, 1999). Central to this qualitative mode of data collection and analysis is the understanding that no singular, objective reality exists (Lynch, 1997). Therefore, in a qualitative paradigm multiple realities are assumed to exist. These realities are socially constructed and context dependent (Lynch, 1997). Further, in the attempt to understand these multiple realities the research process requires exploratory, inductive procedures that emphasise processes instead of ends (Merriam, 1988).

In the distinction between quantitative and qualitative research methodology, the distinction between the ontological premises of modernism and postmodernism is simultaneously brought forth. A quantitative paradigm, which assumes a singular, objective reality, is coherent with a modernist stance. In comparison, a qualitative paradigm, which assumes multiple realities created through social construction, is coherent with a postmodern and social constructionist stance. As my view on reality is informed by postmodernism and social constructionism, it is logical that a qualitative research design is selected for this study. In order to validate this selection, a detailed description of qualitative research's central objectives and their correspondence with the aims of this study is provided in the section that follows.

Main Objectives in Qualitative Research

The amalgamation between the objectives of qualitative research and the aim of this study results from the following: first, as Moon, Dillon and Sprenkle (1990) note, qualitative research attempts to “understand the meaning of naturally occurring complex events, actions, and interactions in context, from the point of view of the participants involved” (p. 358). The intention to understand the meanings embedded in the participants' narratives can only be acquired through viewing human situations from multiple perspectives.

In this study this intention was sustained through the understanding that the experiences of adoption are unique for each of the participant adoptive couples. Accordingly, as the experiences for the adoptive couples differed it was understood that the effect of these experiences on the couples' relationship with each other and with others would vary. In turn, it was further acknowledged that varying effects on

the couples' relationship with each other and with others would result in each of the couples having different needs. Due to this understanding of differences in and between the couples' contexts, it is clear that knowledge into their situations could only be acquired via the appreciation and acknowledgement of their narratives from their perspective. On this basis, this validates the first objective.

Second, the focus of qualitative research is to build an in-depth and comprehensive description of the participants' stories (Rapmund, 2005). This objective matched this study's aim. It did not reduce the adoptive couples' experiences to statistics; instead it expanded and elaborated their narratives. This expansion and elaboration not only involved demonstrating each participant couples' experiences and the subsequent impact of these experiences on their relationship with each other and with others, but also extended to why differences may have occurred between the participant couples. By providing an in-depth description of the participants' narratives through a comparison of their data, it is argued that more knowledge surrounding the different needs of the adoptive couples was obtained.

Third, qualitative research is inductive. The researcher, guided by his or her ontology and epistemology as well as theory, personally involves him- or herself into the participants' view of reality (Moon et al., 1990). This is typically achieved through the use of open-ended questions or written reflections (Stiles, 1993). Whilst the researcher personally involves him- or herself into the participants' view of reality, they understand the impact of their subjective interpretations of the participants' responses. This understanding of subjective interpretation then results in the acquisition of in-depth knowledge or assertions into certain phenomena - in this

instance, adoption. As I view reality through postmodern, social constructionist lenses it follows that I was involved in this study in order to obtain a rich description of the participants' narratives. Due sensitivity and empathy was shown in the in-depth interviews and discussions. This sensitivity and empathy, in turn, created a context where the couples were able to express their personal experiences of adoption more easily. In comparison to a qualitative approach it is maintained that a quantitative paradigm would have restricted this expression by trying to reduce their experiences into numerical formats. Additionally, through the creation of context that encouraged the participant couples to converse, greater insight and understanding about the functioning of the family system was obtained. Consequently, this aided the analysis of the data.

Fourth and finally, the focus of qualitative research is upon process as opposed to outcomes (Merriam, 1988). By focusing upon process the materialization or emergence of meanings and patterns in the research setting is encouraged. In this way the importance of context as the matrix of meaning is experienced. This stems from the recognition that the research participants' explanations or descriptions of their experiences can only be understood in relation to the context that they function and exist in (Addison, 1992). The knowledge acquired from the research participants is unique to them and their context. To this effect, the information or knowledge obtained from the adoptive couples will not provide absolute or definitive solutions to the greater population of those who have adopted or those therapeutically working with adopted families. At best, it can only serve to provide advice to adoptive parents and professional personnel. In turn this insight may or may not assist them due to its specificity to the participants' contexts.

The quantitative term of generalisation is therefore replaced by transferability in this study. Transferability in essence means that through the creation of a comprehensive account of the meanings embedded in the participants' narratives, readers can decide for themselves to what extent the findings can be utilised and incorporated in similar settings or contexts (Babbie & Mouton, 2002; Kopala & Suzuki, 1999; Moon et al., 1990).

The congruence between postmodernism, social constructionism, qualitative research and the aims of this study has been provided. The next section will present the methods that were utilised to conduct the research.

Research Method

The research method refers to the specific methods and procedures used by the researcher in conducting the study (Gravetter & Forzano, 2003). The section beneath illustrates the strategy or strategies that were implemented to achieve the aims of this study.

Sampling

The selection of research participants for the sample is deemed as being one of the most critical issues in the development of a research study (Gravetter & Forzano, 2003). The importance of this issue resides in locating individuals that correspond with the theoretical requirements. In contrast to quantitative studies that generalise results across the target population, qualitative researchers characteristically prefer to study a smaller amount of cases that highlight individual differences and context (Moon et al., 1990). The researcher typically selects these limited cases according to

their correspondence with the research topic. Judgement is therefore exercised in creating controls that filter through possible participants, eliminating those that do not meet the study's theoretical criterion.

In this study adoptive couples were incorporated. The selection of couples as opposed to individual participants stems from Family Systems Theory. As stated earlier in the conceptual framework, systems are composed of subsystems. Examples of subsystems in the adoptive family are individual systems, that is, the individual members themselves, and the spousal or couple subsystem. Focus is also on the interaction between the partners in their relationship. Finally, the parental subsystem as well as the interaction between the partners in relation to their children is also reflected upon (Becvar & Becvar, 2003). Examples of subsystems in the greater community can include extended family, friends, work, church, as well as school.

The aim of this study was to focus on the individual, spousal or couple as well as the parental subsystems and the interactions between them in the adoptive family. This also extended to the interactions between the adoptive family subsystem and further subsystems in the community. Thus, each partner's individual experience of adoption was explored. This was then followed by an investigation into how these experiences have impacted upon their relationship as a couple and as parents to an adopted child. Lastly, the interactions between the adoptive couple and subsystems that they are structurally coupled with in the community were explored.

A restriction on the quantity of participants in qualitative research studies is typically noted. This restriction develops through the quality and the depth of the data that is

required for the aims of the research (Moon et al., 1990). In this study, three adoptive couples were utilised. Following the data collection process, this quantity of participants was deemed sufficient as their written and/or verbal accounts satisfied the aims of the study.

The sample of three couples was obtained through convenience as well as snowball sampling and was criterion based. Thus, **Couple 2** was acquired through a friend. A private social worker then provided the details of **Couple 3**. Lastly, **Couple 3** referred **Couple 2** as both couples attend the same support group for adoptive parents. To satisfy the criteria, couples had to be; White/Caucasian couples with the age range of the adopted child being between 8 to 13 years. The length of the adoption process had to be a minimum of 5 years. The reasons for the criteria to participant selection are presented below.

As illustrated earlier in the rationale and the literature review (Gibbs et al., 2005; Kohler et al., 2002; Smith & Howard, 1994; Brodzinsky et al., 1992; Lee, 2003; Sobol et al., 1994) the criterion age range for this study is depicted as yielding the greatest challenges for adoptive parents. It was therefore assumed that this developmental period would have the greatest impact on participant couples, individually as well as relationally and would be a true indicator of their most fundamental needs. This correlates with the aim of this study, namely to gain understanding and insight into adoptive couples' needs in adoption. Further, considering that the criterion of the adoption process is a minimum of 5 years, it was maintained that the experiences and needs of the adoptive couples could be explored along a continuum.

The selection criteria of the participant couples served to enhance the transferability of this study to other adoptive parents in similar contexts. As noted earlier in this chapter, the findings obtained from this study are not absolute. The results of this study, therefore, cannot and should not be generalised across the greater population of adoptive couples in South Africa. At best the selection criteria only increase the possibility that this study may provide some assistance for adoptive parents in similar cultural and developmental contexts.

No contact had occurred between the participants and myself prior to this study. After being provided with the contact details of the adoptive couples that satisfied the criteria for this study I contacted the adoptive parents via text message. In this text message it was asked whether or not it would be possible for me to contact them telephonically at a mutually convenient time. After receiving a response I contacted the couples at the designated time and discussed the aim of the study as well as the research process to be followed. From the onset of the telephonic contact I clarified my name as well as my connection to Unisa as a Master's student. This action was performed in order to corroborate my identity. Subsequently, this verification of identity assisted in the development of trust on the participant couples' behalf. During the telephonic discussion an initial meeting was arranged. The purpose of this meeting was to discuss the study, its aims and what was expected of the participant couples in detail. The importance of this meeting and discussion was noted in a prospective adoptive couple's decline to participate in the study due to the time required for the written narrative.

A description of the participant couples' contexts will be provided in the results and discussion. These descriptions will include additional information surrounding the adoption process such as the reason(s) for the adoption, as well as the duration of the adoption proceedings. This additional information was obtained during the initial interview and served to assist in the analysis of the data as well as the transferability of the study.

Data Collection

According to Moon et al. (1990) information in qualitative research studies is gathered or collected using interactive and non - interactive methods. The information acquired is generally visual or verbal as opposed to statistical, as typically found in a quantitative framework (Stiles, 1999). In the current study a two-stage approach to the data-collection was selected. The first stage was generated as the written accounts of the adoptive couples' experiences of adoption. Due to the length of these transcripts, a sample of one of the participant's written account is provided in Appendix B. The individual participants were therefore asked to write a historical narrative of their experiences prior to the adoption, continuing through the adoption process to the present time. No restrictions or limitations were placed on what information or what quantity of information could be included in the written narratives. By not enforcing limitations it was believed that the written narratives would rest solely on how the adoptive parents' perceived the process of adoption as well as the subsequent experiences thereafter. As a result the participants' written narratives reflect their lived experiences devoid of any outside interference or influence.

As noted earlier in this chapter, a primary objective in qualitative approaches is to understand the participants' stories from the point of view of the participants themselves (Moon et al., 1990). To this effect, the employment of boundary - less written narratives demonstrates congruence between this first stage of data collection and a qualitative research design.

Finally, by implementing written narratives a subtler and less intrusive method of data collection resulted. This is in comparison to initiating the research through interviews, which is often anxiety provoking. Trust between the research participants and myself was therefore heightened by the request for written narratives. Further, through this trust a less turbulent transition into the second stage of data collection occurred for the participant couples where a semi-structured interview was required. This will be discussed in greater detail in the subsequent paragraph.

Semi-Structured Interviews

In the initial meeting with the participants it was explained that these narrative accounts would be utilised as a component of the study. Specific themes were therefore clarified and/or explored further in a relational context where needed. This need developed from a possible lack of information which was provided by the participant(s) in their written narratives, or where the information given was unclear. This process of acquiring additional information or clarifying the information already provided formed the second stage of data-collection that is a semi-structured interview. Due to the length of these transcripts, a sample of one of the participant couple's semi-structured interview is provided in Appendix B.

Semi-structured interviews were performed with **couple 1** and **2**, as the information obtained from their individual written narratives was limited. Finally, an individual semi-structured interview was performed with the husband in **couple 3**. This individual interview was required as he was unable to provide a written narrative. Further, this semi-structured interview was conducted individually as the initial meeting with **couple 3** revealed the wife's over involvement in her husband's attempt to express his narrative. Consequently, it was assumed that a one on one interview would encourage the husband to discuss his narrative more freely. The possible limitations of this assumption will be discussed in detail in the conclusion. After concluding the interview with the husband in **couple 3**, his wife was asked to read the transcribed interview. In addition, the husband was asked to read his wife's written narrative. The reason for incorporating this strategy with **couple 3** was that it served to enhance catalytic validity. Catalytic validity refers to the participants' experience of whether or not positive transformation had occurred through the research (Stiles, 1993). Thus, as I assumed that awareness for the participants' into their partner's experiences of adoption may enhance positive transformation; the need for **couple 3** to read each other's texts was deemed essential. Catalytic validity will be discussed in greater detail in the later stages of this chapter. Further, catalytic validity for each of the participant couples will be demonstrated in the conclusion of this study.

An open stance that allowed flexibility was maintained throughout the semi-structured interviews with the participants (Moon et al., 1990). Thus, despite specific questions being created via the written accounts of **couple 1** and **2**, I still maintained an unstructured stance in the interview process. Additional questions were therefore based on the feedback from the participants in their responses to previous questions.

Although unstructured in nature, the focus of these questions was predominantly on their experiences prior to and during the adoption. This included how their experiences before and during the adoption have affected them individually and together as a couple. Further, these experiences were then explored in terms of their impact on the couple's relationship with extended family, friends, schools, churches and any other subsystems that the adoptive family may be structurally coupled with. Finally, the content of these questions was not only influenced by the responses that the participants provided, but also the following:

- my experience of the relevant literature
- the theoretical and epistemological framework that was employed in this study
- my personal and subjective perspectives and biases from personal history of experience
- the co-constructed context and the associated meanings that resulted from the interaction between the participant couples and myself.

After implementing the semi-structured interviews the data obtained from both stages were combined. Through this merger the data was then structured via thematic analysis to establish and align information with the theoretical assumptions discussed earlier in the conceptual framework. A detailed discussion of thematic analysis is provided below.

Data Analysis

In this study an interpretive method of thematic analysis was employed. The primary reason for selecting this form of analysis is due to its coherence with an interpretive

approach. Hence, thematic analysis aims to provide a “thick” description of how the participants’ experience and understand their realities. In turn, this “thick” description incorporates the formulation of and subsequent exchange of meanings in the process of research (Geertz, 1973; Rubin & Rubin, 1995). Additionally, thematic analysis maintains the primary incentive of being able to locate meaning and to develop understanding in the transcribed text (Wilson & Hutchinson, 1991).

Underlying this approach to data analysis are the following assumptions adapted from the workings of Addison (1992): first, it is believed that individuals give meaning to their experiences and ultimately the understanding of their behaviours relates directly to the understanding of the meanings attributed to them. Second, this meaning can be expressed in various forms and not just that of verbal means. Third, the attribution of meaning is believed to be informed by the immediate context, societal structures, personal lived experiences, shared practices or rituals, as well as language. Further, this meaning is in constant flux, as it is renegotiated and evolves with time, in differing contexts that involve differing individuals. Fourth and finally, despite interpretation enabling an individual to make sense or understand his or her reality, this interpretation is informed and impacted upon by the interpreter’s history of experience and values, thereby eradicating the notion of “truth” or correspondence to an objective reality (Newmark & Beels, 1994). This point is reinforced by the importance of the researcher’s stance or position in the process of interpretation. Addison (1992) writes, “analysing is a circular progression between parts and whole, foreground and background, understanding and interpretation, and researcher and narrative account” (p. 113). This “hermeneutic spiral” demonstrates the researcher’s constant position between him- or herself and the data (Tesch, 1990). Crabtree and

Miller (1992) validate the researcher's position in the process of analysis by stating, "a constructivist inquirer enters an interpretive circle and must be faithful to the performance or subject, must be both a part from and part of the dance, and must always be rooted in context" (p. 10). The researchers' involvement in this dance ultimately includes their subjective experiences and biases in the interpretive process.

It is maintained that the objectives of thematic analysis correspond with this study's ontological and epistemological assumptions central in its qualitative structure. This correspondence primarily rests upon rich descriptions of the adoptive participants' experiences of adoption having been acquired. Through these rich descriptions I believe that new insight in the participants' lived experiences has emerged. This insight was only acquired through the acknowledgement that the participants' narratives are context specific and have been influenced and impacted upon by various members and institutions in their communities. The acknowledgement of the adoptive couples' contexts as well as how members of the community, societal structures and language have affected them is demonstrated via this study's aim to explore the interactions between the adoptive participants and subsystems external to them. Finally, correspondence between thematic analysis and this study is noted by the interpretations having been formed through a co-constructed research context. This acceptance highlights the presence and the influence of my subjective biases in the research process. Accordingly, this validates the statement that the interpretations of the data are not absolute and do not represent the "truth" or an objective reality.

Despite the fact that thematic analysis or hermeneutics is without a set of prescribed techniques (Rapmund, 2005), the following stages are provided to clarify how the analysis of the data in this study was performed, namely:

Step 1: Familiarisation

Familiarisation refers to the researchers' immersion into the participants' world through their texts and interviews (Addison, 1992; Terre Blanche & Kelly, 1999; Wilson & Hutchinson, 1991). Despite having preconceived ideas and theories concerning the topic, my initial attempt in the analysis was to understand the participants' world from their point of view (Terre Blanche & Kelly, 1999). Consequently, I acquired familiarisation in this study by reading and re-reading the participants' written narratives/transcribed semi-structured interviews as well as I drew on my experience of each of the interviews conducted. Familiarisation in the participants' world was aided by unpacking. Unpacking refers to the researcher's focus on how he or she lays out the meanings of words and/or images (Kelly, 2006).

Step 2: Coding

Coding is defined as the process of dissecting the text into manageable and meaningful text segments by using a coding framework (Attride-Stirling, 2001). As Attride-Stirling (2001) notes, coding frameworks can be completed "on the basis of the theoretical interests guiding the research questions, on the basis of salient issues that arise in the text itself, or on the basis on both" (p. 390). In this study the text from the written narratives and transcribed interviews was coded according to the conceptual principles of second order cybernetics as well as significant issues that arose in the texts. Thus, passages and quotations that reflected second order

cybernetic principles and/or issues pertinent to the aims of this study were provided with codes.

Step 3: Thematising

Thematising refers to the process of extracting the salient, common or significant themes in the coded text segments (Attride-Stirling, 2001). To this effect, I inferred themes by reading through each of the participants' text segments with the same code. Following this, sections from these text segments that represented a specific second order cybernetic principle and/or a significant issue were removed. Sections from each of the participants' texts that were representative of a specific second order cybernetic principle and/or a significant issue were then grouped together, forming a theme. These themes were distinct from one another to prevent repetition. Additionally, the themes were broad enough to include further information from different segments of each of the participants' texts (Attride-Stirling, 2001).

Step 4: Elaboration

Elaboration refers to the researcher's re-examination of the themes, in order to identify any nuances that were overlooked in the initial stages of coding and thematising (Terre Blanche, Kelly, & Durheim, 2006). In this stage I explored the inferred themes on a deeper level by constantly questioning and probing the text. This exploration yielded a greater understanding and meaning of the participants' world and the conceptual principles contained therein. The exploration within the inferred themes was aided by my engaging in the 'hermeneutic spiral' (Tesch, 1990).

Step 5: Interpretation and Checking

In the final stage the researcher is required to relate the discovered meaning(s) to the research topic (Terre Blanche et al., 2006). In this stage I therefore compared my interpretation of the participants' texts to the original research questions of this study. Additionally, I was able to reflect on my role in the research process and how I may have influenced data collection and interpretation (Terre Blanche & Kelly, 1999).

Procedures to Ensure Trustworthiness

Reliability

In quantitative research the concept and statistical measure of reliability refers to what extent the investigation can be replicated under identical research conditions and yield analogous results (Gravetter & Forzano, 2003). However, this quantitative definition of reliability is incongruent with this study. This incongruence results as the idea of a singular, objective reality that is subject to rigorous and systematic investigation and does not exist in a qualitative framework (Stiles, 1999). Additionally, qualitative research designs that employ the epistemological premises of social constructionism dictate that research is a joint endeavour between the researcher and the participants. Hence, the researcher and the participants create the research context through the process of co-construction (Meyer et al., 2003). In this regard the knowledge generated through this co-construction is context specific and cannot be replicated (Saunders, Lewis, & Thornhill, 2000).

The notion of reliability in this qualitative study therefore transforms from the statistical value of the stability of measurement to the emergence of new ideas, new opinions and new behaviours of the research participants. Stated differently,

qualitative reliability specifies that a novel research reality is created through the dynamic interchanges between the researcher and the participants (Stiles, 1999). Further, in this creation of a unique research reality, Stiles (1993) notes that an emphasis is placed upon the researcher's "trustworthiness of observations or data" (p. 601). The following strategies can be used in order to establish trustworthiness. These strategies were implemented throughout this study:

Disclosure of Orientation

Qualitative reliability stipulates that the researcher provide a clear demonstration of their orientation in the research (Stiles, 1993). Subsequently, throughout this chapter, a detailed description of the ontological, epistemological, as well as the theoretical premises and their correspondence with the aims of this study has been provided. The need for this disclosure rests on the fact that these ontological, epistemological, and theoretical assumptions have influenced me in my punctuation of reality, my expectations of the research, as well as in my interpretations of the participants' experiences (Stiles, 1999). Additionally, the disclosure of my orientation places the research in context. The need for this placement in context was discussed previously in the transferability of the results. In this discussion of transferability it was illustrated that the findings of this study cannot be generalised across the greater population of adoptive parents. Hence, the reliability of this study rests on the readers' knowing that the results are specific to the research context that was created between the participants' and myself (Saunders et al., 2000).

Explication of Social and Cultural Context

In qualitative research it is imperative that the researcher provide a detailed account of the study's social and cultural context. Further, detailed descriptions of the participants' individual contexts must be given (Stiles, 1993). The need for these detailed descriptions develops from the researcher's observations and interpretations of the data being influenced by the participants' backgrounds and current social circumstances (Addison, 1992). A detailed description of the participants' contexts will be provided in the results and discussion.

Engagement with the Material

The manner in which the researcher engages with the material demonstrates the relationship between the researcher and the participants, as well as between the researcher and the material that he or she has obtained from them (Stiles, 1993). My primary objective during the collection of the data in this study was to form a relationship of trust with the participant couples. Through this trust the participants' were encouraged to openly express their experiences of adoption, whether they were negative or positive. Additionally, the participants' recounting of their stories was aided by the use of questions that focused on asking "what" instead of "why" (Stiles, 1999). After establishing trust in the relationship with the participants I was able to immerse myself into their stories by reading and re-reading their text. Through this immersion a relationship between the data and myself was established (Addison, 1992; Terre Blanche, & Kelly, 1999; Wilson & Hutchinson, 1991). This relationship then aided the understanding of the participants' experiences and the trustworthiness of the observations.

Grounding of Interpretations

The grounding of interpretations refers to the researcher's ability to establish links between his or her observations, the content, and finally the context (Stiles, 1993). Consequently, these links corroborate the trustworthiness of the researchers' analysis as they demonstrate that his or her observations do not exist in isolation. Rather these observations are triangulated with two different components of the research process being, the content and the context. In this study I grounded the interpretations by identifying themes and verifying these themes through examples from the participants' data.

Validity

Quantitative validity refers to the extent to which the research measures the designated variable (Gravetter & Forzano, 2003). Implicit in this quantitative definition is the assumption that the variable exists in an objective reality. Further, this objective reality is subject to empirical investigation (Guba & Lincoln, 1990). On this basis, if the researcher maintains a stance of autocratic control in the quantitative investigation then it is believed that he or she will be bestowed with "true" findings (Longino, 1990).

As indicated in the discussion of the research paradigm as well as the research design, the assumption of "true" findings in this study does not exist. The exclusion of this assumption rests on this study's qualitative, postmodernist and social constructionist belief of multiple realities with multiple truths (Meyer et al., 2003). In this study the definition of validity therefore transforms from a statistical value that reflects the degree of "true" findings to my attempt to observe and analyse the data from different

perspectives. Thus, as indicated by Kopala and Suzuki (1999, p. 29) qualitative validity represents “a quality of the knower, in relation to his/her data and is enhanced by alternative vantage points and forms of knowing.” The following strategies can be used in order to establish validity. These strategies were implemented throughout this study:

Triangulation

Triangulation refers to information or data from multiple sources, multiple collection and analysis methods, and/or multiple investigators (Babbie & Mouton, 2004). By including these multiple actions or tasks researchers’ are able to obtain different constructions of the participants’ realities. Accordingly, triangulation in this study was achieved via the following steps: first, an in-depth review of the existing literature surrounding adoption was conducted. Second, data was obtained from the three participant couples either through written narrative accounts (the wife in **couple 3**), individual interviews (the husband in **couple 3**) or finally, joint interviews combined with the written narratives (**couple 1 and 2**). Third and finally, this data were then analysed through thematic analysis.

Testimonial Validity

Testimonial validity refers to the participants’ sense of whether or not the information that they have provided as well as the researcher’s interpretation of this information is accurate (Stiles, 1999). It therefore follows that testimonial validity is obtained from the research participants themselves. Testimonial validity was implemented and acquired in this study via the semi-structured interviews, as this context allowed the participants to first, corroborate or refute the information in their written narratives

and second, to gain an understanding of my interpretation and subsequent formulation of the themes within their data.

Uncovering

According to Stiles (1993) self-evidence refers to “making sense of our experiences” (p. 608-613). Thus, “uncovering” refers to whether or not the researcher can make sense of his or her experiences during the research. Moreover, self-evidence asks the researcher if his or her initial questions and concerns have been addressed during the course of the study (Stiles, 1999). Uncovering was achieved in this study and will be demonstrated in the conclusion.

Catalytic Validity

Catalytic validity questions whether or not the research process makes sense to the participants (Stiles, 1993). Additionally, catalytic validity asks to what extent transformation and positive development on behalf of the research participants has occurred through the research (Stiles, 1999). In this study the participants were able to formulate alternative narratives. This in turn allowed them to progress beyond the debilitating silence of grand narratives and to enrich their growth and development in acquiring effective agency in the tasks implicit in their self-narratives. Further, this study provided a context that encouraged healing for the participants. This healing was achieved via the participants’ conversing about previous traumas, which they may not have discussed in depth previously. Catalytic validity for the participant couples will be presented in the conclusion.

Reflexive Validity

Reflexive validity or permeability refers to the way in which the researcher's thinking has changed due to the information in the study (Stiles, 1999). In this study it is duly noted that I have gained a substantial degree of insight into the experiences of the adoptive couples. Consequently, this insight has intensified the way that I initially thought about the adoption process and the act of adoption for adoptive parents and the greater family system.

Procedures to Ensure Research Ethics

Gravetter and Forzano (2003) write, "research ethics concern the responsibility of researchers to be honest and respectful to all individuals who may be affected by their research studies or their reports of the studies' results" (p. 59). In this study the following guidelines were adhered to throughout the stages of the research process in order to ensure that ethical responsibility was maintained:

No Harm

A primary concern for the researcher is to protect the research participants from any psychological discomfort or harm (Gravetter & Forzano, 2003). This psychological discomfort or harm may manifest in, amongst others, anxiety, depression, or anger. The primary means of preventing this psychological damage can be achieved by the researcher informing and reassuring the research participants about what is required from them and why it is required. Additionally, the researcher needs to discuss the possibility that painful feelings or emotions for the participants may be evoked during the research process.

In this study the intended purposes as well as the process of the research was clearly articulated to each of the three participant adoptive couples. This articulation included both written accounts, evident on the consent form contained in Appendix A, as well as oral accounts, being verbalised prior to the request of the first and second stages of data collection. Further, I monitored the participant adoptive couples during the research process in order to terminate the proceedings if any distress was evident. Prior to data collection the participants were provided with the details of a clinical psychologist, noted on the consent form in Appendix A, in the event that either they or I believed that therapeutic assistance was required.

Confidentiality and Anonymity

Confidentiality refers to the act of keeping information about participants and measurements, stringently secret (Gravetter & Forzano, 2003). The practice of confidentiality is a fundamental ethical guideline as it safeguards the research participants from distress caused by public exposure. Additionally, confidentiality increases the prospect of enthusiastic and honest participation because through this protection the participants are more inclined to express their narratives (Gravetter & Forzano, 2003). Central to the ethical guideline of confidentiality is the act of maintaining participants' anonymity. Anonymity ensures that the information obtained from the research participants cannot be linked or associated to them with respect to their names or areas of residence.

In this study confidentiality and anonymity was ensured through the following practices: first, the information or data collected from the participants was kept securely in a locked environment. Second, all of the adoptive couples' personal details

capable of identifying them such as their names were amended. Third and finally, all of the information or data obtained will be destroyed after a five-year period.

Informed Consent

Gravetter and Forzano (2003) note, “the principle of informed consent requires the investigator to provide all available information about a study so that an individual can make a rational, informed decision to participate in the study” (p. 67). Thus, the participant’s right to decline participation in the study prior to as well as during the research process is integral. Further, the participant’s decision to partake in the study must be made without any duress or influence from the researcher.

The participants in this study were informed about the aims of the research as well as the research methods via a verbal discussion as well as a written consent form. Through the elucidation of the aims and the research methods the participants were provided with a clear description of what was expected or required of them in this study. Further, measures that would be implemented to ensure anonymity were included in the initial verbal discussions between the participants and myself as well as on the consent form. Potential research participants were then provided with the contact details of the researcher’s initial supervisor, Elmarie Visser and co-supervisor, Ilse Ferns. These details were provided as assurance to the participants that they would be able to be provided with additional information about the research.

A copy of the consent form provided to the research participants can be found in Appendix A.

Benefits for the Participants and Researcher

The primary aim of this research study was to provide a space where the experiences, whether positive or negative, of adoptive parents could be expressed. Through this expression the participants' achieved knowledge and insight into their experiences. This knowledge, in turn, has assisted the participants in working through their possible emotional trauma that they have experienced. This emotional trauma and how the participants' worked through it will be discussed in detail in the results and also discussed in the conclusion.

Additionally, I benefited in this study by acquiring knowledge and insight into the adoptive couples' experiences of adoption. Further, in the process of this study I also learned and gained experience in the field of research. Lastly, it is hoped that areas of assistance and support for adoptive couples can be improved upon through this research. Thus, the findings of this study could prove to be highly beneficial for those couples that are considering adoption, as well as to professional personnel such as psychologists working with families of adoptive families.

Providing Participants with Information

After the results of this study were analysed and examined, a summary containing these results was provided to each of the three participant couples.

Conclusion

In this chapter the ontological and epistemological assumptions contained in postmodernism and social constructionism were demonstrated. This demonstration was provided as these assumptions form the basis of my view on reality and therefore guided the interpretation of the data. Additionally, the research process was explicated

by highlighting the inherent nature of the study, that is, a qualitative exploration of the experiences of adoptive parents. The sampling technique and the procedures employed to obtain the information from the participants were then noted. Following the sampling technique and data collection methods, the stages of thematic analysis were discussed. Finally, qualitative reliability and validity as well as ethical procedures to ensure the fundamental requirements of benefit and no harm to the research participants were noted and briefly discussed.

CHAPTER FIVE: RESULTS AND DISCUSSION

Introduction

This chapter presents the findings of this study. The participant couples' contexts are discussed. This discussion is followed by the results that are divided into three central themes, namely: grief and adoption, adoption and interaction, as well as anxiety and the adopted child's individuation. Lastly, similarities and differences between the participant couples are demonstrated in this chapter.

Explication of the Context

A detailed description of each of the three participant couples' contexts is presented beneath. The presentation of the participant couples' contexts serves to enhance the analysis and transferability of the data. Earlier in the research method, transferability was defined as the researchers' ability to provide a comprehensive account of the meanings embedded in the data, so that the readers can decide to what extent the findings can be used in similar settings or contexts (Babbie & Mouton, 2002; Kopala & Suzuki, 1999; Moon et al., 1990).

Couple 1

The husband is 47 years of age and his wife is 45. The couple were married in 1995 and they reside in the North of Gauteng. They have three sons. Their eldest boy is adopted and he is eight years of age. The adoption took place at birth. Therefore, the period of adoption is almost nine years. Following a cycle of In Vitro Fertilisation (IVF) the couple conceived twins that are now five years old. The couple are self-employed in the medical field, as the husband is a surgeon and his wife is a gastroenterologist.

After the passing of their first-born son, due to cot death combined with medical difficulties that occurred after their first pregnancy, the couple were referred to a fertility clinic by their gynaecologist. Having gone through a number of cycles of IVF, the wife fell pregnant on two occasions but one pregnancy resulted in a miscarriage and the other was an ectopic pregnancy.

During the IVF treatment, the wife spoke to a colleague who had adopted a child, and obtained the details of their social worker. The couple began the screening process and after being listed in November 1999 they adopted a child the following year.

On the day of the interview I arrived at the couple's house to find the wife busy with her three sons. The eldest boy, their adopted child, sat quietly on the couch watching television whilst his two younger brothers were still trying to use up the last bit of energy that they had left from the day by running between their rooms and avoiding the dreaded bath time. As I waited for the husband to return from work, I spoke to their adopted son whom I had met previously in the initial meeting. I asked him what he was watching and what other favourite programs he had to which he responded with somewhat subdued interest yet still with great politeness. On the husband's arrival and his being greeted by the family, the three sons were told that it was time to get some rest for the day ahead. I then sat with the couple and their dog, which was eager to make friends with both the dicataphone and myself, in their lounge and after a few short minutes the interview was initiated.

Couple 2

The husband is 52 years of age and his wife is 39. The husband works as a Court Appointed Special Advocate (CASA). The couple resides in the East of Gauteng. They were married in April 1994. Their adopted daughter is 12 years old and was adopted at birth from the wife's younger sister/the husband's sister in law. The adoption occurred after the couple had attempted to fall pregnant with no success. After consulting a fertility clinic it was discovered that the husband's sperm fertility was less than 1%, as he had suffered from Mumps and Chicken Pox at the age of 30. Thus, the prospect of a successful pregnancy, even with the assistance of IVF, was limited.

Shortly after consulting the fertility clinic the wife's younger sister fell pregnant from what is reported to have been an unplanned sexual encounter. The wife had cared for her sibling for the majority of her life, as her younger sister suffers from suspected Fetal Alcohol Syndrome. According to the couple, the biological father of the baby had no desire to have any contact or take part in raising the child. Reportedly, the biological father's preference was to abort the pregnancy. The couple, being strongly opposed to the idea of abortion and knowing that their younger sister/sister in law had great financial and emotional concerns about raising the child, offered to adopt her baby. The sister/sister in law accepted and a private social worker was contacted to assist in the adoption process.

Since the adoption, the younger sister/sister in law has married and has had two children of her own. No restrictions were placed on the younger sister's/sister in law's

contact with her biological child but in line with being an 'Aunt', they will only communicate on the child's birthday or at Christmas.

On the day of the interview I was met by the husband at the gate of their home and shortly afterwards the wife followed him down from their garden to welcome me. I was led into the main entrance of the household where I was introduced to their adopted child. As I tried to make conversation with her I could feel both the love and sheer devotion towards her well being from each parent. After this brief introduction the husband, who appeared to be somewhat anxious, lit up a cigarette and stood on the out skirts of the lounge where he listened to the conversation between his wife and myself. Shortly after finishing his cigarette he sat down on the couch next to his wife and in a brief moment it appeared that both partners were reassured to participate in the interview by each other's presence. Following this I placed the dictaphone between the couple and myself and began to ask the first question.

Couple 3

The husband is 56 years of age and his wife is 51. The husband works as a Commercial Manager. The wife is a home executive. The couple resides in the North of Gauteng. They were married in May 1990. Their adopted daughter is 11 years of age. After numerous attempts to fall pregnant, which included approximately twenty Artificial Inseminations (AI) and several IVF procedures; the wife was informed that she was suffering from Endometriosis. Despite receiving treatment and curing the Endometriosis, the couple's attempts to fall pregnant were unsuccessful. In 1997 they were informed that they had conceived a child but the child died after six days due to a miscarriage. Following the miscarriage, couple 3 decided to adopt. Having

completed the screening process, they were provided with a baby on the 31st of January 2000. However, the biological mother decided to terminate the adoption process in the sixty-day waiting period. Shortly after having to relinquish their adopted child to the biological mother, the social workers contacted the couple and explained that they had another child in need of a home. Subsequently, the couple adopted their child at birth on the 22nd of April 2000.

On the day of the interview I met with the husband at his office, which was vacant due to it being a weekend. The husband, filled with energy and excited for the meeting, directed the way to a large conference room carrying a basket that was filled with coffee and biscuits from his wife. As I sat over the large desk between the husband and myself I was overcome by the space in the room and felt that a microphone instead of a dictaphone was perhaps needed. However, the space in the room gradually became less and less as we began the interview and the coffee and biscuits were shared. Finally, the wife's metaphoric presence through the basket was accompanied by her physical presence in the interview where she phoned her husband and spoke to him for several minutes.

Themes

Grief and Adoption

The mitigating factors for adoptions are central to the understanding of adoptive couples' experiences. This centrality occurs, as the mitigating factors for the adoption act as perturbation on the couple subsystem. Earlier in the conceptual framework, perturbation was defined as any external or internal event that causes a disturbance in

the system's functioning to which it must adapt (Becvar & Becvar, 2003). Perturbation may result in a change of state, where the couple adapts without the loss of identity as a couple. In other instances perturbation may threaten disintegration, where the couple could lose their identity as a couple, for example, through separation. The threat of disintegration occurred for each of the participant couples and will be demonstrated in the sections that follow.

Loss and Trauma

The mitigating factors for adoption are not ubiquitous. However, a common contributing factor for adoption is the inability to conceive or to carry the unborn child to term. This may be due to medical reasons; either in the male or female or in certain instances both (Nichols et al., 2000). In this study, the reason for the participants' decision to adopt was because of medical complications.

For **couple 1** and **2**, these medical complications resulted in a number of cycles of IVF and subsequent miscarriage of a pregnancy in each relationship. Further, the miscarriage in **couple 1** had been preceded by the loss of their first child that passed after 12 days from cot death. Similar to **couple 1**, **couple 3** experienced the loss of a child when they were requested to return their adopted child to the biological mother in the sixty-day period. Lastly, for **couple 2**, the incorporation of their adopted child into the family meant that the wife's younger sister was no longer able to reside with them. As the wife had cared for her younger sister for the bulk of her life, she had considered herself to be her younger sister's "mother." As the relationship progressed, the husband too began to care for his sister in law as his own. Thus, the relocation of the younger sister/sister in law after the adoption left **couple 2** with the feeling of

having lost their “foster” child. **Couple 2’s** sense of having lost their “foster” child is illustrated in the excerpt beneath. Please note from henceforth the wife in the participant couples is denoted by (W) and the husband by (H).

Couple 2 (W): *...it was very sad for me when she (younger sister) left but you could not dwell on it, you have to move on...*

I: *Was that the same for you (husband) and why?*

Couple 2 (H): *In a way yes, physically she’s (sister in law) not there but she went off and she was safe...*

The above details indicate the loss and trauma experienced by the participant couples. For each of the participant couples, the loss and trauma were preceded by the initial news of their infertility. Infertility is a significant physical and psychological loss, which can traumatise adopters throughout their lives (Pavao, 1998). A contributing factor to the traumatic effects of infertility is society’s grand narrative of adopter’s having weaker, less meaningful relationships with their children as compared to “real” parents that share blood with their progeny (Bartholet, 1993). The desire to fulfil the biological drive to reproduce, which alludes to the grand narrative of “real” parents is demonstrated by **couple 3**. Further, the wife’s language of “*funny*” in the excerpt beneath notes her ability to reflect on the intensity of the biological drive to reproduce/“real” parents grand narrative:

Couple 3 (W): *It’s funny how the need to have one’s own biological child is so important and all consuming.*

Loss and Social Acceptance

Commonly adoptive parents experience intense emotions and anxiety that revolves around loss (Singer, 2009). In comparison to **couple 1** and **2**, **couple 3** experienced the loss of having to return their adopted child to the biological mother in the sixty-day period. Due to the loss of an adopted child, in comparison to a biological child, an interesting question emerges. This question queries whether or not society views the mourning of a biological child above an adopted child? The answer to this question, in turn, indicates the presence or absence of the socially constructed reality or grand narrative of adoptive parenting being substandard and inferior to biological parenting. In the case of **couple 3**, it is evident that the wife's grief and her mourning the loss of her adopted child was impacted and influenced by the "real" parent grand narrative imperative. The wife's statement, presented beneath, indicates that her initial understanding was that members of the community would not accept the loss of her child as a real loss. The debilitating effect of such a socially constructed reality was shown earlier in the literature review (Bartholet 1993; O'Brien & Zamostny, 2002; Miall 1996; Wegar, 2000). However, the wife's statement demonstrates how this was transformed through an interaction with an assistant at Baby City, where they were returning the goods that they had purchased for their adopted child. The interaction between the participant and the assistant at Baby City is defined as structural coupling. This definition occurs, as stability within the interaction was brought about by the assistant's acknowledgement of the wife's loss as a "real" loss.

Couple 3 (W): *I returned the breast pump as well. I cannot remember the lady's name but she was so kind to me when I explained what had happened and how I was feeling. She told me*

my loss was a very real loss, the pain a very genuine pain and the condition known as “empty arm syndrome.”

Infertility and Self-Esteem

A brief discussion on the impact of infertility upon the adopters individually is provided beneath. This discussion will then be followed by an exploration of how infertility perturbs the adoptive couple.

Deep-seated issues of the loss of self-esteem can manifest from the inability to reproduce (Singer, 2009). Further, the loss of self-esteem may be exacerbated where couples experience the trauma of losing a child prior to their adopting. In the case of **couple 1**, for example, the loss of their first son resulted in the wife questioning her ability and propensity to be an able parent:

Couple 1 (W): *The whole process was emotionally quite difficult especially initially when we had to explain how we had got to where we were – it forced me to relive the loss of my son – something which I found very difficult to do without crying and feeling like I had failed my son.*

In **couple 2**, the wife’s loss of self-esteem from the inability to become a biological parent is noted in her “jealously” and anger about her younger sister’s pregnancy:

Couple 2 (W): *And it was about a week later when we actually found out that my younger sister was pregnant, then I was*

devastated, I was cross, I was angry with God because here we are, a stable family and we want a child and here's my younger sister with all these problems and her youth and we know she will not be able to manage. How can God give her this child? How does He work? You know I was angry, betrayed, but I was also devastated for my younger sister.

In the excerpt above, the wife demonstrates the connection between her “jealously”/anger/loss of self-esteem and the younger sister’s ability to reproduce. By implication of being a devote Christian and asking God why He gave her younger sister a child and not her, the wife is also asking whether God views her as worthy to be a parent. Consequently, the wife’s uncertainty about God’s view on her worthiness manifests in her loss of self-esteem. Further, as God gave the younger sister a child, the wife assumes that He views her sibling as worthy to be a parent. As God views her younger sister, with all her “*problems*” and “*youth*”, as worthy to be a parent and not her, the wife becomes “jealous” of her sibling. Additionally, the wife experiences “*anger*” towards God, as she blames Him for His decision to give her younger sister a child, and to take her ability to conceive away.

Perturbation and the Couple

The loss and trauma acted as perturbation, causing a disturbance in the participant couple subsystems’ functioning. In turn, the disturbance to the participant couple subsystems’ functioning threatened their stability. Clearly, the emotion evoked by perturbation of the loss and trauma could result in heated arguments. The heated arguments could then cause the participant couples to separate and lose their identity

as a couple if not adequately addressed. Thus, at a period where the participant couples' were vulnerable to losing their identity as a couple or disintegration, they needed to limit the perturbation of the loss and trauma from being fed back into the system. Accordingly, the participant couple subsystems limited the threat to their stability by silence about as well as a minimizing of the perturbation of the loss and trauma.

Couple 2, for example, displayed silence surrounding their loss and trauma of not being able to conceive in the following excerpt:

Couple 2 (W): *Then we tried and nothing happened. Eventually we went for a professional check up and they found that I had a little bit of endometriosis but not huge, they did a test and found that I actually had a 1% chance to fall pregnant. I must say I was a little bit devastated... It was a huge shock sitting at the doctor. 1% - I was devastated but I didn't talk about it or deal with it. We did speak about it later but I can't remember the details.*

In the excerpt above, the wife's language of "little bit" prior to "devastated" indicates how she limits her emotions about the experience of her loss and trauma. The wife's attempt to minimize her emotions results in a lack of communication about this experience in the couple subsystem. Further, **couple 2's** silence occurs where, after the wife states that her experience and emotion of being "devastated" was discussed and fed back into the couple subsystem, the "details" of this discussion could not be recalled.

Couple 2 depict further silence about the trauma of losing their “foster child”, after the birth of their adopted child. The excerpt beneath notes how the emotion surrounding the younger sister’s/sister in law’s departure was not discussed or dealt with:

Couple 2 (W): *Suddenly as you speak I am feeling a little bit sad because of my younger sister. I don't think I actually ever dealt with her leaving, it never actually came up that there was a sense of loss. You see what I mean, because she was your child, all the emotions, you have this little one and I've, this is the first time I actually thought about it, because I did feel it and I remember and I hear that song, "I'm leaving on a Jet Plane, I heard that song the time she left and I connected with my younger sister and it was very sad for me when she left but you could not dwell on it, you have to move on. Life happens and you have got to survive. This suddenly just came up. So it's a loss, because she never lived in our house again permanently. She did come back for a little while when she went through a hard time, but it was actually a loss. She never came up before, that's strange. It was a loss. You lost a child, you gained one but you also lost her.*

I: *Was that the same for you (husband) and why?*

Couple 2 (H): *In a way yes, physically she's (sister in law) not there but she went off and she was safe, she then got herself involved in a relationship, which did not go well. If we heard it*

wasn't going well, we jumped in the car and drove to her and fetched her and brought her back.

The wife's language of "little bit" prior to "sad" in the excerpt above, yet again shows her minimizing the impact of the loss and trauma. Additionally, the wife's reference to herself in the third person as "you", notes her emotional disconnection from the trauma and loss. The wife's emotional disconnection, in turn, limits the experience and her emotion from being discussed and fed back into the couple subsystem.

In **couple 1**, silence about the loss and trauma of their son's death is indicated in the following excerpt:

I: *What sort of things did you speak about with one another when you had that time together? What sort of things came up?*

Couple 1 (W): *Why? Why did it happen?*

Couple 1 (H): *I suppose, you know we asked how could this happen to us and I think you realise bad things happen to many people and we just happened to be..., it just happened to us you know, there's no reason or anything. I don't think we spent too much time, we were thinking about it a lot but not really questioning why as there is no answer. You just remember...*

Couple 1 (W): *Yes, and I think you shut it out, that's how you cope.*

Couple 1's excerpt above points out the wife's reference to herself in the third person as "you." The wife's reference to herself in the third person illustrates her distancing herself emotionally from the experience. By distancing herself emotionally the wife limits the impact of the loss and trauma on herself as well as the couple subsystem. In turn, by distancing herself emotionally and "shutting it out" the experience and emotion of their son's passing is not discussed or dealt with. It is therefore important to note that the wife's emotional distancing by "you" as well as her "shutting it out" coping strategy does not necessarily solve the feeling of loss and trauma. Consequently, it is an ineffective means of dealing with the loss and traumatic experience.

In **couple 3**, the husband displayed silence about their loss and trauma where he discussed the constant disappointments caused by the failures of the IVF procedures:

Couple 3 (H): *Now if I had to compare my wife to one of those, either she initially was suppressing it or hid it; she was more accepting, understanding let's-give-it-a-go-again type. Obviously there was disappointment, maybe a bit stressed as well, whether it was positive or negative and all those natural things.*

In the excerpt above, the husband's language of "bit" prior to "stressed" demonstrates how the husband minimizes the impact of their inability to conceive. The husband, therefore, limits the wife's experience and emotion of "stress", which in turn limits the perturbation of the experience and emotion on their couple subsystem.

Furthermore, the wife in **couple 3** notes how humour was used in the couple subsystem to limit the impact of the loss and trauma of infertility:

Couple 3 (W): *We had a total of 20 artificial inseminations without success. This involved monitoring my temperature to establish my exact time of ovulation as well as scanning the ovaries to ascertain maturity of the ovum. On the right day we would race to the doctor's room with the container of sperm tucked carefully in my bra... My husband and I used to laugh thinking if we got caught in a speed trap and telling the policeman it was a medical emergency and produce my little bottle from my bra. I mention this because I believe it is important that you understand the humorous side to infertility. Even through all the difficult times, we still managed a few good laughs. This was what kept us sane.*

The Couple Subsystems' Survival

I am of the view that following the loss and trauma, the new information of adoption was recursive and provided negative feedback in the participant couple subsystems. The reasons attributing to the need for recursion and negative feedback are presented below.

Earlier in the conceptual framework it was noted that recursion and negative feedback are needed to maintain the couple subsystem's functioning in the larger context. Recursion and negative feedback refers to information that is fed back into the couple subsystem that does not question or challenge its stability and identity (Becvar &

Becvar, 2003). Earlier in this chapter it was demonstrated that the participant couple subsystems' silence and minimizing the perturbation of the loss and trauma, limited the threat of this perturbation to their functioning, stability, and identity. However, it is understood that the tension about the loss and trauma still remained in the participant couple subsystems. The tension occurred, as if the perturbation of the loss and trauma had to resurface, it would again threaten the couples' functioning.

The participants, therefore, needed new information to be fed back into the couple subsystem that would limit their tension and stabilise the functioning of a couple's need to have a child. To this effect, in **couple 1** and **3**, the initial IVF procedures and the new information of adoption after the IVF's failure, provided stability in their functioning. The stability in **couple 1** and **3's** functioning occurred, as the IVF procedures were able to achieve a focal point between the partners. Thus, **couple 1** and **3** could focus their attention on the IVF procedures rather than on the loss and trauma that they both had experienced. By focusing on the IVF, the information being fed back into **couple 1** and **3** was that they were still functioning as a couple, dedicated to becoming parents. After the failures of the IVF procedures, the couple subsystems' functioning that was dependent on parenthood was again brought into question. Subsequently, **couple 1** and **3** required new information that could maintain their functioning. On this basis, by focusing on the adoption, the new information being fed back into **couple 1** and **3** was that, despite the failures of the IVF procedures, they were again still functioning as a couple, dedicated to becoming parents.

Couple 2 did not undergo IVF, as they were informed that the wife's younger sister had fallen pregnant shortly after being told that they could not conceive. I, therefore, am of the view that in **couple 2** the need of information in the form of IVF was not required. **Couple 2** therefore bypassed the intermediary stabilising information of IVF, as the new information of adoption was immediately available to be fed back into the couple subsystem.

In **couple 3's** excerpt that follows, the husband discusses his attending the fertility clinic. The excerpt from **couple 3** indicates how the IVF formed a focal point in their relationship. For this reason, **couple 3** were able to maintain their functioning; as the IVF required both the husband and wife's attention and that they work together in order to complete the procedure:

Couple 3 (H): *I think there was a bonding, there was strength. I think my wife touched on it, there's the one thing I said: "Gee do I really have to come today!" and she would say: "of course you do!" It was that sort of thing. So I think maybe that sort of cementing maybe came from her, just as a guy it reminded me that maybe I am also part of it.*

The husband's language of "maybe" in the excerpt above denotes his initial doubt or uncertainty about having a "part" in their relationship. Thus, the IVF and his wife's insistence that he attend the fertility clinic, reassures the husband that he is still "part" of the relationship and that the couple subsystem's functioning and identity as a couple is maintained.

The information of IVF and the adopted child that maintained **couple 1's** stability are indicated in the excerpts that follow:

Couple 1 (W): *My initial aim was that if we went through the adoption process it would perhaps take my mind off the IVF and I would then fall pregnant... A couple of weeks later a call came to say they may have a baby for us. I was in such a state of shock that I don't think I could believe it – so instead of being sad and depressed as my deceased son's birthday was coming up I was too busy organising things.*

Couple 1 (H): *The loss of our child and the severe disappointments with the IVF failures were getting us both down. A colleague of my wife had a positive experience with adoption and this got us interested. It was not something I had thought about before and I think deep down I didn't think we would go through with it.*

Couple 1's excerpts above show how the information of the loss and trauma, namely, their son's passing and the IVF failures, are fed back into the couple subsystem and negatively impacts on them. To this effect, the information of the loss and trauma threatens the couple subsystem's stability. Further, it is demonstrated how the couple's being "down" and the wife's "sadness" and "depression" is limited by the new information of adoption. The new information of adoption, therefore, maintains the couple's functioning by allowing the husband and the wife to focus on the adoption rather than on their emotions about the loss and trauma.

Lastly, the new information of adoption maintained and “reinforced” **couple 2’s** stability and identity, as it required that the husband and wife “stood together” and functioned as a couple against external “pressure”:

Couple 2 (W): *I think it (adoption) actually strengthened us, because there was a lot of pressure but we stood together. I don’t know how to explain it actually, it kind of like reinforced the relationship because I think we actually functioned quite well, stood together quite well.*

Couple 2 (H): *It (adoption) kind of bonded the family.*

Couple 2 (W): *We were in this together.*

Couple 2 (H): *Anything negative that came up, it was like us against the world.*

The excerpts above demonstrate that the participant couples needed the new information of IVF and adoption to be fed back into their respective subsystems, so that their functioning and identity as a couple was maintained. The new information of IVF and adoption further regulated the participant couple subsystems’ functioning through their ability to initiate and regulate the couples’ interactions with other systems. The reasons attributing to IVF and adoption’s ability to initiate and regulate the participant couples’ interactions are presented in the section that follows.

Adoption as Interaction

Earlier in the conceptual framework, systems were defined as parts in interaction. Thus, systems exist and function in different contexts, which are continuously

connected to and affected by other systems. These systems include, amongst others, the extended family, varying social networks of friends, work or occupational environments, as well as schools. For the system to exist and function it not only requires the presence and influence of other systems but it must also be able to coexist with these other systems, known as structural coupling.

On this basis, the IVF and the adoption maintained the participant couple subsystems' stability by allowing the couple to coexist or be structurally coupled with other systems in their communities. Structural coupling through the IVF and the adoption occurred in two areas. First, IVF and adoption regulated the participant couple subsystems' functioning with systems that they were already interacting with, such as the extended family. Second, IVF and adoption established contact between the participant couples and differing systems in the community, such as social workers, support groups, and the church. Structural coupling in these two areas is discussed in detail in the sections that follow.

The Couple and the Extended Family

The participant couples' interactions with select members of their extended families were limited during their adoptions. The limited interaction occurred as these extended family members' challenged or opposed the new stabilising information of adoption. The extended family's challenge or opposition to the new stabilising information of adoption in **couple 2** is noted in the excerpt beneath:

Couple 2 (H): *Some of the family were not supportive of the idea. They thought that my sister in law should keep the baby, that adoption should not even be an option.*

Couple 2 (W): *...But at the time, so then they put doubt in you, because they kept on asking why do you want to adopt her? Leave her, let her (younger sister) look after her own child, so they put a doubt in you...*

Couple 2 (H): *And the guilt.*

Couple 2 (W): *Because they know that you can't have a child of your own and now you want to take her (younger sister) child. So it was kind of like that.*

The language in the excerpt above, namely, “take” has two meanings. First, “take” implies that **couple 2** did not negotiate with the younger sister/sister in law about the adoption of their niece. For this reason, the extended family views **couple 2** as having overpowered the younger sister/sister in law into giving her child up for adoption. Second, “take” represents the grand narrative where societal members maintain that the rightful place for a child is with its biological parents. The “take” therefore demonstrates that the extended family viewed **couple 2's** adoption as going against the grand narrative. Consequently, I argue that the extended family's opposition to **couple 2's** adoption was exacerbated by the adoption occurring within the family. Thus, as **couple 2** adopted their niece, the extended family's grand narrative of “taking” a child from its rightful parents, changed to “taking” one of our family members from its rightful parents. Accordingly, as the extended family's grand

narrative was threatened by **couple 2's** adoption of their niece, the extended family's opposition to the adoption in support of their grand narrative was exacerbated.

In **couple 3** the extended family's challenge to the new stabilising information of adoption, surrounded the assumed conditions of acceptance of the adopted child into the family system. The extended family's challenge is indicated in the excerpt where the wife explains the selection of the adopted child's race. Further, an excerpt from the husband reinforces the challenge that they were confronted with. The adopted child's race was not discussed earlier in the explication of the context as it did not present itself in the initial meeting with **couple 3**.

The impact of the challenge on **couple 3** is noted in the husband's contradictory language of "*it was our business*" followed by "*it was important because it could have been a problem.*" In my opinion the husband's contradiction demonstrates his uncertainty and uneasiness about adopting a "*black*" baby, as by adopting a child of colour the couple defies the extended family's wishes. In turn, by defying the extended family's wishes, confrontation and/or an eventual split between the extended family and the couple may occur:

Couple 3 (W): *We had thought more along the lines of a mixture of black and white – an Indian mix had never occurred to me and probably not to my husband. My Mother has very firm beliefs in relationships across the colour bar and children born of such relationships. When I told her that one of our couples had adopted a baby born of this mix she nearly knocked me over by saying what*

a beautiful combination...It was explained to us that your whole extended family has to also feel comfortable with the adoption.

Couple 3 (H): *It was important to us because we knew that it had to be important. We were told that our extended family must be important and be familiar with it. It was easy enough because we were looking at adopting a white baby as opposed to a baby of colour, not that we would not have adopted a baby of colour if there were no white babies available, it is just that they look the closest to you. There was no hassle from the family, for example: oh you are adopting, you don't know what you are going to get, why are you going down this route? There is a probability that it could be a black baby and how would you accept that? We never in ourselves approached that subject because it was not on the cards but if it ended up being a problem, we would have said or done something. We never went out and asked what other people thought, it was our business and it was not about needing their approval, at the same time, it was important because it could have been a problem...we thought they would not accept us adopting a black baby so it was not even a thought.*

Additionally, through the husband's language of "*they look the closest to you*", the complex issue of the adopted child's race is brought forth in the excerpt above. The meaning of the husband's language is twofold. First, it emphasises the husband's need to identify himself as a parent through his adopted child. Parents' need to identify

themselves as parents commonly occurs when they observe themselves in their children, both physically and mentally. Thus, the physical difference of skin colour impacted on the husband's need to see himself in his adopted child and to identify himself as a parent. Second, the husband's language of "*they look the closest to you*" emphasises the influence that societal acceptance has in his identifying himself as a parent. Therefore, the husband's identification as a parent is not only impacted on by his physically observing himself in his adopted child but also on whether or not societal members observe him physically in his adopted child.

In **couple 1**, opposition to the new stabilising information of adoption came from the husband's mother. In addition to portraying the mother's opposition to the adoption, the excerpt beneath emphasises the husband's uncertainty about the physical and mental health of the adopted child:

I: *How was it in terms of when you informed your families about the adoption, that you were going that route? How did they respond?*

Couple 1 (W): *Absolutely fine.*

Couple 1 (H): *My mom wasn't too excited, she wasn't very happy; she didn't think it was such a good idea, she had her reservations. She didn't say don't do that but you could feel from it, you know "is it really necessary?" That kind of thing. She was ok after a while*

I: *What sort of reservations do you think she had?*

Couple 1 (H): *I think she was scared, maybe that we don't know the child, different background, or I don't know. I think we all had the*

same fears. Maybe the child was ugly; maybe the child was stupid, maybe...I don't know. All those things.

I: *Ok. Did you ever have some time to speak to your mom about it?*

Couple 1 (H): *A bit in general discussion, not in depth, no.*

Couple 1 (W): *No. We didn't discuss it.*

I: *You (wife) seem quite adamant about...*

Couple 1 (W): *She (mother in law) probably didn't even know.*

Couple 1 (H): *I don't think she really understood the whole thing.*

I: *Did you (wife) feel the same from her?*

Couple 1 (W): *I don't think so.*

Couple 1 (H): *I said to you that my mom was not very happy about this.*

Couple 1 (W): *I probably guessed she wouldn't be, it wasn't anything new, but that was irrelevant. It didn't really matter. As far as I was concerned, it was our decision and they could like it or not.*

Couple 1's excerpt above demonstrates the wife's tentativeness in noting her mother in law's opposition to the adoption. The wife's tentativeness is indicated through the language of "*I don't think*" followed by "*I probably guessed*" where a definitive answer is not provided. The wife's non-definitive answers, in turn, limit the couple subsystem's communication and tension about the mother in law's opposition to the new stabilising information of adoption. As **couple 1** begin to communicate about the mother in law's opposition to the adoption, tension caused by the challenge to the

couple subsystem's functioning, stability, and identity, is noted in the final statements of the excerpt.

Support from Social Workers, Support Groups, and Churches

In comparison to the extended families, the social workers, support groups, and churches provided more unequivocal support to the new stabilising information of adoption being fed back into the participant couple subsystems. To this effect, the systems of social workers, support groups, and churches compensated in their interactions with the participant couples. Earlier in the conceptual framework, compensation was defined as the structurally coupled system's capacity for stability. Thus, compensation permits both systems in interaction to continue doing what is central to each of their functioning. Reasons for the social workers, support groups, and churches compensation with the participant couples are presented below.

The participant couple subsystems' need for the new stabilising information of adoption related primarily to the social workers' role of placing children. In their role the social workers, therefore, limited the participant couples' tension of the loss and trauma by providing the feedback of adoption into the couple subsystem. By providing the feedback of adoption into the participant couple subsystems, the social workers' further maintained the couples' functioning that was dependent on parenthood.

The social workers' role of limiting the couple subsystem's tension through the new stabilising information of adoption is noted in **couple 3**. Shortly after **couple 3** had to relinquish their adopted child to the biological mother in the sixty-day period, the

social workers approached them with an offer of a new child. The social worker's response in the following statement illustrates her excitement in fulfilling her role, which limits the couple's tension caused by their loss:

Couple 3 (W): *The social worker could not contain herself and blurted out, "we have a baby for you!"*

In **couple 3**, the wife later indicated that the role of the social worker to provide another child may have occurred without her having adequate time to mourn the loss of her first adopted child. The wife's need for more time to mourn is indicated in the following statement when she met the second mother willing to give her child up for adoption:

Couple 3 (W): *After our meeting and they had left I burst into tears. I told the social workers I just felt so "dead" inside and maybe we shouldn't go through with it. I felt like I didn't have any love to give a baby and that would not be right or fair. They assured me what I was feeling was quite normal under the circumstances.*

In **couple 1's** excerpt beneath, I initially questioned whether the social worker's role of limiting the couple's tension occurred at a time where the husband was able to feedback the new stabilising information of adoption into the couple subsystem. However, the husband's anxiety rather involved his uncertainty about the adopted child's physical and mental health. The husband's uncertainty was noted earlier in this chapter. The excerpt beneath, therefore, illustrates how the husband's anxiety was

limited by meeting the adoptee's biological family, where the physical and mental health of the child could be partially determined:

Couple 1 (H): *Everything happened very fast and suddenly we were on the way to meet a birth mom and her mother. All my original fears returned but after meeting them I realised this was a very good family and I became very excited. We knew we would accept the baby but did not know if they would accept us as parents.*

Couple 1 and **3** were introduced to external support structures through their social workers. These external structures included meetings with adoptive couples and birth mothers prior to their respective adoptions as well as support groups. As demonstrated earlier, these external structures did not challenge or oppose the new stabilising information of adoption from being fed back into the participant couple subsystems. For this reason, **couple 1** and **3** structurally coupled with these external support structures. Further, it is understood that **couple 3's** structural coupling with an external support structure of a support group, perturbed them into dealing with some of the tension from their loss and trauma in a therapeutic context.

Couple 1's structural coupling with the support group is depicted in the following excerpt:

I: *How was it in terms of meeting people going through it themselves and then having your friends; was there a difference?*

Couple 1 (H): *I don't think unless you go through it you really understand it. So I think meeting people going through it themselves, maybe there was a better understanding.*

Couple 1 (W): *They've got more insight.*

Couple 3's structural coupling with and perturbation from the support group is noted in the following excerpt:

Couple 3 (W): *The social workers asked us (husband and wife) to talk at their presentation courses as prospective adoptive parents who had been through the "sixty day experience." They told all present that we should have "Mars" tattooed on our foreheads. They felt we must be from planet Mars to be able to still feel positive. We met an adoptive father at one of these evenings and his family is part of our support group. My husband and I learnt so much from the talks given by other people and our lives were enriched...I must just add that our social worker placed a box of tissues in the centre of her coffee table because we all needed some. We all shed tears listening to some of the events.*

The role of the social worker in **couple 2** was limited by the adoption occurring in the family system. In **couple 2** the social worker, therefore, did not have to locate a child, as a child was already present through the younger sister/sister in law's decision to give her child up for adoption. Thus, **couple 2's** need for the social worker to

feedback the new stabilising information of adoption into their couple subsystem was not required.

In comparison to **couple 1** and **3**, **couple 2** were structurally coupled with the external support structure of the church prior to their adopting. On this basis, **couple 2** did not need to be brought into contact with further external support structures through their social worker:

Couple 2 (H): *All of our friends accepted it, our group of friends that are in Church with us. We made friends where we lived before, where we were at the time of adoption. They accepted it. Sometimes when you bump into old friends they always enquire about our adopted child and us. They're part of it.*

Couple 2 (W): *Everyone's accepted it. It's part of the norm now. It's just the way it is supposed to be.*

In the excerpt above, the use of the expression “*our adopted child and us*” denotes **couple 2's** self-definition as a couple with an adopted child as opposed to a family. **Couple 2's** self-definition is consistent with the socially constructed reality of adoptive parents being classified as not “real” parents. Accordingly, adoptive parents' classification of not “real” parents extends to adoptive families classification of not “real” families. Further, the use of “*it's part of the norm now*” indicates that **couple 2's** adoption, initially, was initially not part of the socially constructed norm. Thus, it is only through everyone's (**couple 2's** church friends) acceptance that “*now*” they are “*part of the norm*” which has become a social reality in the community.

Adopter's Needs and Grand Narratives

Earlier in the literature review it was indicated that, whether from formal or informal sources, adoptive parents' need a space where they can express their feelings and confusion whilst feeling accepted and understood (Atkinson & Gonet, 2007). To this effect, adoptive parents' expression of their feelings and confusion will be encouraged in a context where the grand narrative, which assumes that adopters are not actual parents, is limited. The "not real parents" grand narrative was experienced by each of the participant couples from different members of their communities.

The wife in **couple 2** notes the "not real parents" grand narrative in that she did not attend Lamaze classes because she was not "showing":

I: During that time, in the beginning what would have been beneficial? I know that you can never know everything, but for you what kind of information would have helped you?

Couple 2 (W): I think if I maybe went through Lamaze classes or something like that. Even if I was not pregnant, if I had been part of those classes, because I think they do prepare you for like little things that I was completely blind to, did not even know about when our adopted child was little...

I: It sounds like that with the classes; you felt that maybe you couldn't go there?

Couple 2 (W): No, I didn't have a tummy...

The wife of **couple 3** demonstrates her experience of the “not real parents” grand narrative in the following:

Couple 3 (W): *As an adoptive mother you don't get to attend antenatal classes or anything like that. You are totally unprepared as to what to do with a baby.*

For the wife of **couple 1** the “not real parents” grand narrative extended to the legislation passed by the South African government. The excerpt beneath therefore indicates how the legislation of South Africa discriminates and shows prejudice against adoptive parents by endorsing the “not real parents” grand narrative:

Couple 1 (W): *Going back to work also had its challenges as when you adopt – even if a new born – you do not get maternity leave, only 10 days adoption leave!*

The Couples' Compensation and External Systems

Earlier in this chapter it was shown that the participants' need for the new stabilising information of adoption was connected to the role of the social workers. Thus, the participant couples needed to compensate in their interactions with the social workers so that the new stabilising information of adoption could be fed back into the couple subsystems and maintain their functioning and identity.

Couple 2 and 3's compensation with the social workers is illustrated below:

Couple 2 (H): *I think if you're open with them (social workers), they'll come into the journey with you.*

Couple 2 (W): *If you're not going to open to them they are not going to know, it depends on how much you feel comfortable sharing with them and obviously they made us feel comfortable enough to share deeper and then they feel part of your journey. You are allowing them into your deeper feelings.*

Couple 3 (H): *...So yes, I do think it is the relationship you have with the social workers, you have to be open and honest and keep working on the relationship with them because at the end of the day, when the pregnant woman comes in, she has got to understand who she has chosen to look after her baby. You open your hearts up, you become close to that person and you try to win them over in a way because they need to like you.*

Anxiety and the Adopted Child's Individuation

The *need for differentiation*, understood as the necessity of self-expression for each individual, is meshed with the *need for cohesiveness* and maintenance of unity in the group over time. Ideally, the individual is guaranteed membership in a family group which is sufficiently cohesive and from which he/she can differentiate progressively and individually, becoming less and less dependent in his/her functioning on the original family system, until

he/she can separate and institute, on his/her own, with different functions, a new system (Andolfi et al., 1983, p.4).

The statement in the citation above indicates the dualistic function of a family system. The dualistic function specifies that individual members of the family unit maintain the system's functioning so that it is able to provide a platform of security and stability for them to individuate (Andolfi et al., 1983). Implied in this dualistic functioning is the acceptance and participation by each family member in the establishment and maintenance of the family system's organisation. The organisation of a system is described as that which defines the system as an entity, which is unified. Without the acceptance and participation from each of the family members, the organisation of the family system is threatened (Andolfi et al., 1983). To this effect, the participant couples needed their adopted children to accept and to participate in the establishment and maintenance of their organisations as adoptive family systems.

Without the adopted child's acceptance and participation, the participant adoptive family systems would not have been able to maintain their organisations as adoptive family systems. In turn, without the organisation of an adoptive family system, the participant couples would be forced to deal with the tension from their loss and trauma. Earlier in this chapter it was shown that the stabilising information of adoption has limited the participant couple subsystems from dealing with the tension of their loss and trauma, which threatens their functioning, stability, and identity as a couple.

In **couple 1's** excerpt beneath, the adopted child's declaration as an adoptee to his classmates depicts his acceptance to participate in and to maintain the adoptive family system's organisation. In turn, the adopted child's declaration as an adoptee contains the wife's anxiety. Against this understanding, if the adopted child had not declared his adoption, a non-willingness to accept his identity as an adopted child and a threat to the adoptive family system's organisation could have been interpreted:

Couple 1 (W): *Recently I was very proud to hear that my adopted son had stood up in class and told everyone that he is adopted and what that means. I feel this shows he is comfortable with the fact and has the confidence to be open.*

Earlier in this chapter, the wife of **couple 1** referred to herself in the third person as "you" when discussing the experience of her losing her first-born son. The wife's reference to herself as "you" indicated her attempt to distance herself emotionally from the loss and trauma. By distancing herself emotionally, the wife limited the impact caused by the loss and trauma in their couple subsystem. In the excerpt above, the wife's language of "I" notes her emotional connection to the experience of her son's identification as an adopted child. The wife's use of "I" results from the perceived limited threat and tension that her adopted son's identification poses to the couple subsystem/adoptive family system. Thus, through the use of "I", the wife emotionally connects to experiences that limit the tension in the couple subsystem/adoptive family system. Conversely, through the use of "you", the wife distances herself emotionally from experiences that will increase the tension in the couple subsystem/adoptive family system.

Couple 2 shows how their adopted child displayed her acceptance to participate in and to maintain the adoptive family system's organisation by confirming her identity as an adopted child to her classmates. **Couple 2** further indicates that their adopted child's display of this acceptance to participate has been limited recently. In my view, the recent limited display of this acceptance to participate may be due to two reasons. First, identity formation requires time. On this basis, **couple 2's** adopted child may have limited her declaration of being adopted, as she has had sufficient time to integrate her adoption into her identity. Second, **couple 2's** anxiety over the adoptive family system's organisation and its stability, may have been limited by their adopted child's declaration of being adopted. Thus, as **couple 2** experienced less anxieties over the stability of the adoptive family system's organisation, the need for the adopted child to declare her adoption became less:

Couple 2 (H): *Our adopted child used to be very open at school too; she tells the other kids that she is adopted.*

Couple 2 (W): *The kids would come to me and ask: "Is she really adopted?" Almost as if they want to make sure.*

I: *Does this still happen?*

Couple 2 (W): *Not so much anymore, she went through a phase when she had to tell people about it at school and we don't hear about it at all now. She's quiet about it now. She never discusses it any more.*

In **couple 3**, the adopted child's desire to declare her adoption to her classmates caused uncertainty/uneasiness/anxiety for the wife. The excerpt from **couple 3** depicts

the wife's uncertainty/uneasiness/anxiety over the possibility of her adopted child's classmates questioning her daughter's identity. Thus, if the classmates had made negative remarks about the adoption, possibly her daughter could have responded by questioning and rejecting her identity as an adopted child. In turn, the daughter's rejection of her identity as an adopted child would threaten the establishment and maintenance of the adoptive family system's organisation:

Couple 3 (W): *2010 is the first year we didn't tell her new teacher. Our adopted daughter did that herself, when they started the year with a project entitled "All About Me." She (adopted daughter) had to answer questions about her mother and was a little confused as to how she should answer. She also had to do a speech on "What Makes Me Special" and she was going to open with the fact that she is adopted. I cautioned her because I was concerned that some of her classmates would use this information in an inappropriate or misinformed way. Children can sometimes be so very cruel and I didn't want them saying things like "Your mommy is not your real mommy" or asking her questions she might find difficult to answer.*

In the excerpt above, the language of "...I didn't want them saying things like 'your mommy is not your real mommy...'" indicates the wife's worry and concern about her status of not a "real" parent. The grand narrative of adopters as not "real" parents was discussed earlier in the literature review as well as in this chapter. The classmates questioning of the daughter's adoption does not only threaten the child's identifying

as an adopted child and the adoptive family system's organisation, but it also threatens the wife's identity and role as a parent.

Compensation Theory and the Adoptive Parents

According to Compensation Theory, efforts by adoptive parents to overcome the presumed negative effects and consequences of adoption can result in them attaining a similar parenting standard to two-biological-parent families. In other cases, adopters' increased efforts can result in them having a slight enhancement or advantage over two-biological-parent families (Hamilton et al., 2007).

Couple 2 demonstrates Compensation Theory in the excerpt beneath:

Couple 2 (H): *I think you look at a lot of people that have children.*

The child's happy, grows up, the child is almost sort of in the peripheral background. Children are supposedly out there "seen not heard" kind of thing.

I: *Has this been a very different relationship?*

Couple 2 (H): *Our adopted daughter has been very much integrated into our lives as opposed to being peripheral. Probably beforehand you look at people that have lovely children; you look at other parents that have "brats". In the real world parenthood is very different from what we have seen around us. Both of us are from fairly big, healthy families, lots of kids around without any hassles. Then you look at other people with these wonderful "gifts"*

and they don't appreciate it. This has been a very special gift, a special responsibility...

Couple 2 (W): *We do take it very seriously...*

Couple 2 (H): *And it's been an honour that we could do it.*

Compensation Versus Individuation

From a second order cybernetic perspective it is argued that Compensation Theory may represent the couple subsystem's attempt to maintain its organisation as an adoptive family system. According to Andolfi et al. (1983) the family is an active system that provides stability in the family so that individual members can individuate. If an emphasis is directed towards the maintenance of the family's organisation as opposed to individuation, then conflict may result. The conflict results, as individuation has the potential to remove a family member or members from the system's organisation and thereby disrupt its functioning, stability, and identity. Individuation commonly occurs through exposure to external systems. External systems represent new information that encourages change. Consequently, the family may attempt to eradicate the threat of individuation by limiting the contact between the family members and external systems. The family system's lack of flexibility and non-accommodation of new or different information into its organisation is referred to as rigidity (Andolfi et al., 1983).

The individuation of a family member in stable families will typically cause anxiety in the remaining members of the family system. However, individuation in stable families will not be limited through rigidity. In **couple 1** and **3's** excerpts beneath,

future contact with the biological mother represents new information, which could result in the adopted child's individuation from the adoptive family system:

Couple 1 (W): *Our adopted son's questions have been answered as far as possible and he knows that when he is 18 he can look for her. My main concern is not that he will find her but that it may not be the right time in her life and she may reject him.*

In the excerpt above, the expression of "my main concern" indicates that although the wife's "main" anxiety is not about her adopted son finding his mother, it is still anxiety provoking for her.

Couple 3 (W): *Our adopted daughter has also asked from time to time when she can see/meet her birth mother and I have explained that she can do so when she is a bit older and more mature emotionally to cope. I feel it is too early to show her correspondence and photographs from and of her birth mother but look forward to the day when we can share this together.*

Couple 3's excerpt above, notes the wife's anxiety about contact between her adopted daughter and the biological mother through her language of "we". The "we" indicates how information from the biological mother will be given to the adopted daughter in a communal context where the adoptive mother is present. Therefore, the "we" illustrates how the wife intends to limit her anxiety about the contact between the adopted daughter and the biological mother, by including herself in this contact.

In **couple 2**, the individuation of their adopted daughter causes anxiety in the couple subsystem:

Couple 2 (H): *And yet it's strange when her biological mother has been here, she (adopted daughter) treats her like one of the other aunts, she greets her, speaks to her, just like with the other aunts.*

Couple 2 (W): *There's no interest, no extra interest. We don't do anything, we just sit by watching. Nothing extra!*

I: *How would it have been if it were different, if she did show an extra interest?*

Couple 2 (W): *We would have just dealt with it.*

In **couple 2's** excerpt above, the wife's language of "*we don't do anything, we just sit by watching*" shows the couple's anxiety. The wife's language contradicts itself as by "*watching*" the couple is doing something, namely, checking that their adopted daughter does not threaten the adoptive family system's stability by treating her biological mother as her biological mother.

Couple 2 displayed rigidity by limiting the contact between their adopted daughter and external systems. Additionally, rigidity in **couple 2** is reinforced by their adopted daughter's interactions mainly occurring with extended family that did not oppose the adoption as well as the church. As Piperno (1979) indicates, in order to limit individuation the family will select partners or friends that will not encourage new and different behaviours [individuation] in any of the family members. Accordingly, in **couple 2**, the adopted daughter's interaction with some but not all of the extended

family as well as the church children is accepted by her family system's organisation. The acceptance occurs, as **couple 2** were and are structurally coupled to these external systems. Therefore, **couple 2** selected extended family members that were accepting of the adoption as well as the church based on the knowledge that these systems would limit their adopted daughter's exposure to new information. This, in turn, may encourage their adopted daughter's individuation from the adoptive family system's organisation:

***Couple 2 (H):** Our adopted daughter is also an introvert. She mostly mixes with family kids and kids from church friends. I suppose we are not very sociable and outgoing types so she does not get much exposure.*

My understanding of **couple 2's** rigidity is that it was impacted on by the adoption having occurred in the family. Earlier in this chapter it was noted that select members of **couple 2's** extended family confrontationally opposed their decision to adopt. The confrontational opposition, in turn, threatened the removal of the new stabilising information of adoption in the couple subsystem's functioning, stability, and identity. **Couple 2's** rigidity, which can be seen as self-isolation, resulted from their need to limit the threat of the removal of the adopted child from their adoptive family system's organisation. It seems rigidity as a strategy proved effective in this instance. For this reason, **couple 2** has continued to use rigidity with different systems where similar threats to the adoptive family system's functioning, stability, and identity are present.

Individuation and Adolescence

Earlier in the literature review it was stated that problems in adoption typically manifest with the adopted child's development into the adolescent period (Borders et al., 1998; Brodzinsky et al., 1998; O'Brien & Zamostny, 2002). During adolescence the adopted child may experience more severe "typical teen" behaviour such as dramatic instances of withdrawal, dwindling academic performance and risky behaviour ("Post-Adoption Support Benefits Adopted Teens and Parents", 2008).

The wife in **couple 1** supports this view of adopted teenagers' suffering from identity issues in the excerpt that follows:

Couple 1 (W): *I hope that as our adopted son hits his teens this will help him deal with his identity issues.*

In chapter two, the debate between negative and positive views on adoption was reviewed. In this review it was argued that numerous studies indicate that adopted children experience no more mental health concerns or problems than individuals that are not adopted (Benson, Sharma, & Roehlkepartain, 2007; Hochman & Huston, 2007; Borders, 1999). Additionally, it was noted that if a linear view of the adopted teenager being or becoming problematic were accepted, then individualistic models of intervention for the adopted child would persist. Consequently, the limitation of these individualistic models is that they will not address possible issues or concerns in the adoptive couple subsystems. Earlier in this chapter it was demonstrated that the participant couple subsystems' issues or concerns included their loss and trauma.

By overlooking possible issues or concerns in adoptive couple subsystems, adoptive family systems may continue to stabilise their functioning and “family identity” through the adoption. Where the need for the stabilising information of adoption is more, rigidity will result. Conflict, as a strategy to prevent the adopted child’s individuation will typically occur in the initial stages. Additionally, pathology may occur as a final attempt to prevent the individuation of the adopted child (Andolfi et al, 1983). Prevention of the adopted child’s individuation through “pathology” occurs as “pathology” prevents the “pathological” member’s removal from the adoptive family system’s organisation.

The adolescent period typically involves the individuation of the teenage child. During adolescence, the teenager begins to form his or her identity separate to the family. Consequently, my opinion is that the “problematic” adopted teenager may rather be the adoptive family system’s attempt to maintain its functioning, stability, and identity. Stated differently, the “problematic” adopted teenager may be an attempt to individuate from an adoptive family system that is threatened by their individuation. Accordingly, the more the adopted child attempts to individuate, the more they will be limited by the couple subsystem that needs them to maintain their organisation as an adoptive family system. It is not difficult to imagine that an adopted adolescent child, prevented from forming its identity, would begin to act out and display severe “typical teen” behaviour. I, therefore, recommend that the theory of the “problematic” or “pathological” adopted adolescent developing through the rigidity of the adoptive family system, be viewed critically. This will assist in the interrogation of the social grand narrative that has dominated adoptive research studies.

Conclusion

This chapter explored the participant couples' experiences of loss and trauma and how these experiences threatened the couples' functioning, stability, and identity. On this basis, the threat to the participant couples' functioning, stability, and identity was limited by the adoptions through two means. First, the adoptions limited the communication about the couples' loss and trauma. Second, the adoptions allowed the couples to continue functioning as a couple dedicated to the goal of becoming parents. Further, the findings of this study show how the participant couples' adoptions have formed a "family" identity, and how external systems such as the extended family, social workers, churches, members of the community, as well as the legislation of South Africa have impacted on the couples' identity as parents.

For this reason, "outside" is a superficial understanding of the relationships that the participant couples have with different subsystems in the community, as these subsystems were shown to have a substantial effect on the adoptive family systems' overall functioning. Finally, the findings of this study indicate that the adopted child's individuation from the family system causes anxiety in the participant couple subsystems. For **couple 2**, the anxiety over their adopted child's individuation has resulted in rigidity within the adoptive family system.

CHAPTER SIX: CONCLUSION

The findings of the qualitative study on adoptive parents indicated that the participant couples' formation of a "family" through their adoptions was heavily influenced by their histories. Further, external subsystems such as the extended family, social workers, churches, members of society, as well as the government of South Africa, impacted on the participant adoptive couples' attempt to form and be accepted as "parents" and "families" in their respective communities.

The implications of these findings are as follows. First, the understanding that the participant couples' decision to adopt was heavily influenced by their histories obliges those working therapeutically with adoptive families (researchers, social workers, therapists) no longer to focus purely on the adopted child. Individualistic models of intervention for the adopted child need to be extended to include adopters, as by excluding adoptive parents' experiences, a vital component in the efficacy of therapeutic treatments with adoptive families is missed.

Second, through the understanding that the participant couples' identity as "parents" and "families" was affected by external subsystems, individuals that are involved with adoptive families either therapeutically, professionally (policy makers on the legislation of adoption), or socially (family and friends), can no longer view adoptive families as isolated systems in the community. Thus, individuals that interact with an adoptive family in a therapeutic, professional or social capacity can no longer dismiss the impact that they have on the well being and overall functioning of the adoptive "family's" identity.

Consequently, in order to protect and nurture adoptive families, further education for therapists and other professionals, as well as members of the public about adoption and adopters is required. Universities need to incorporate additional and more in depth training modules on adoption/adopters in their programmes for therapeutic and professional persons. Further, governments need to provide more information about adoption and the significant and vital role of adopters to the greater public through social media.

The study perturbed the participant couples into new dialogue about their experiences. In turn, the study's perturbation and the participants' resultant new dialogue are interpreted as transformation or positive development. As discussed earlier in the research method, transformation or positive development on behalf of the participants through the research was defined as catalytic validity (Stiles, 1999). Catalytic validity is noted in the following excerpts:

Couple 1 (W): *We found the research process enjoyable as it reminded us of the joy experienced when we were able to adopt. It was interesting to see how we both remembered things very differently – something we had never realised before. My husband is not a great talker and without this process I perhaps might never have known this. We also talked about the son we had previously lost and although we remember this with great sadness we can never wish things were different, as we wouldn't have our three beautiful children we presently have.*

Couple 2 (W): *...It was just profound that the part of my younger sister came up; it's never come up before. It was a good thing that I could just deal with that. Because yes, I do miss her, she was part of our household and suddenly she wasn't there, like you said, we gave her a chance to grow to a new life and that part had to die, which is sad and I never thought about it like that. Yes, it is good to talk about it and get everything in perspective and yes, good to hear my husband talk about it, because I know my story and I think I know his story but it was good to be quiet and just let him answer you.*

Couple 2 (H): *Its obviously emotional things. Talking about it triggered a lot of things that is of the essence.*

Note to Oneself: Some Theoretical Difficulties

Despite these indications of catalytic validity, an important question regarding the validity of the study remains: Why, if the study was supposedly based on the theory of second order cybernetics, was my presence so limited? Surely my lack of presence corresponds with first order cybernetics?⁴ Having debated this for a considerable length of time I can state without any reservation that my lack of presence was not congruent in totality with second order cybernetics but, however, it was not entirely in line with first order cybernetics either.

This conclusion reflects the theoretical difficulty that I experienced in the study: Although my non-authoritative observations and statements were informed by my

⁴ A detailed comparison between first and second order cybernetics was provided in the conceptual framework.

personal history of experience, they did fall short of communicating what this history of experience is and how it permitted me to structurally couple with the participants. Thus, my non-authoritative observations and statements (informed by but yet not explicating my history of experience) constituted a transcendence of first order cybernetics but not a complete acquisition of second order cybernetics. For this reason, the concern or limitation of my lack of presence in the study and obtaining a second order cybernetic perspective is an area that I will be paying considerable attention to in future studies.

Finally, the wife of **couple 3's** absence from the interview with her husband raises a further concern regarding the study's congruence with the principles of second order cybernetics. As discussed earlier in the research method, the wife of **couple 3** was not included in the interview with her husband as I assumed that her presence would hinder his expression. My assumption, although genuine in intent, failed to take into account the central second order cybernetic principle that states that individual elements are only understood by examining the interrelationships between them (Von Bertalanffy, 1968). Thus, although the interview with the husband permitted further access to information or content about his experiences, it concurrently prevented me from viewing **couple 3's** interaction and gaining a more in depth description of how the adoption has perturbed their functioning.

This study started six years ago with a personal curiosity about the experiences of parents of adopted children. It gradually, in the course of studying for my Masters degree in clinical psychology, became formalised into a theoretically and methodologically complex academic research project. Now, at the point of

conclusion, my sense is that I have, at least in part, satisfied my curiosity and that I have made some contribution to what is known about the joys and challenges of adoptive parenting. I also have the sense that what I have learnt will be useful in my future therapeutic interactions with individuals, couples and families. However, most of all, I now have a somewhat keener sense, not of specific answers, but rather simply of how one could go about asking questions, about adoptive family systems.

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APPENDICES

Appendix A: Consent Forms

Original Consent Form – Participant Copy

My name is Brett Groves and currently I am enrolled at the University of South Africa (UNISA) as a Masters student within Clinical Psychology. In order to complete the MA (Clinical Psychology) qualification I am required to compose a dissertation based upon research into a domain of psychology that I find to be of interest. From this I have decided to focus upon the topic of adoption, with specific reference to the perspective of the adoptive couple. I am therefore in need of parents who have adopted and are willing to share their personal experiences of the process of raising an adopted child. With this research my hope is to not only benefit the participants by providing a space whereby they can openly express their emotions and feelings, but to also obtain valuable knowledge and insight into the processes of adoption, which can possibly assist others such as parents who have adopted or couples who are thinking about adopting in the future as well as professionals who are involved along therapeutic lines with families of adoption.

The research process will follow a written narrative by the parents individually as well as a possible follow up interview that will be transcribed. Participation is voluntary and therefore you can, at any point, decide to discontinue with the narrative or the follow up interview and you will not be prejudiced in any manner. Please indicate if any question in the interview evokes too much emotion, as I will stop the interview immediately and we can discuss it or if you would prefer to talk to a

qualified therapist I will refer you to Neil Amore, a clinical psychologist, who can be reached on 083-256-0170. Finally, please note that if you do not wish to answer a question within the interview, you may refrain from doing so and you will not be compromised in any way because of it.

Please note that confidentiality is of the utmost importance and thus, your name will not be recorded anywhere on the written narratives or the transcribed interview and furthermore, no personally identifiable details will be used within the presentation of the material so as to protect your anonymity.

Finally, I may require an additional interview within the future and furthermore, I may also, with your consent, like to discuss the findings of my study with you when I have completed the research.

If you have any questions that you would like to ask about this study, please do not hesitate to contact me at tiernangroves@yahoo.com or on 084 872 2902 or alternatively you may contact my supervisor, Elmarie Visser, at UNISA, on: 012 429 8270 or my co-supervisor, Isle Ferns, at UNISA, on: 012 429 8267.

Original Consent Form – Researchers Copy

I hereby give my consent to participate in the research project, which aims to study the experiences of adoptive couples. I understand that my participation is voluntary. I also understand that I can terminate the research process at any point in time if I choose to do so and this decision will not prejudice me in any way.

The aim and purpose of the research has been explained to me and I understand what is expected of me.

I understand that this is a research project, which may or may not necessarily benefit me personally. I have received the contact details of a qualified therapist should I need to speak about any issues that may result from this study. I understand that this consent form will not be attached to the research documentation, and that my personal information will remain confidential. I understand that if it is possible feedback will be given to me on the findings of the research.

Signed at _____, on this ____ day of _____ 20 ____.

Name of Participant

Signed

Name of Participant

Signed

Researcher

Signed

Additional consent to audio recording:

In addition to the above, I hereby agree to the audio recording of the follow up interview as well as for it to be transcribed by a trust worthy source. I understand that

no personally identifying information or recording concerning me will be released in any form. I understand that these recordings will be kept securely in a locked environment and will be destroyed or erased once data capture and analysis have been completed.

Signed at _____, on this ____ day of _____ 20 ____.

Name of Participant

Signed

Name of Participant

Signed

Researcher

Signed

Appendix B: Sample – Written Narrative and Transcribed Interview

Written Narrative – Couple 1 (W)

The Adoption Process

Background

[Husband] and I met whilst [husband] was working in the . After 4 years his post-graduate visa expired and he returned to South Africa. We were married the following year and I then came to SA to join him.

Our first son [biological child] was born in February 1999 following a difficult pregnancy. He was a beautiful little boy but broke our hearts when he died at only 12 days of age of “cot death”. This was probably one of the hardest things ever to deal with.

Because of the problems in the pregnancy I needed surgery 3 months later. Following this we tried for another child but without success.

As we were both in our late 30s we were referred to a fertility clinic for assessment. No specific problem was found but we underwent a number of cycles of IVF. I had 2 pregnancies – one miscarried very early and the other was an ectopic pregnancy which required laparoscopic surgery.

During the IVF treatment a colleague suggested we should consider adoption and put me in touch with another colleague who had adopted. We met and amid many tears on both sides discussed our experiences. She gave me contact details of the social workers she had gone through.

My initial aim was that if we went through the adoption process it would perhaps take my mind off the IVF and I would then fall pregnant.

Adoption Screening

The whole process was emotionally quite difficult especially initially when we had to explain how we had got to where we were – it forced me to relive the loss of [biological child] – something which I found very difficult to do without crying and feeling like I had failed my son.

The social workers with whom we dealt painted a very realistic picture and pointed out all the possible problems. The process itself was time consuming but not unduly difficult. I think one of the best aspects was an evening where you met other couples going through the process as well as recently adoptive parents and some mothers who had given up their children for adoption. I think it was this that gave me the insight to see that this was not an easy option for many of the mothers but a selfless exercise to provide their child with a loving home. It also brought home the fact that adoptions can have their problems – it is always best to go into things with your eyes open.

Our Adoption

We were extremely lucky and after having been “listed” in the November we got a call in the January to ask how we were and what was happening – this was actually a fishing expedition as the social workers won’t offer a child during a cycle of IVF – luckily I had miscalculated dates so we were taking a break. A couple of weeks later a call came to say they may have a baby for us. I was in such a state of shock that I don’t think I could believe it – so instead of being sad and depressed as [biological child’s] birthday was coming up I was too busy organising things. My parents were here from the [blank] at the time – something very special as they had also been here when we lost [biological child] – at least it meant they had got to see him and were here for the funeral but not the holiday they had planned.

The first step was to meet the “birth mum” – she was a young girl but fully supported in her decision by her family. They were a lovely family and could have been from our own social circles. The only cloud at this stage was an aunt who out of hearing of the others told us that she didn’t think the baby should come to us but to some other relative who was having problems conceiving. This was unnerving but the social workers were aware of these views and so it didn’t seem so bad as obviously the birth mum and granny had made their decision despite this.

The next week was just a whirlwind of planning, trying to get the basics together for a baby, using a breast pump so I could breast feed as well as being on holiday with my parents.

Eventually the day arrived and we drove to the hospital for the birth – it was the first time we had had chance to even think of names so on the car trip there we came up with 4 boys names we liked (we know by this stage that it was a boy) – even this changed as the birth mum asked if she could give the baby his middle name which means beloved – so we quickly chose one of the 4 names which went best with as we felt it would be nice for our son to understand that he was loved and not just given away.

We were very lucky to have a wonderful birth family, especially the granny who ensured we were allowed into the theatre so that we could hold our baby at the earliest possible opportunity – it was the most amazing feeling to be given a child like this. Over the years people have made comments about having our own children but I can honestly say that the love you feel is no different whether the child is “given” to you or whether you have given birth.

My initial fears were whether the baby was healthy and at the back of my mind just the fear of the 60 days during which time the birth mum can change her mind. Most of me didn’t believe this would happen as her parents etc were involved.

The birth granny and I weren’t that different in age, one evening she came to visit and was thrilled when I asked if she wanted to hold [adopted child]. I felt entirely comfortable with her and after all this was her first grandson and would remain in her thoughts for probably many years to come before the next grandchild arrived. During this time we talked and I said that my parents were extremely anxious re the 60 days.

She promised me they would not change their minds and the next day even recognised my parents in the hospital lift and told them the same.

The only person I felt uncomfortable with was the aunt who had said we should not have [adopted child]. I was extremely upset to learn she had gone into the nursery and seen [adopted child]. One day she also came to the ward to visit but I asked the nurses to tell her I was asleep as I did not want to see her – I also discussed this with the birth granny who assured me they were aware of her feelings but that she would not influence them in any way.

The most nerve-wracking time in the hospital was the day the birth mum went to court to sign the initial papers – it seemed to take forever and although I didn't expect a change of mind it was terrible waiting– it turned out that there was no magistrate so in order for us to be allowed to leave the hospital the birth mum signed a document saying we could take her baby.

The next couple of months were wonderful – all our family and friends were so excited and we received presents and visits from some of the most unexpected people. I just revelled in having my baby. The only difficulty was allowing him to sleep – the same day we got home from hospital I arranged an apnoea monitor and in fact drove to Pretoria the next morning – it was a Saturday but after having explained to the lady why I couldn't possibly wait until the Monday she made special arrangements for me to buy it on the Saturday. I would still however wake in the night to check [adopted child] was breathing and I think that is why he wasn't the best sleeper – mum was forever in and out of the room. I started to get anxious towards the 60 day point – we had an anxious few days as on phoning the court we discovered that the documentation had not arrived from the original court – this meant the possibility of another 60 days. The social workers were amazing – they somehow tracked down the documents and made sure they got to the correct place.

The court experience was horrid – we were made to wait for hours – not easy sitting in overcrowded corridors waiting – I also needed to breast feed which was difficult to do discretely since I was using a supplementary feeding bottle – essentially the baby gets some breast milk and some bottle but through thin silicon tubes which you tape to the breast – I was eventually offered the magistrates office which at least was private but stunk of smoke. We finally got to see the judge who asked why we wanted to adopt – at this stage I just broke down in tears as I could not explain all that had happened to this stranger – I think he felt guilty for distressing me as shortly after he stopped asking questions. We then had to wait for the court to phone to say the papers were signed and ready. Again the court process did not go smoothly – I kept being told the judge hadn't had time – my husband fortunately bumped into one of the social workers on the Friday morning and told them that we were waiting. Unbeknown to us the phoned the court and asked how they could be so cruel – within a couple of hours we got a call to say everything was ready. We then arranged our 60 day party.

Then came the challenge of home affairs as the birth certificate has the birth mums surname on –finding someone who knows which form I needed to fill in or indeed

how to fill it on as some bits were really ambiguous was not easy. After a number of months and many trips to Pretoria I had everything sorted including a passport. Going back to work also had its challenges as when you adopt – even if a new born - you do not get maternity leave only 10 days adoption leave!!

[Adopted child]

Bringing up an adoptive child is no different to bringing up a biological child – they need to know they are loved whoever they are and deserve honesty. [Adopted child] has always known he is adopted – we have talked about it from an early age and were very open with all. Now he is getting older I am not as open with new acquaintances as I believe it is his information to share and he will tell people when he is ready.

We bought books on adoption which have been read to him as bed time stories and have talked about his other” mum. He knows that she was young and unable to care for him but loved him so much that she found parents who could love and care for him. His questions have been answered as far as possible and he knows that when he is 18 he can look for her. My main concern is not that he will find her but that it may not be the right time in her life and she may reject him.

Recently I was very proud to hear that he had stood up in class and told everyone that he is adopted and what that means. I feel this shows he is comfortable with the fact and has the confidence to be open. I hope that as he hits his teens this will help him deal with his identity issues.

We are also part of an adoption group that meets a few times throughout the year – this allows the children to know other adopted children as well as the parents to discuss any issues which may arise. More importantly it is diverse group of friends and the children can see that “families” come in different shapes, sizes and colours.

The Future

I am sure we will have some issues to deal with but we have been very lucky so far – not only with the family [adopted child] came from but with [adopted child] himself – he is a wonderful, intelligent, loving boy. So far we have had no real issues but this may change as he gets older. We will obviously have to address these as they arise.

Transcribed Interview – Couple 2 (H and W)

OK, I think just too really try and start of at the beginning – if you can just start by telling me about you guys and how you met, about how you started your relationship and how it progressed.

Would you like to start first?

We worked together. [Husband] was actually my boss and from there we started getting to know each other and started dating, one thing led to another and we got married. We worked in together and I left to try and get a job somewhere else, but that’s how we met basically – at work.

Very briefly – [wife] was in Admin, she was in a relationship at the time. We worked together for 2 years, the guy she was in a relationship with, he passed away, so then after that our relationship really started. We had quite a brief relationship before we got married about 6 months before we got engaged and then after another 6 months we got married. We've been going now for 16 years.

That's quite a long time.

As I said we've known each other in a working environment before, so she had ideas prior to our relationship starting.

Have you yourself been involved before?

Nothing long term, but I've been in 1 or 2 shorter term relationships roughly.

How was it when you met each other and got married? How was that for you both?

As [husband] said, I was in a relationship and he passed away. I never actually really knew that [husband] had feelings for me; he was my boss I had other things to deal with and was not actually focusing. I was just talking to God and asking Him to give me somebody and to help me find the right person that I could love. I remember he used to come into the office and jokingly put his hand like around my neck, but you know, in the office, everyone was there.

I sound terrible – not subtle at all. I was petrified.

He would say "Miss [wife], what are we banking today?" It then slowly started. I just remember the first time I met him in the office. His office was right downstairs and our offices were on the top floor. I was working late and he just came into the office and sat with me and started chatting to me, to find out about me. That was right in the beginning.

I never had that experience ever with other Managers at any workplace with Management where someone would ask about you, it was just a nice gesture. Then already you could see that there was a more human aspect about this man, he used to come into the offices and joke with us. It's almost, I remember one day he joked and asked when are we going out for supper, and of course I was not going to say the date, it's not the female thing to do, so then I just said whenever, and he never committed.

Then one day, it was his birthday and the whole staff went out for his birthday. It kind of like grew from there. I think it kind of went from there, then the next day, I think he knew that I liked him and he had the same kind of an idea, but we just never actually spoke about it. Then the day of his

birthday, he stood in the passage, there was no one else in the office and he said "Mej. [wife], ek soek jou met 'n seer hart," I was like stunned - this was my boss. He then walks off and leaves me to deal with it, do with it what I want and then we went out for lunch. Obviously then I knew.

Then the next day he brought me this tape, those days it was tapes, (this sounds so old hey) and he asked me to please go and listen to the song. So now I had to wait the whole day to go home so that I could listen to the tape Bonnie Taylor – "Trust in a lifetime" and asked my sister, what is he saying to me? Help me, what is he saying to me? I then phoned him and told him that it was a beautiful song and what was he trying to tell me. He then asked if he could come over, and that's how it started.

Then it was 6 months before we got engaged and he "hypothetically" asked me to marry him and I "hypothetically" said yes and within a year we were married.

You felt right about it?

My teacher in Std. 9 said to me the day you get married you will just know, you will know that you know and I just knew, that I knew, that I knew, this was the right person that I wanted to make a commitment with, for now and forever. It just felt so right and I knew that God gave me this person to love me for me and help me to love that person.

We both come from fairly big families, hers a little bigger than mine. She had 4 sisters very close in fact, always meddling in each others affairs, always looking out for each other so they had strong relationships, not fleeting relationships. A meaningful relationship needs to be something you can commit to for.

All or nothing, do it and do it all sort of thing.

That's about it. Once we were married we made a decision that it wouldn't be a good idea to stay with.....so we left.

What we did not tell you is that I came with baggage. My mom had died and I was looking after my younger sister. How old was [wife's younger sister] - 13 at the time. I was looking after my sister. When we were going out I said to [husband], and he also, out of his own said that she was part of our family. So when we got married we had this teenager in our home and we both knew that and both accepted that this was going to be part of the deal.

Telling yourself its ok, problem was that she was not that mature, at 13 she probably had the mental maturity of 9 years, like 3-4 years behind what she should have been. With my mom passing away it also added more stress you know. We're not to sure what caused this, she also suffered from a stutter

she probably compounded quite a severe stutter, hearing problems, but she was our responsibility and we were looking after her. If we wanted to start a family she was part of it.

That is quite a big responsibility to deal with, at such an early stage in your relationship? Was that difficult for you both at first to try and deal with?

I don't know, I think because we both came from fairly big families, you kind of grow up with more faith, you just get on with it, you don't think about it, you just do what you have to do, you just get on with life.

To either of us it was actually cool to have our own space as such, so to have a teenager around us as part of the family was difficult. She lived with us, how long was it? 6 years, it wasn't 6 years, yes it was, she was 13 at the time, so she went through her teenage phases with us, that's how the whole thing started with the adoption request.

She'd fallen pregnant, ok, she was 21 at the time, and we were very shocked because we knew that she wouldn't be able to cope with this baby and this huge responsibility at all. That's how the whole thing progressed.

Had you thought of having a family?

We did, we actually tried, but [husband] did warn me before we got married that there was a chance that we could not have children. We accepted that, but you're so in love that you actually don't think about it, but I must say when reality hits home.

At the age of 30 I contracted mumps and at the age of 33 I contracted also quite bad. With the mumps in particular I knew that the chances that I was sterile from that was very big and I knew that the chances that I would ever have kids were slim.

Then we tried and nothing happened. Eventually we went for a professional check up and they found that I had a little bit of endometriosis but not huge, they did a test and found that I actually had a 1% chance to fall pregnant. I must say I was a little bit devastated. They suggested that we go for the insemination route, but it wasn't an option for us we didn't want to do it. The other option came first.

May I ask, what was the reason for not wanting to go that route?

You know it was like [husband] said no - more sorrow! Probably if the other option of adoption did not come along then maybe we would have thought about it, it was not like a total no-no. You know, I think if this thing did not come along, but it happened quickly after we found out.

We had a couple of issues, excluding the adoption. If excluding the adoption, we went the Invitro route with the 1% chance of falling pregnant it would have been very costly for nothing to happen, the alternative to that would be to use a sperm donor, there was some issues around that. If we were going to have a child it should be our own child and not somebody else's. That route was probably more the stumbling block than the Invitro as such. It was a foreign idea. Then the adoption option came up.

OK. Tell me, how was that period for both of you.

It was a huge shock sitting at the doctor. 1% - I was devastated but I didn't talk about it or deal with it. We did speak about it later but I can't remember the details.

I remember going home, going into a quiet space and talking to God. I said to God that I hear You and I know there is only 1% chance, but I am also allowed to ask and I am going to ask You now please God can I just have one chance, but if You say no, then I'll accept the answer is no, and I left it at that.

And it was about a week later when we actually found out that [wife's younger sister] was pregnant, then I was devastated, I was cross, I was angry with God, because here we are, a stable family and we want a child and here's [wife's younger sister] with all these problems and her youth and we know she will not be able to manage, how can God give her this child. How does He work? You know I was angry, **betrayed**, but I was also devastated for my sister. It was such a huge responsibility to deal with for her and then we heard that the father did not want to have anything to do with this baby and he said to her to have an abortion.

So obviously for us that was no option and we said to her that we will be with you through whatever happens, you know we will help you through this situation. We didn't know what the situation would be but we will be there for you.

I listen to Radio Pulpit every morning and there were two very prominent times I heard very clearly on Radio Pulpit that this baby, they were talking about abortion and they were saying that this little molecule, this little DNA if full of potential, you don't know what God's Plan is for that little molecule that DNA, but you need to understand that God's got a plan for this little molecule. So I kind of thought ok it gave me something to think about, obviously there was potential and God had a plan for that little person and so who was I to judge God in whatever He plans.

A short while after that there was another one where they talked about Psalm 139, where you are formed in your mother's womb and God was present when you were formed and I definitely knew that there's this plan for this

baby and we just have to support her in this and we both agreed that we will be there for her. Come what may, we will be there for her.

As time passed, we were very concerned about this baby and [wife's younger sister], because she was not a strong person at that stage, to stand up for herself in different ways and to be able to provide for herself and this child. Our fear was that should she move from us and takes the baby with her, we did not know what kind of life the baby would have, there wouldn't be someone to stand up for this baby and make decisions for the baby.

We have maybe thought to adopt so that legally we would have a say about what happens to this baby. Then we decided to approach [wife's younger sister] and eventually one day plucked up enough courage to talk to [wife's younger sister] about it and she immediately said yes. We said no-no, you got to think about it as it's a huge decision and you need time to think about it.

We were ok with discussing the options. You know that we will support you whatever happens, but as an option for you to consider, we would be happy to adopt the child from you. From that point it will give you a chance to start fresh. If you want to keep the baby that's fine, we will support you, but if you want to give the baby up for adoption, that's another option to consider. She immediately said yes, you can adopt the baby and we said no, don't rush it you must go away and think about it because it is a big step for her as well, a very big step.

Then we got in touch with the Social Worker when she made up her mind and we needed to go for counselling with the Social Worker [social workers]. How did we get hold of these guys? We obviously had to take her to a Gynaecologist, it was a female Gynaecologist, . Excellent, she was very good with [wife's younger sister]. She referred us to a Psychiatrist. We needed to go for counselling, they have to check out the whole situation, they came to our home, counselled [wife's younger sister] on her own, counselled us on our own.

Had adoption ever come up before? Before finding out about [wife's younger sister], had it ever been a thought, no, not something that you were thinking about?

No, I don't think we were at that stage yet, we were still looking at the Invitro thing, I think probably as one of the alternatives exploring that route, maybe we would have come to the adoption thing, probably at a later stage, if it presented itself.

It sounds like you two were confronted with a lot of things at the same time, it all happened together so quickly, in succession, how was it for you two, for yourselves, your relationship.

It is an emotional roller coaster, I knew my medical condition, it was not such a big shock to me. [Wife], although she knew about my situation, she maybe did not accept it - yet, it wasn't a major shock to me, I accepted it, that's life. Being older, I don't know that I had that urge for children.

My sister had a child when she was not married, she lived with me. To all intents and purposes my nephew was my child, I paid his school fees, I looked after him, so I suppose that the idea of a surrogate child, or to adopt a child wasn't too strange for me. [Wife's younger sister], falling pregnant, was not a strange thing to happen in my life, it happened to my sister. Having another little baby in the house and having to look after and care for it was not such a strange concept, I looked after my sister's baby before.

I think [husband] was very mature; he could deal with these things.

Sounds like both of you were very mature; you were both in the same situation. You looked after your sister. You were both parents already coming into the relationship.

Not in a biological sense.

In an emotional sense. So for you to have children, was it a major priority? Was it more like you had already kind of

If that was what [wife] wanted, we would have gone that route and get a child but it wasn't a major priority in my life.

Except for you, you wanted a child?

At the time yes, I was ready to have a child, and so when this opportunity came, I would say God opportunity came

[Wife] was ready for the child, I still think today my nerves would be shot going through the 9 months of pregnancy. I believe that pregnancy and child birth is a traumatic experience. I don't know how I would have coped if [wife] was pregnant. I think I am a little bit neurotic.

You coped with [wife's younger sister's] one.

[Wife's younger sister] was the mother.

But it was still traumatic.

What is the worry about?

By nature it is unpredictable. All the complications!

Scared of something happening?

Absolutely!

I think if you hear what happened to [adopted child] further on, then you'll probably understand.

The opportunity came along but then we had the worry, are we doing the right thing? You think about your sister and you think about the baby. You're in emotional turmoil for both of them and we had to make the decision for both of them actually and also for [adopted child].

Some elements in our family were not very supportive of the idea. They thought that [wife's younger sister] should keep the baby, that adoption should not even be an option.

Your family?

No, my family. My in-laws. My sister's husband, he did not know the extent of [wife's younger sister] limitations. He thought that she was capable of looking after her own child. He didn't know where she was actually in her development.

Right.

Later on he acknowledged this, years later. But at the time, so then they put a doubt in you, because they kept on asking why do you want to adopt her child? Leave her, let her look after her own child, so they put a doubt in you and the guilt because they know that you can't have a child of your own and now you want to take her child. So it was kind of like that.

We made up our minds we just realized that we are doing the right thing. He did not know the full story or circumstances - he could not make an objective decision. But still you do worry, how is [wife's younger sister] coping, how is this going to affect her life.

I remember the one night, very shortly before [adopted child] was born, I prayed and asked God, are we doing the right thing? I don't want [wife's younger sister] to have emotional scars from this. I stopped praying and heard a voice saying: "This baby is a gift from Me". I don't know where it came from but it was very clear and I just knew, that I knew, that I knew, that this was the right decision. I just kept on praying that [wife's younger sister] won't have any emotional scars.

We had decided that that [wife's younger sister] would have normal birth.

Who decided?

The two ladies,

[Wife's younger sister] and I, she wanted it and I agreed with it.

When it came to the week before the birth, the Gynaecologist said that maybe it would be better to do an Epidural Caesar. I kind of thought that, but we made a decision. [Wife's younger sister] immediately said yes. Then a day before the baby was born the doctor asked if [wife's younger sister] would not rather have a general anaesthetic. She would still have an epidural, but she would sleep and not feel anything. The Gynaecologist's thinking was that a natural birth would have strengthened the bond and to go for an epidural under general anaesthetic, was not that traumatic and it would lessen the bond more.

So we called Family support at that stage. My sister older than me - . I asked if she could please be with [wife's younger sister] in the time that this happens and I would stay with [adopted child]. My niece said that [wife's younger sister] could come and stay with her for a little while to take her out of the environment, away from the little one for a while, for if she heard the baby cry maybe it would be upsetting for her.

Then the day came that [wife's younger sister] had the baby. [Wife's older sister] went with her, [wife's younger sister] was in the Gynae Ward and we went to the Maternity Ward. There were complications. [Wife's younger sister's] blood pressure dropped. The doctors were very stressed. [Wife's younger sister] was as white as a sheet. I started to panic because I could see that they were panicking. When [adopted child] came out, they put her in the incubator. For about 4 hours for a specific reason, there is a name for it. (Jaundice). I was very worried and just kept checking that she was ok.

But with all the excitement I didn't sleep at all for two nights.

I could imagine.

Too much excitement! I was wide awake, waiting for the baby to wake up right through the night. I was over-anxious - excited.

But in the meantime when [adopted child] was asleep I went to [wife's younger sister] to see how she was doing. My sister could not be there all the time. The family would visit her and the baby. I would go back to [adopted child] to bath her, feed her, and stay with her.

The Social Worker allowed her to see [adopted child] on the 3rd day. I had to undress her completely so that she could see that the baby was perfect. I gave her to [wife's younger sister] and she said "oh, she's beautiful", and she gave her back to me and said go back to your mom. I was very heart-sore

for her, but she had made up her mind. It was like a very hard thing, an uncomfortable emotion.

May I ask, the Agreement that you made with [wife's younger sister], was it a closed adoption?

Complete adoption.

It was not an open adoption where she would still see the child, maybe at a later stage, that's if she wanted to, it was a full adoption.

Full adoption.

She could still see the baby, it was not as if we were going to vanish with the baby.

She could still have contact.

We just thought it better to move straight after the birth to separate her from us.

That was actually the Social Worker's advice.

OK.

To avoid conflict with the adopted mother by living in the same house, to give her time to heal physically and for her not to develop too strong bonds with [adopted child]. To give [wife], us, time to develop bonds with the baby. She could come and visit, we could see each other.

How was it for your relationship with all of this that happened and that you were confronted with in a very short period of time, a lot of decisions to make, a lot to contend with, how was it for you both?

I think it actually strengthened us, because there was a lot of pressure but we stood together. I don't know how to explain it actually, it kind of like re-enforced the relationship because I think we actually functioned quite well, stood together quite well.

It kind of bonded the family.

We were in this together.

Anything negative that came up, it was like us against the world.

Ok.

I think maybe for me, because I'm a fairly protective type of person so if you were going into our meaningful family unit. Don't come and mess with it.

Right.

From that brother-in-law, in particular.

If there were problems that we encountered - 100% throw everything at it and just make sure it works.

I know that you said that your brother in law was opposed to the idea. Was there anyone else, on your side? How did your family feel about the adoption?

My brother in law, was a little opposed to the idea, he was also divorced, but he had different reasons, he was just slightly on the side for different reasons.

His family, his sisters was very supportive, they accepted it wholeheartedly.

They were very supportive.

So you had support.

Yes.

What support was it that you actually needed, what was it that was helpful for you?

The fact that they accepted our decision. They were there!

They were physically there to help, to offer assistance with [adopted child], with [wife] with [wife's younger sister]. They helped [wife's younger sister], separated her from us, they took pressure off of us. As [wife] said the first 3 days she was running between [adopted child] and [wife's younger sister]. They were her two kids. She was making sure [wife's younger sister] was comfortable and clean, trying to deal with [wife's younger sister's] emotions, her own emotions and then running back to look after the little one. It was good to have them around to pick [wife's younger sister] up and look after [wife's younger sister] and take some of the pressure off of us.

In that way it gave you both some time to actually go through what you needed to go through for yourselves, to live in a house together to give you some space where you guys could be together instead of running around all the time to try and sort out all these things.

Suddenly as you speak I am feeling a little bit sad, because of [wife's younger sister]. I don't think I actually ever dealt with her leaving, it never actually ever came up that there was a sense of loss. You see what I mean, because she was your child, all the emotions, you have this little one and I've, this is the first time I actually thought about it. Because I did feel it, and I remember and I hear that song I'm leaving on a Jet Plane, I heard that song the time she left and I connected with [wife's younger sister] and it was very sad for me when she left but you could not dwell on it you have to move on. Life happens and you've got to survive. This suddenly just came up. So it's a loss, because she never lived in our house again permanently. She did come back for a little while when she went through a hard time, but it was actually a loss. She never came up before, that's strange. It was a loss. You lost a child, you gained one but you also lost her.

Was that also the same for you and why?

In a way yes, physically she's not there but she went off and she was safe, she then got herself involved in a relationship which did not go well. If we heard it wasn't going well, we jumped in the car drove to _____ and fetched her and brought her back.

Parental care was still very much there. [Wife] just said, she left, we brought her back home and out of her own choice she left again.

You respected her decision, she was at an age that she could make her own decisions and we had to respect that whether it was good or bad.

She left again, got involved in another relationship, got married and she now has two children. They are living down in _____. She did not marry someone we would have chosen for her, he is not able to care for them properly. They struggle, they struggle financially, and she has got the two little kids. Every time they need help, are in trouble or need financial assistance, she phones and we are still there, she is very much still our child. We will always be there for her.

Although she has become an adult and I think that was perhaps the gaining and the losing, she was able to provide you with a child, and you were able through that to allow her to grow to be an adult.

Yes, she could start over; she had that extra 4 year gap or whatever it was before she got married.

So it was a beginning of two lives.

Then [adopted child] got quite ill and therefore we could not focus too much on [wife's younger sister]. She started choking very badly and she would turn blue. The doctors could not find out exactly what it was but eventually they

thought it was broncheolitis. Very severe choking attacks. We were both very stressed, we've got this little baby, she did not sleep very well, she would wake up every two hours, and she was colicky. She would start with colic about two in the afternoon until 10 at night. It was just not an easy three months.

At almost every feed she would choke and you would actually be scared to feed her. The old experienced mothers, her sister, our maid, my sister - they all came along and offered advice but they were also fearful, they were eventually scared to feed her. They left me to feed her, I was petrified but I had to do it, I was so scared she would choke.

I just remember the one night it was dark already, I hated the dark, nights were worse. Days were o.k. Nights were bad. I had to feed her, fed her and she started choking. I turned her over and she was just turning more and more blue. My child was dying. I screamed – God help me, I turned her around and she came right. I nearly lost her. That night we ended up in hospital, both of us. She desperately needed care from the doctors and so did I. I think it was just too stressful. She stayed in hospital for a while and then came home. On the day that she turned 3 months the colic stopped, the choking stopped. After she had been in hospital and with all the antibiotic it stopped.

I remember at times it got so bad that I went to hospital with [wife], she would feed her in front of the nurses and she would choke. The nurses would then say that they would show her how to feed her and she would choke and the nurse would panic and give her back. They would then phone the doctor to revive her.

Do you feel that you had enough preparation? Did you feel that you had enough information about adoption so that when all those things happened you were secure and confident?

You know I don't think there was enough information. I don't think there is ever enough information about how to bring up a child, but it was very traumatic, because she was so ill and it was in wintertime, it was very difficult. That time for me was very traumatic for me.

After 3 months it was the best time, she was no longer this sickly, crying baby, she could laugh and gurgle and do and learn new things. It was good for bonding, because you realize that you have to look after this child, you have to make sure that this child is ok.

We couldn't have our own child - physically. Getting [adopted child] and through her illness, the first three months, bonded the two of them.

Not through pregnancy, but maybe through that.

Maybe it was needed, otherwise you take it for granted, *it's too easy*, it's just to easy to adopt another kid. Leave them to grow up on their own; *you kind of have to earn it*.

And for you, how was it the same for you and finding that connection.

No, I was petrified. I can handle things when I am in charge. Situations where I am not in charge, I don't like it. I remember one night my sister came, she said that she would come down and she'll sleep with [wife] and [adopted child] in the room and help her - *he couldn't sleep*. I said ok that's great. I went off to the room and couldn't sleep, I had to get up and three of us looked after her right through the night.

So In a way it brought you closer to [adopted child] but it also brought you two guys together.

Because we were in it together.

So for you guys it was a family, it brought all of you together in a very traumatic time, and bonded you together, as a family.

So in a way it brought you closer.

Traumas and stress have the tendency to do that, if there is substance in the relationship. If there's no substance in the relationship it may scatter you. It united us as a family.

During that time, in the beginning what would have been beneficial, I know you can never know everything, but for you, what kind of information would have helped you?

I think if I maybe went through Lamaze classes or something like that. Even if I was not pregnant, if I had been part of those classes, because I think they do prepare you for like little things that I was completely blind to, did not even know about when [adopted child] was little. Like the nurse would say to me, you should wake the baby every 4 hours, [adopted child] slept through, but I actually woke her. Like I said afterwards, I think I created so much unnecessary routine that should not have been there, I created a lot of things that if I knew better I wouldn't have done any of those things. We didn't do anything like that with [wife's younger sister]; I don't know why we didn't do it. Nobody offered and nobody said why don't you go or anything like that. We didn't know about it.

Like almost

Green – you go into this not knowing anything.

It sounds like the classes, that you felt that you couldn't go there?

No, I didn't have a tummy and I don't know how [wife's younger sister] would have felt about it. Then once the Social Worker decided that we were going to have a very open policy she gave us ideas of how people dealt with it and how we should deal with it and we decided that we will have a very open policy so she knew from the age of 3 - I started telling her, everything that there is to know.

No Secrets. Honesty. How did that go?

It went well. So far she hasn't picked up anything that is a problem for her at all.

The biological father As she was growing up she accepted [wife's younger sister] as her biological mother but there has never been a question about the biological father. We were concerned about that, as she got older that she would put two & two together and get six and we needed to clarify that. So we spoke to ... we spoke to [psychologist] as to how we should approach it. It came up the once and she asked if we knew who her biological father is and I must say that we were thinking that she was going to phone him and she didn't. Is that him and we said no. We said no, but would you like to know and she said no she closed the book and that was it.

.....

What's her name? How have you found working with the professional people, how has it been?

With [psychologist], really excellent actually!

We were really not that involved with [psychologist].

It was just like very informal that you question in passing by, not going to see her as she go to our church. It's not as we went to see her as a client.

[Social worker] has been helpful.

They were the Doctors and Social Workers.

What made it helpful, what did they do.

They kept in contact with us for a while, phoned us came and visited us to see if we were ok.

[Social worker] came with at the birth. They phoned [wife's younger sister].

Visited [wife's younger sister], when she was in hospital, to see if she was ok.

They walked the journey with you.

That's it yes.

Walked along side of you, not necessarily leading you? They were just sort of hand in hand with you?

They were Private Practice Social Workers but they were very helpful, very professional.

Sounds like you could really connect with them, could really open up.

We were very fortunate. I don't know if it is available to someone that is maybe using the State's Services. We were very comfortable with [social worker] and

What was it that you think that they did that made it comfortable?

The fact that they really listened, all of them!

I think if you're open with them, they'll come into the journey with you.

If you're not going to open, to them they are not going to know, it depends on how much you feel comfortable sharing with them and obviously they made us feel comfortable enough to share deeper and then they feel part of your journey. You are allowing them into your deeper feelings.

They came to adopt part of the process and became part of the process as opposed to just being on the sideline.

It was not superficial, it was real, they were there for us.

You got a lot of support from the family.

Yes still, everybody's been wonderful, they adopted the process.

Was there support from friends?

All our friends accepted it, our group of friends that are in Church with us. We made friends when we lived in before we moved here, where we were at the time of the adoption. They accepted it. Sometimes when you bump into old friends they always enquire about us and [adopted child]. They're part.

Everyone's accepted it. It's part of the norm now. It's just the way it is supposed to be.

I think largely it's because we were open with it. If you are going to hide it from your child then you'll always be on the defensive and somebody is going to say something along the line and it's going to open a can of worms and damage relationships. If you're dishonest with your child, or between them and the child, whatever, somewhere along the line if it is a secret it will come up and cause damage. If you open it up then you give people buy in into the process, it becomes acceptable and there's nothing to fear.

Has there been occasions where it hasn't necessarily worked out that way with people?

There were one or two.

We just had the one time when [wife's younger sister] met this guy, his family. She's been spending a lot of time with them, at that time we did not know the full extent of the problem until she lived with them for a while and we heard rumours that they were going to take [wife's younger sister] to Court and take the baby.

You know that it can't happen. Stupid. But it's hurtful. You know they can't do anything, but its hurtful having it go on.

You know that this is your child. They cannot do anything to upset her life. You've made that promise that you were going to look after her, but you did not want them to upset [wife's younger sister] either.

There were also one or two comments against [wife's younger sister].

The same family, saying something like: You're just like your mother.

The way they dealt with it was not tasteful and we got a bit defensive, but I think we had to.

Protective!

Yes.

She's used to be very open at school too; she tells the other kids that she is adopted.

The kids would come to me and ask: "Is [adopted child] really adopted?" Almost as if they want to make sure.

Does this still happen?

Not so much anymore, she went through a phase when she had to tell people about it at school and we don't have to hear about it all now. She's quiet about it now. She never discusses it any more.

Where it is now somebody's child that that heard it from their parents, that heard it from somebody and she eventually hears it at school, those are the dangers. With the whole adoption process they did not deal with the immediate situation. Like dealing with [wife's younger sister] and the birth and getting you on the road and getting the legal documentation. It wasn't so much of that warning of what may happen, although the approach was, that we bought into, is to go up front. Where people choose not to, they need to be warned of those dangers down the line.

After the adoption process, did you ever see those people again?

Yes, we do and they're fine. I think everyone knows their place now. I actually phoned my sister and I said - listen this is the situation; I do not appreciate comments like that. What you guys need to understand is that we legally adopted her, she is our child. Do not speak to her as [wife's younger sister] being her mother, as it confuses her, I am her mother and [husband] is her father, and that is what you guys need to understand. If I hear any more comments like that, I'm sorry then we would just not come and see you again because it's affecting our child. I am very close to that sister and her husband and her children. They just kind of had to know the boundaries. There are no problems now, whatsoever.

But just with respect to the Social Workers.

They kept in touch with us for a while, probably up to 6 months to a year.

A phone call, now and again.

Just to find out how we are progressing.

Not like an ongoing sort of thing.

Still now, although I think we stopped needing it.

Slightly different to a Child Welfare intervention kind of thing. These guys, if they are going to continue to be involved in your lives for the next ten years and you are going to have to pay them to do that. In that process somewhere, maybe they need to be basically aware of some of the difficult things that may crop up later on and give you advice on how to deal with it. Fortunately we have got a wonderful support structure in place through the church, so we have been able to deal with it, as we have. So far we have been very fortunate having that structure. Therefore people that may not have that kind of a support structure.....

Would that be beneficial?

They should be made aware, that there are support structures in place.

What are some of those difficult things that have come up for you both?

We kind of warded most of the bad things off, so they don't pop up.

What kind of things?

Things like the wrong things said at the wrong time, in front of the kid. Things about [wife's younger sister], what you can do is open [wife's younger sister's] problems up, but never derogatory. We were very careful that we needed to build [wife's younger sister] up in the same process. It must not be seen to be breaking her down and highlighting her issues and her problems because she is the biological mother and maybe during her teens, somewhere along the line it's going to be pulled up. It must not be seen that you are breaking down the other party.

So it's very much out of respect?

You're right.

I think in terms of my cousin that gave up a child up for adoption back in the 60's-70, she had to give the child up for adoption; they have no contact at all. The stigma that was attached at the time was horrendous. So one needs to be aware of that, whether you still keep in touch with them or not. You have to be aware of it that there is a person out there that is connected to your child, one way or the other. At some stage you child might like to find relatives. So you need to be respectful of it. Our case is easier, because [adopted child] knows; she's part of the deal. The feelings in terms of parents adopting a child who never knew anything and they grow up and don't know who their real parents are, maybe one day they would like to find that roots. If you have constantly been shooting it down, been derogatory about it, blaming that person and casting stones, you are creating a problem for yourself.

Did you feel that you sorted that problem out?

We've always said to her, she must always know that it wasn't a very easy decision for my sister to make. She didn't do it lightly. She's a very special person and she made that decision only based on the goodness that could come from it. Because of this decision, she never felt rejected in any way. It was a decision she made out of love, to give her the best opportunity in life.

So how would you say this whole process impacted upon you individually and together, all the way through from the beginning up to now.

I wouldn't change it. It's been a wonderful experience. I think of that urge to have a child at the time, having [adopted child] I would never regret that decision. I know there are hard times ahead...

We've come through this far.

And you?

I wouldn't change it I think it enriched us, strengthened us as a family and as a unit. I truly believe this was God's plan, this was ordained to be. We don't know why, He always does things His way, I got my child, not the way I expected it, but He did honour us by giving us a daughter and I wouldn't change it. One doesn't know what the future holds for us, but then again we will just deal with life as it comes.

Another question, something I thought about quite a bit, how did this experience, how did it fit into the ideas you had beforehand, when beforehand maybe you thought about adoption how did you think about it, how has it compared to what you have gone through, was there any differences to what you expected, the way it worked out?

I didn't have any set expectations, so it's hard to judge. Again it's kind of like deal with it day to day, as it happens. I didn't have set expectations.

I think you look at a lot of people that have children. The child's happy, grows up, the child is almost sort of in the peripheral background. Children are supposedly out there "seen not heard" kind of thing.

Has this been a very different relationship?

[Adopted child] has been very much integrated into our lives as supposed to being peripheral. Probably beforehand you look at people that's got lovely children, you look at other parents that have "brats". In the real world parenthood is very different from what we have seen around us. Both of us are from fairly big, healthy families, lots of kids around without any hassles. Then you look at other people with these wonderful "gifts" and they don't appreciate it. This has been a very special gift, a special responsibility, we do take it very seriously, and it's been an honour that we could do it. I think if you are going to foster or adopt that responsibility is slightly different than when you have your own kids in that if you had your child it is your responsibility to look after them. If you're adopting or fostering you are taking another's child and you are making a commitment to give that child what you would have given your own child regardless of the fact that you haven't got blood ties. Once you have made that commitment you have to stick by it. It's not a rag doll that you can throw away and say "this is not mine", even through the most difficult times.

We don't think of her as adopted, it's only when certain things trigger that you remember she's adopted. When you have to fill in forms and things like that.

Often it is some of the funniest times we have that trigger it, then we'll say to her "you're just like your mother" and she says: could be. When a really funny one comes when she is with me, like my own sister said the one-day; you can see the resemblance between the two of you.

How is that for you, when you have those moments? When somebody comes and asks?

Sometimes you don't mind, it does not occur to you but then you know that's a fact.

There are times like whenever she comes to work, there's a guy that works there, a very jovial, funny sort of guy, . He would joke and say are you with your uncle again, because she reacts. He can't be your dad, his too ugly or something like that. Then you would say, hey be careful what you say.
does not know, does he?

He does know.

He probably says that to a lot of people and doesn't even think about it.

Yes, sort of making conversation. Then you want to say "back off".

You're sensitive. You feel sensitive, but she reacts to him. She gets defensive about it.

So what you're saying is that you need a level of sensitivity. Treat it as if there is something to be sensitive about. Acknowledge it; embrace it, but to be sensitive at the same time.

Like people visiting and harmlessly joking. In a normal environment it may be ok, but in an adoptive environment it may not be that funny.

That's going to take long for everyone to know.

We as adoptive parents, we need to know how to react, deal with it. For example if I get to work and starts with something like that I will try and change the subject, get him off the topic, get him onto rugby or something. Just try and get him away from it. One needs to be sensitive to these things.

For your child, and also for you at the same time it is a protective thing.

Yes.

It's a protective thing and I think in the early formative years, a very sensitive time in a child's life. We have to help our children through that phase, if they are particularly sensitive, don't let people upset them.

Or teach them how to deal with it, when it does happen.

Teach them how to react to it, rather change the subject, or rather don't react to it.

It also sounds to me like you're teaching her how to handle it. You can also see the more humorous side of it.

Maybe she is not looking like me physically; maybe she's looking like me ...

Characteristically!!

And that we can embrace.

So what would you would say if you could go to a Newspaper, what would you say about what you have been through and adoption? What would you like everyone to know?

Through God anything is possible!

Would it be the same for you?

Trust. Doing business with the crowd, they gave me some trust; with the forms to sign trust was very important. It suddenly dawned on me "In Him we trust". That's what it has to be. If you are going to go into it you can't do it alone, you've got to do it in faith.

It sounds to me like you trusted a lot of other people and they trusted you.

That is particular to adoption; you need to deal with people that you can trust.

Perhaps, just my last final question! How do you feel right now? How was this for you, talking about it?

Good, because you were able to just work through it again. We worked through it a lot, because in life you come across people that you have to share the story with. It was just profound that the part of [wife's younger sister] came up; it's never come up before. It was a good thing that I could just deal with that. Because yes, I do miss her, she was part of our household and suddenly she wasn't there, like you said, we gave her a

chance to grow to a new life and that part had to die, which is sad and I never thought about it like that. Yes, it is good to talk about it and get everything in perspective and yes, good to hear [husband] talk about it, because I know my story and I think I know his story but it was good to be quiet and just let him answer you.

It's obviously emotional things. Talking about it triggered a lot of things that is of the essence.

It sort of triggered today.

That's what they call

I think we often hide behind masks, we try and sometimes, because of society circles or whatever it is, you are sometimes forced to show those qualities and if you show them willingly, long enough, ok they're done. Its good from time to time reflect to have them trigger, to resuscitate. You have to suck up to this.

I do. Yes.

Our situation was slightly different from other adoptions, but a lot of adoptions come from between families, percentage wise it's not a low percentage. If I think back if anyone had to ask me, fostering or adoption, I would go adoption any day. I think you have to be very, very special to foster, it must be very difficult.

A lot of emotions!

Adoptions give you I suppose some sense of security, control of your destiny. Where we had those difficulties, we could turn around and say, don't go there, because you can't. It's cut and dried, whereas in a foster situation you can't.

It's that unpredictability.

You will always have to rely on other people to come in and you don't want to be there. You are going to wonder all the time. It is a very vulnerable situation.

It's not that easy. There are certain things that you can notice in [adopted child]; things that she does that you see that is genetically like [wife's younger sister], and certain things that she does that are not from [wife's younger sister]. Characteristically she would do something and I would think - she's like him, she just did something that is just like him. You can definitely see those things, that are genetically there and things that she learnt. She sees [wife's younger sister] maybe once or twice a year so she can't learn

those things from [wife's younger sister]. Hand movements, behaviour, the way of saying something that is exactly like [wife's younger sister]. Then sometimes she would do something that I think: It's exactly like him.

And yet it's strange when [wife's younger sister] has been here. She treats her like one of the other aunts, she greets her speak to her, just like with the other aunts.

There's no interest, no extra interest. We don't do anything, we just sit by watching. Nothing extra!

How would it have been if it was different, if she did show an extra interest?

We would have just dealt with it.

Similarly from [wife's younger sister] to her, which is encouraging, with that process that we went through right in the beginning with [social worker] and them. That has helped [wife's younger sister] get through as well.

Because we are so focused on her, seeing the family and chatting to her, she is just another sister's daughter.

The same with [wife's younger sister], she doesn't fuss or anything or try and gain her attention or anything.

But if it was there we would have just dealt with it.

It almost gave her the independence. She was able to start again.

Probably would have battled starting a new relationship.

Both [wife's younger sister] and [adopted child] were very ill in the beginning and she would definitely not have coped.

Certainly financially and emotionally she would not have been able to cope through that time with [adopted child].

[Adopted child] is bright, so bright. [Wife's younger sister] has so many learning disabilities. She's got ADD but she is very bright.

She got an academic award last year.

We were wondering if that was going to happen because of [wife's younger sister's] learning disabilities, but apart from the ADD she's been doing very well.

It sounds like she's very settled at school. She's got the support and care.

Yes. She has problems sometimes making friends. She will make a friend, sometimes I think she just want one friend. I think with her ADD it does affect her sometimes, she is sometimes too boisterous and does silly things and it irritates the kids. It's her nature she cannot help it. She doesn't mean it, it's just who she is.

She is also an introvert. She mostly mixes with family kids and kids from church friends. I suppose we're not very sociable and outgoing types so she does not get much exposure.

I think she does though.

Not as much as the other kids, because she is a small child.

Any other questions you guys want to ask me?

I think we've talked about everything.

Is it ok if we end this now?

Yes.