

A GESTALT PERSPECTIVE ON THE  
EXPERIENCE OF BEING ADOPTED AS A CHILD:

Recommended Guidelines for Post-Adoption Support and  
Therapy

by

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## CHAPTER 1

### INTRODUCTION AND DEFINING THE STUDY

#### 1. Introduction

Researchers David Brodzinsky, Marshall Schechter and Robin Henig in *Being Adopted: The Lifelong Search for Self*, (2006:27) wrote, “The experience of adoption – like any other experience – is not static. It changes with time as the forces of development shape and reshape the way we think, feel, relate and grow. Thus the meaning and implications of being adopted are bounded by time and circumstances. How it feels to be adopted at the age of four is different from how it feels at the age of eight, sixteen, twenty-five or seventy-five.”

Adoption according to Verrier (2005:14-15) and the process that may result from it, may have severe and long-lasting effects on the adopted child. These effects carry through into adulthood, affecting relationships and self-concept in a way that is potentially debilitating for the adopted adult. In this dissertation, the researcher intends to explore the phenomenology or experience of the adult adoptee, in order to develop guidelines for post-adoption services and therapy – both to the adopted child and adult that was adopted as a child. As a starting point, the reason for investigating and developing these guidelines can be found in three quotations from adult adoptees and their experience of adoption.

*Cathy, 33*

*After the recent birth of my daughter, I was so excited to finally have a genetic tie to someone. But the reality of it is that my lack of health history now becomes my daughter's lack of health history. I thought as I got older that adoption issues would become less of a factor in my life, but apparently they are more powerful than I care to admit.*

*Carrie, 34*

*Being able to find where I came from, even though I was rejected by my birth mother in a one-time reunion, made me accept where I am and to be more appreciative of what my family means to me. I know that they love me the best that they know how. Coming full circle was easier once I realized that the fairy tale about my birthmother was just that – a fairy tale.*

*Gretchen, 60*

*As I get older, I find myself identifying the source of a deep, yet mostly unnamed sadness that comes over me at unexpected times, as a longing to know what might have been. In spite of the wonderful adoptive home I had, the loss buried so deep for so long continues to emerge and force its way into my consciousness.*

From these quotes, it is evident that the issues that arise from the processes and experiences of adoption need to be addressed, in order to help these children and adults cope. According to social workers, there is a distinct lack of post-adoption support that exists as part of social services (referring to social workers), as well as amongst other professionals in the caring professions (therapists).

Penny Whitaker of the Cape Town Child Welfare Society, agrees that the need for post-adoption services has never been so great. Her organization is the largest adoption agency in the Western Cape, but has seen its social worker complement drop from six to two in the past five years.

The Danish psychologist Erik Erickson's seven-stage model of the developmental tasks that people must face throughout a life time, indicates conflicts that need to be resolved in various developmental stages. Issues that are unresolved, resurface to affect later development throughout the lifetime of the person. This can be applied to the process of adoption in the sense

that these issues resurface time and again if not handled through a process of guidance, direction and structure.

Oaklander (2006:5-6) makes the point that traumatized children have a poor sense of self. She further describes the effects of trauma, pointing out that children tend to cut themselves off, often blocking their emotions and closing down their minds. These effects of trauma, experienced by the adoptee, carry through to adulthood, affecting the functioning, and decision-making of the adult adoptee.

Soll (2005:122) supports this thinking in his assertion that where the relationship with self is one of disconnection, healthy relationships cannot exist. Soll (2005:122) describes the disconnection with self adoptees feel, as “being afraid of one’s feelings”. Disconnecting from one’s own feelings, could make one distant and emotionally unavailable to others.

Gestalt theory views the self as the “system of contacts in the organism” (Yontef 1993:492). The same author (1993:492) argues that the sense of self develops in “contact between members of the family system”. In this line of argument, Verrier (2003:18) refers to the trauma of the loss of the birth mother as having the effect of destroying the belief of the adoptee that “one can be oneself in relation to others”. The above statement can lead one to assume that the loss of the birth mother then results in the loss of self for the adoptee. Therefore while considering the plight of the adult adoptee, we are not only aware of the lack of sense of self, but also the effects of trauma.

Trauma adds to the FRACTURING used by Soll (2005:24) as an acronym to identify feelings by which the adoptee can be surrounded simultaneously. The feelings may be Frustration, Rage, Anxiety, Confusion, Terror, Unrest, Regret, Inhuman, Neglected, Grief. Any one of these feelings can be overwhelming, but living under a constant barrage of the feelings mentioned above seems to justify the need to ‘tune out’ of one’s own feelings or ‘self’ as it were. In this way the disconnection within occurs.

True to Gestalt theory, given the ‘fracture’ or disintegration of self that occurs within the adoptee, it is to be expected that relationships with others will be affected, as the individual is in relation with

the field or so-called environment (Yontef 1993). Soll (2005:40) identifies the fact that adult adoptees often find themselves in broken or unhealthy, and often abusive relationships.

Soll (2005:74), refers to the missing members of the adoptee's birth family as 'ghosts' who are ever-present within the lives and homes of adoptees. Schooler & Norris (2002:21) mention the "psychological presence" of birth mothers in the homes of adoptees. These authors assert that based on feedback received from adoptive families, "it is healthy to acknowledge the existence of the other triad members". Soll (2005:93) states that "For the most part, an adoptee's search is a search for herself, for completeness, to know her beginnings. She is not searching because of anything her adoptive parents did or did not do." By implication then, it is through searching that the adoptee seeks for wholeness and healing. The same author (2005:93) has also stated that it is through the process of the search that healing can occur.

The above information helps the reader to understand that the difficulties faced by the adoptee are complex and challenging. Professional help is therefore an important resource for the adoptee to be able to draw on.

## **2. Rationale and Problem Statement Research Question**

A definite lack of post-adoption support exists in the community. Only two forms of post-adoption support have been identified in Johannesburg.

1. Support Groups for parents where trans-racial adoption has occurred. (Mary Cruickshanks, previous Secretary for the Adoption Society is involved in running these groups.)
2. An adult support group for adoptees and other members of the adoption Triad.

Very little professional in-put occurs. These forms of post-adoption support were discovered by speaking to the head of adoptions at Johannesburg Child Welfare (Pam Wilson) and the previous Secretary of the Adoption Society (Mary Cruickshank). Both individuals felt that value is gained from both groups mentioned above. The researcher has attended the adult support group and

agrees that the group has value, but on its own it is not enough. This sentiment has been implied in comments made by people attending the group who have mentioned hours of therapy and / or supportive spouses and family members.

At a workshop on Adoption attended in August 2007, run by Marita Brink, therapists, counselors and social workers were in attendance. The question was posed to Marita “what kind post-adoption support exists out there?”. Marita was not aware of any, and therefore was unable to answer. This is the finding of professionals in the community who seek to be better informed in providing therapy and support to adoptees.

Informed professional support is needed to assist adoptees in their healing. This is the assertion of both Verrier (2003:426) and Soll (2005:111). References and more information will be given on the specialized knowledge required of professionals in the following section.

Statistics reflect the assertions that pathology occurs to a far higher extent amongst adoptees by comparison with those who have not been adopted (Verrier 2003:391). Considering Verrier’s observation made in the above statement, in the opinion of the researcher, it therefore is crucial that adoptees be given the kind of support and professional expertise that will assist adoptees in adjusting to society. Soll (2005:114) states clearly the need for special knowledge on the part of the therapist if therapy is going to be successful: “Special knowledge is needed to treat adopted people since the psychology of the adoptee is different.”

Verrier (2003:391), refers to some professionals as enablers; because they engage in similar avoidance and denial tactics which many adoptive families engage in. In doing so, they deny the needs of the adoptee. The author further states that many clinicians, when considering reasons why adoptees are at greater risk for pathology, treat adoption as a ‘concept’ as opposed to an ‘experience’. In fact, she takes the misguided perspective of clinicians further by exploring the differences and similarities between classic characteristics of Borderline Personality Disorder often diagnosed amongst adoptees, and characteristics of the adoptee (Verrier 2003:431). The diagnosis of misguided clinicians then further reinforces the wounds of adoption (Verrier 2003:436).

The introduction of this research has indicated many of the unique experiences and needs of adoptees. And as indicated by the authors referred to, unique assistance is then required.

Adoption, according to computer searches done by Unisa, is not a well-researched subject in South Africa. No previous research has been registered in this field on the NEXUS databases for current and completed research (National Research Foundation) (see biblioline.nisc.com and oasis.unisa.ac.za). No research seems to have been aimed at the adult experience of being adopted as a child.

Long-lasting effects of adoption on adults can often be dysfunction in relationships as previously mentioned and stated by Verrier (2003). The relationships can include relationship with self, spouses, people in positions of authority, and the adoptees' own children. Without informed professionals giving assistance, dysfunction may be exacerbated.

From the above literature, it is evident that informed professionals are required to provide adequate, and healing therapy for adoptees. Therefore the problem for the study can be formulated as the lack of informed assistance for adult adoptees. The researcher, by researching the adoptees' experiences, hopes to provide insight into the unique experience of adoptees, thereby providing a base from which to work in order to address this lack in social services for children in adoptive situations.

## **2.1. Research Question**

In descriptive studies, according to De Vos et al (2005:106) the questions focused on are "how" and "why". The research question for the purpose of this study is as follows: "What kind of post-adoption support will be most meaningful for the adopted adult or child?"; otherwise stated, the question is 'how can professionals support adopted adults and children, post adoption?' The answers to the question of how the adoption affects the adult adoptee, then begs the question 'why?' In its more complete state, 'why does adoption have this effect on

adult adoptees?’ If the questions of how and why can be answered in relation to the effects of adoption on the adoptee, a greater understanding of the social phenomenon of adoption will have been achieved. The questions just mentioned go directly to the phenomenology of the adoptees. De Vos, et al (2005:264) state that “a phenomenological study is a study that attempts to understand people’s perceptions, perspectives and understanding of a particular situation.” The phenomenology of the adult adoptee is what is being examined in this study. From these questions, an aim and supporting objectives need to be formulated.

### **3. Aim and Objectives of the Study**

DeVos (2005:104), refers to the ‘aim’ as being of a more general scope, whereas the ‘objectives’ are of a step-by- step nature – indicating more clearly defined and possibly more easily achieved goals. The aim of the study is to understand the phenomenology of the adult adoptee in order to add to the body of knowledge concerning the feelings of the adopted adult as an adoptee. The researcher intends to use, explore, describe and give insight into the experience of the adult adoptee. The findings of the research will be used in putting together a set of guidelines and recommendations to assist the therapist with providing effective support for the adult adoptee.

The following objectives have been set in order to achieve the above aim:

- To conduct a literature review on the theoretical aspects of adoption, and gestalt therapy within the context of adoption.
- To gain knowledge by collecting and interpreting data through observation and interviewing in order to explore and describe the effect/outcome of the adoption process as perceived by adult adoptees.
- To make recommendations and conclusions for providing therapeutic support for adult adoptees and in order to assist professionals with understanding the adult adoptee, and providing post-adoption support and effective therapy.

#### **4. Research Approach**

De Vos et al (2005:74) refer to qualitative research as being preferred when “research delves in depth into complexities and processes”. The same authors (2005:75) also state that the epistemological roots of qualitative research are in phenomenology, and the purpose of qualitative research is in order to “construct detailed descriptions of social reality”. The social reality being studied or described in this instance is that of adoption in relation to adults.

The research approach is one of interviewing participants in order to acquire a richness of knowledge concerning their experience of adoption as children. Due to the give and take which occurs in an interviewing situation, which DeVos (2005:293) refers to as a negotiation of sorts, data is “generated as opposed to collected” in the opinion of De Vos.

#### **5. Type of Research**

The type of research which was done in this study is “applied” research. Applied research, according to DeVos (2005:105) is aimed at helping practitioners accomplish tasks, and is focused on solving problems in practice. Basic research on the other hand (see De Vos 2005:105) seeks knowledge which can change thinking over time. Being applied research, the aim is to assist practitioners in their work. The findings will also provide insight into the experience of adult adoptees which can be helpful to professionals, as well other adoptees.

The research approach in this instance is qualitative. It is an exploratory, descriptive approach to the adoptees’ experience of adoption and the implications of the adoption experience in their lives. Interviews were held with participants until a point of saturation was reached.

## 6. Research Strategy

Descriptive research provides specific detail, and will lead one to the answers of how and why questions (De Vos 2005:106). The researcher begins with a clearly defined subject and conducts research in order to describe it accurately. In qualitative research, case studies are useful in giving the researcher an opportunity to provide 'more intensive examination of phenomena, and their meanings, thus leading to a thicker description.' (De Vos 2005:106)

The nature of the study which was done by the researcher is called the instrumental case study. The instrumental case study (De Vos 2005:272) focuses on the social issue being studied. The researcher is aiming to interview as many participants as possible until saturation is reached. Saturation refers to the use of similar information or themes coming through in research De Vos (2005:294).

Experts in the field will also be interviewed, providing the study with greater depth and insight gained from the experience of the experts. Experts include:

- a. Pam Wilson, head of adoptions at Johannesburg Child Welfare
- b. Kay Ferno, a lady who has worked with adoption for in excess of thirty years. She currently assists adult adoptees in finding birth parents, as well as runs the Adult Adoption Support Group, mentioned previously.

DeVos (2005:274) points out the need for extensive literary research to be done prior to the interviews in a case-study design. The literary research has been done with a view to understanding the experience of adoption, and the feelings of adoptees about this experience, and the social phenomenon of adoption.

Where possible, interviews will be recorded and transcribed. De Vos (2005:272) states that the sole criterion for selecting cases for a case study should be "the opportunity to learn".

## **7. Research Methodology**

### **7.1. Literature**

Literature study is an integral part of the study. It adds value to the research in a number of ways. The literature the researcher is drawing from is books, journal articles and electronic sources. The books are written by people who have personal experience with adoption, as well as having worked as therapists with the adoption triad. In the opinion of the researcher, this adds credibility to the contribution of the authors.

## **8. Universe, Population, Sampling**

Universe refers to all potential subjects who possess the characteristics in which the researcher is interested (De Vos 2005:193). For the purpose of this study, the universe consisted of all adults who have been adopted as children.

Population refers to individuals within the universe who possess certain characteristics (De Vos 2005:193). The term population is more confined than universe. In effect, the sample is taken from the population and the findings of the researcher can be generalized towards the population.

Arkava and Lane (in De Vos 2005:194) refer to a sample as comprising the “elements of a population considered for actual inclusion in the study.” A sample is a relatively small selection of individuals who have the characteristics required for the specific research in question. The sample for the purpose of this study was done by using snow ball sampling. Criteria for the sample were:

- a. Adults who were adopted as children.
- b. The sample did include both male and female.

c. The sample did not include trans-racial adoptees, as the study does not cover that aspect of adoption. The race group of the adoptee was the same as the adoptive parents. All adult adoptees interviewed were white.

## **9. Data Collection**

According to the parameters laid down by De Vos et al (2005:272), this research takes the form of the instrumental case study. The method of acquiring information was by using unstructured interviews. The interviews were conducted with a view to understanding the phenomenological experience of the participants with regard to adoption.

Screening of participants was done over the phone, in order to ensure that they were suitable for the study, and were aware of what the study entails. Preliminary screening also served the purpose of ensuring that standards of ethics could be met as well.

Data was collected by means of unstructured interviews with subjects, enabling the researcher to gather information reflecting the phenomenological experience of the subjects' experience of adoption; and what effect the subject believes his or her experience of adoption has had on his or her life.

Interviews were tape-recorded, or video-taped as per the agreement with the research subjects. The recordings were transcribed and data was categorized and analyzed as per Creswell's five steps of data analysis – see 1.10.

The researcher also made use of auto-ethnography. Auto-ethnography is a genre of writing in which authors draw on their own lived experiences, connecting the personal to the cultural, and placing the self and others within a social context (Reedanhay, 1997). In auto-ethnography, "the researcher self is not separate from the lived self" (Richardson, 2003:197). Gaitan (2000:6) views auto-ethnographies as a "means of understanding (and healing) ourselves." Thus, auto-ethnography can serve as a creative, pedagogical and therapeutic resource, a textual site for re-

authoring the self and dealing with the ethical consequences of self-disclosure and emotionality. The auto-ethnography will be incorporated in chapter two as part of the literature review as incorporated by Grobler in his doctoral thesis, (Grobler,2007)

## **10. Data Analysis**

The researcher did not only interview adoptees as part of this research, but also interviewed experts in the field. Experts who were interviewed are as follows:

- Pam Wilson, who is head of the adoptions section of Johannesburg Child Welfare
- Kay Ferno, an eighty-year-old lady who runs the adult support groups. She was a social worker, and has run these groups and assisted adult adoptees in finding their birth parents for years.

This expert input will give the study validity and objectivity. Objectivity is important because the researcher as an adoptive mother may be presumed to be too close to her subject to be objective.

As part of the analysis of the data, Creswell's five steps of analysis were followed (see De Vos 2005:334). These steps include the following:

### **a. Collecting and Recording Data**

Data was collected and recorded by using literary study, and unstructured interviews with adult adoptees. In the interests of maintaining high ethical standards, the interviewees were asked to consent to having their interviews recorded. These recordings were transcribed and analysed so that as much objectivity as possible was maintained in the interpretation of the data found.

In De Vos (2005:375), Stake states that the sole criterion for selecting cases for a study should be "the opportunity to learn". Using the collective case study design, cases can be compared.

Comparisons between concepts can also be made, thereby enriching current data (De Vos 2005:272).

#### b. Managing Data

Data was filed and kept in chronological order. Pseudonyms were given to people who were interviewed and the information from each case study was kept under that person's name.

Relevant literature was referred to as and when necessary, for purposes of comparison. These comparisons provided a strong backdrop against which to view findings. A gestalt perspective was developed as the theoretical framework which provides a theoretical context or lens through which to view the findings of this research.

#### c. Reading and Memoing

During unrecorded conversations with research subjects, observations may be made by the subject, or concerns mentioned which may be of relevance to the study. Notes were made on relevant data so that the information can be used in the final analysis of data.

Relevant literature was read with a view to finding information which added more meaning and substance to the findings of the interviews.

#### d. Describing, Classifying, Interpreting

One of the salient features of this study is that it is descriptive. Therefore, studying closely in order to give accurate and meaningful description was done. Each case study was described briefly, to give the reader insight into the nature of the case studies done. This description also made the

findings and strongly emerging themes more meaningful. This provided what Creswell refers to as “context”.

Data from the interviews was classified according to strongly emerging themes, providing the reader and researcher with “categories”. Reference to literature assisted with interpretation and comparison of information.

#### e. Representing

The researcher wrote a report on findings in as concise and meaningful a way as possible, while finding a way to provide a visual display of findings in order to enhance understanding. Participants were allowed access to the findings

Being a qualitative study, as the research progressed, the researcher strategised in order to make her study meaningful. This is part of what is necessary in a study such as this, as the researcher ventures into the unknown to a certain extent.

## 11. Ethical Aspects

De Vos (2005:57), states that ethics are guidelines of behaviour governing the treatment of participants, and the information gathered in research by the researcher.

a. Informed, written consent from the individuals was obtained.

This was done prior to any research taking place. The purpose for the research was discussed with research participants, and how the information would be used. Participants were also made aware of the fact that other participants would be involved in the research, and that their individual experiences would be compared with each other and with literature. Consent for either video-taping or audio-taping the interview was obtained. Signed consent was obtained.

b. Confidentiality was maintained by changing names and places.

Confidentiality was maintained in terms of anonymity as far as names and places are concerned. The researcher did not discuss research participants with others participating in the study. Information was kept until it was ascertained with certainty that no further use of it would be required.

c. Information was professionally and respectfully used, as contracted in the initial consent form.

Information was not discussed with anyone other than the researcher.

The research subjects were treated as the experts on their experiences so that very few interjections were made by the researcher.

d. Sensitivity in the process was be applied by being careful to try not to do damage during the process of the interview.

The researcher, during the preparation phase of the research, made it clear to subjects that if they found it too painful to answer certain questions, they could say so, and withhold whatever information they feel is necessary to maintain their own integrity. 'Integrity ' in this sense means wholeness (see Perls, Hefferline and Goodman 2003:viii) .This can help the subject to know that he or she is in control of the process, so that they never reach a point of feeling that things have run away with them.

- e. Debriefing was done, allowing the subject the opportunity of dealing with any feelings he/she was left with as a result of the research interviews.

A follow-up phone-call or interview was done to allow the subject the opportunity of debriefing as and when required. This also helped the researcher to ensure that no damage had been done.

- f. If, as a result of involvement in the research, a need for therapy arose, the individual was referred for therapy.

This gave the research subject an opportunity to look more closely at the experience of being involved in the research, and deal with issues that had surfaced as a result.

## **12. Definitions and Main Concepts**

Due to the fact that different meanings are often given to the same term, it is important that the researcher give clear definitions of the terms used in the context of this research.

### **12.1. Adoption**

According to Schooler and Norris (2002:244) “Adoption is the social, emotional and legal process through which children who will not be raised by their birth parents become full and permanent legal members of another family while maintaining genetic and psychological connections to their birth family.”

“Adoption is the legal act of permanently placing a child with a parent (or parents) other than the birth parents. Adoption begins with the severing of the parental responsibilities and rights

of the biological parents. After the finalization of an adoption, there is generally no legal difference between biological and adopted children in most jurisdictions” (Adoption Encyclopaedia)

According to Rebecca Kahn (2006:151), “Adoption is the process whereby an adult takes full responsibility for a child who is not theirs by birth. Adopted children have exactly the same rights as all other children, and adoptive parents bear the same rights and responsibilities to the adopted child as they would to their child by birth.”

‘Adoption Game’ Lifton (1994:11) defines as, “a family system that operates by unspoken rules that require everyone in it to live a double life. While seeming to exist in the real world with their adoptive family, the children are at the same time inhabiting an underground world of fantasies and fears which they can share with no one. The adoptive parents also live a double life. Believing themselves to be doing everything for their children, they withhold from them the very knowledge they need to develop into healthy adults. This double role of savior/withholder eventually works against the adoptive parents, estranging them from their children. So, too, the birth mother is forced to live a double life from the moment she surrenders her baby. Advised to go on as if nothing has happened, she keeps secret what is probably the most important and traumatic event of her life.”

The above definition outlines eloquently the emotional environment in which many adopted children grow up – feeling deprived, no matter how well intentioned their adoptive parents may be. The writer feels that omitting the emotional implications of adoption for all parties involved would show a complete lack of insight and understanding of her subject.

Given the above definitions, the writer has included in her definition both the legal ramifications of adoption, and the psychological, or emotional implications of the process for the adoptee in particular.

## **12.2. Experience**

The word experience as used in the title of this dissertation implies phenomenology. Phenomenology was defined earlier, and refers to the particular experience of the individual, or participant in the research – the adoptee.

## **12.3. Gestalt Perspective**

According to Perls, Hefferline, and Goodman (2003:24) "...in seeing something one collects visual fragments and assembles them into the object seen," gestalt theory "insists that seeing is organized from the start – that is," what is seen "is a gestalt or configuration".

Part of Reber's (2001:300) definition of gestalt states that "Gestaltists maintained that psychological phenomena could only be understood if they were viewed as organized, structured wholes(or Gestalten)".

The implications of the above definitions on the research is as follows: The researcher approached individuals as a whole. The whole includes thoughts, feelings, past, present and future all bound up in the 'here and now'.

Emotional and legal processes through which children have gone were explored. The 'here and now' of how the individuals experience their adoptions in the past were also explored.

Yontef (1993:236-239) differentiates between gestalt therapists and gestalt psychologists. Gestalt therapists trust the phenomenology of the 'here and now', whereas gestalt psychologists tend more towards introspection in their approach, not trusting immediate perception.

It was important in the conduct of this research that the process of each participant be taken into account. In the telling and retelling of stories, introspection was often part of the process

when viewing the past through the lens of the present. This may occur as details or feelings are recounted.

#### **12.4. Adult**

The term adult in terms of this research refers to anyone over the age of twenty-one in legal terms. According to developmental theorists (Papalia 2002:8: Louw 1998:471) young adulthood begins at twenty, for the purpose of this study, an adult will be regarded as anyone over the age of twenty-one.

#### **12.5. Child**

According to developmental theorists, childhood ends at the age of twelve. For the purpose of this study, child will refer to any one adopted before the age of ten, including new-born babies.

#### **12.6. Descriptive Study**

As previously stated, description in this instance relates to the phenomenology of the research subjects; allowing for the uniqueness of the processes of both the researcher and the subject within the field of research. Both are involved in the process of research and therefore both affect the outcome or findings.

Qualitative work is more creative than quantitative work, as it leaves more space for the unexpected, making it difficult for the researcher to come up with a complete strategy in advance. The researcher has to therefore 'go with the flow' as it were, and be more flexible within the framework of the proposed research.

### **13. Outline of Research Report**

The research report will be presented in the following format:

Chapter 1 Introduction and Definition of Study

Chapter 2 Adoption and its Implications for the Adopted Child from a Gestalt Perspective

Chapter 3 Method of Inquiry and Findings of the Study

Chapter 4 Comparison of Empirical Results with Literature.

Chapter 5 Recommended Guidelines. Limitations and Conclusions.

## CHAPTER 2

### **Adoption and its Implications for the Child: an Auto-Ethnographic Reflection from a Gestalt Perspective**

#### **1. Introduction**

Adoption is a lengthy and often very expensive process (see Kahn 2006:163-166). Parents who hope to adopt need to approach an agency or social organization in order to find a child to adopt, and go through the necessary screening and legal processes required for the adoption to be legally approved. A social worker interviews prospective adoptive parents at length, in order to establish the reasons for the desired adoption and ensure the suitability of the parents. Suitability includes the ability of the prospective parent/s to provide for the child both physically and emotionally.

Drawing from the researcher's own experience where two different organizations were involved, in one instance psychometric tests were performed by a psychologist, in another an in-depth personal interview was held with each parent separately. The social workers involved were thorough. Intimate details of the prospective parents' relationships with each other and extended families were discussed, as well as finances. A personal balance sheet had to be provided. A home visit was done to ensure the nature of the living space the child would inhabit. Ages and states of health of the prospective parents were also taken into account. (Compare Kahn 2006:163-166)

The parents were introduced to the child, once one was found, and short visits were held initially – supervised by the social worker; in order to observe the relationship that develops between the parents and child, if the child is not a baby. Where toddlers or older children are concerned, the court insists on the child being fostered by the parents for a year before adoption is considered. With babies, more rapid placement takes place and the birth mother has sixty days to withdraw consent after signing adoption papers.

The experience of the researcher is that the adoption process experienced by each of her two children differed vastly. The researcher adopted a son of four-and-a-half, and a daughter of five-and-a-half. The son was aware that when he was visiting different people's houses, he was looking for new parents. He was outspoken in his views and concerns. In the researcher's home, he asked, "where are the toys?". He knew what his expectations were, and was able to voice them. The researcher expected a depressed and unhappy little boy once the move had taken place. He was delighted to move, and in fact, did not want to go home after the first visit.

The experience of the researcher's daughter was entirely different. She did not know that she had been removed from the home of her foster parents. She was told that they had gone on holiday. The removal of the little girl happened because she had fallen off of the back of a bakkie onto her head. As a result of her accident, she was in hospital. During her stay in hospital, the nurses realized that this child had been traumatised, and so they called social services. At this stage, it was decided to remove her from her foster family where her little brother stayed. She was taken straight from hospital to a place of safety. She had been neglected and abused by her foster family, but nevertheless, had bonded with them. In losing them, she lost her brother as well. She therefore, made a more difficult transition to her new adoptive home. Her comment after a few weeks was, "wat gaan julle met my maak?" This comment showed her lack of understanding of what was going on. When social workers were asked whether or not they had explained to the child why she had been removed, the answer was, that they had not, due to what they perceived to be her inability to understand.

Today, she is well adjusted and her foster family have adopted her little brother. She speaks of him and is concerned for his well-being. She longs to be in contact with her biological family.

This auto-ethnographic experience stated by the researcher forms part of the process of understanding of the stated problem. In order to understand this problem, the paradigm of thinking, namely Gestalt theory, needs to be incorporated.

## **2. Understanding Adoption from a Gestalt Perspective**

While the purpose of this research is not therapy, but exploration, discovery, and observation, it is necessary to take into account the theoretical basis of the approach of the researcher. As previously stated, the philosophical and theoretical basis upon which the researcher has approached this research is gestalt therapy. To a large extent in-depth interviewing, even with research in mind, shares similar goals and processes with therapy; particularly when working from a gestalt perspective.

This research has as its main objective the discovery of meaning the experience of adoption has for the individual concerned - a phenomenological perspective (see Babbie 2007:294,295). A therapeutic approach will assist in finding this meaning, both for the researcher and the subject.

It is important to note that crucial gestalt terms and insights will be pointed out in this chapter. This is by no means an overview of gestalt philosophy, but an identification and definition of terms important to this study.

### **2.1. The Field as Part of Adoption**

Yontef (1993:125) identifies the 'field' as being the environment or world within which the individual operates. All things work together in the field, and nothing is isolated or separate from anything else in the field. An illustration of such a broad and sometimes elusive concept is considering a person within her world. That world includes work, family, her inner world, and friends. All of these aspects are part of her world and cannot be ignored or isolated.

The 'phenomenological field' is defined by the observer. In this instance the observer is the researcher. By implication therefore, the effect of the observer on the field which she observes is therefore acknowledged, and the need to understand the frame of reference of the observer is vital. (Yontef 1993:125)

Most importantly, in terms of this research, as stated by Yontef (1993:125) "field approaches are descriptive rather than speculative, interpretive and classificatory".

Gestalt theory is based on the premise of holism and field theory, it is therefore impossible to look at a person or his problems without taking into account the context in which he finds himself - his environmental field. The interdependence between the person and his environment thus forms the central concept of the gestalt approach (Blom, 2004:4). This field is therefore defined by the observer, the client, and is only meaningful when one is able to understand his or her frame of reference. Gestalt therapy is focused on the 'here and now' but cognizance is taken of the fact that this may include residue from the past. Part of the field is the relationship. As an important aspect of the adult being adopted, the relationship with the field is the vital element for support.

## **2.2. Relationship**

Yontef (1993:239) makes clear the fact that "what is studied in the field approach is phenomena which is given in experience, rather than noumena the forces assumed or inferred to be behind the presenting phenomena." In essence, as with descriptive study, the field method studies what and how (Yontef 1993:239). Concentrating on the here and now, will leave out any analysis as to the why. Literature referred to will account for some of why certain aspects of the adopted child's functioning is affected. The purpose for including the why is in order to establish ways in which the adoptee can be supported in order to allow his experience of adoption to be one of healing as opposed to further eroding of the self.

## **2.3. Awareness**

Awareness refers to being aware of the spontaneous arousal of feelings, and what those feelings are, (Perls, Hefferline and Goodman, 2003:75). In order to avoid this awareness, avoidance techniques are often used, which can exacerbate feelings of fragmentation within the individual. During the in-depth interview, if the awareness is there, the interviewer wants to tap into it, in order to discover the true phenomenology of the subject.

Gestalt therapy is phenomenological, therefore the exclusive aim in therapy is to create awareness, the methodology, thus is also that of awareness. Each person constructs his own

world in a unique manner and his awareness of his world is also unique (Blom, 2004:4). Awareness of resistance to change is a gentle acceptance and understanding of this resistance. An awareness of the individual's self-support is also an essential aspect of therapy as it enables the individual to go through this process of creative adjustment (Yontef, 1993:12). In this way, awareness is the means by which the individual regulates himself by his choices. In order to work through unfinished business, which cloud the choices available, the individual needs to become aware of his past hurts, fears, needs, and resentments and how they still influence the present. Bringing resistance into awareness allows the self-regulation of the adult adoptee to improve contact and awareness (Yontef, 1993:28).

Gaining awareness of the needs and incompleteness is a primary step in therapy, facilitating healthy organismic self-regulation in the adult adoptee. When an individual is aware, he is also response-able (Yontef, 1993:180). Attention must therefore be paid to help adoptees find suitable ways to satisfy these needs. This will enable the individual to finish incomplete gestalts in his or her life. It is believed that the individual internally has the necessary energy and resources to satisfy his or her needs once he or she is aware of what those needs are. The therapist therefore, acts only as a facilitator during therapy with the individual (Blom, 2004:19).

#### **2.4. Disturbance of the Contact Boundary**

These disturbances may occur, commonly known as 'defence-mechanisms'. They can affect the relationship of the individual with the self and others and may be experienced as part of the relationship between the individual and his or her environment.

##### **a. Confluence**

When confluence occurs, the sense of self is lost, and the identification of self with others becomes so close that the individual loses sight of self. (Yontef, 1993:137).

b. Isolation

An individual can, on the other side of the continuum, lose sight of others to such an extent that all that concerns them is themselves. In this case 'isolation' then has occurred, and can be damaging to their ability to gaining any perspective on themselves within the 'field' within which they operate (Yontef, 1993:137).

c. Retroflection

According to Yontef (1993:137), retroflection is doing to one's self what one wishes to do to the environment. "Cutting" as it is often referred to these days - where one is given to self-mutilation; can reflect the desire of one to lash out at the environment due to pain inflicted by that environment, but it may be safer to do it to one's self.

d. Introjection

Introjection can be referred to as 'swallowing whole' values or ideas (Yontef 1993:137). In this instance, the individual is not using discernment, but is more inclined to substitute their own judgement with someone else's. No matter how venerated this substitute may be, it is clear that a loss of self occurs in the process of introjection.

Introjection occurs when the individual takes in contents from the environment without criticism and awareness. Clarkson stated in Blom (2004:23) that the individual sacrifices his or her own opinion and beliefs and simply accepts the point of view of others, without questioning them (Yontef, 1993:137). Introjects can be ideas, attitudes, beliefs or behaviour. They interfere with the individual's natural process of organismic self-regulation and leave behind unfinished business. Introjects thus imply that the individual takes into himself aspects from the environment without considering the positive and negative impact these aspects may have. Even though introjects do not become part of the individual, they affect individual functioning as if they were. The focus of therapy therefore, is to identify and

examine these introjects that interfere with the individual's optimal functioning, and find techniques to help the individual identify with, or reject them (Blom, 2004:23).

Introjects do negatively affect a person's self-awareness if the messages they get from a young age is that certain emotions are negative and may not be experienced or expressed. Children may then start living according to the labels they are given and repress their real feelings.

#### e. Projection

Projection occurs when one sees an aspect of self as being part of someone else (Yontef, 1993:138). Yontef states that art is a healthy projection. An example of unhealthy projection can be concluding that because one suffers from depression, that others do, and that they therefore are not healthy if they do not comply with what has been found to be effective treatment for self such as the taking of anti-depressants. Pathology is evident when no awareness of this phenomenon exists on the part of the individual participating in this behaviour.

Projection is the tendency for us to hold the environment responsible for things which happen to us. Clarkson & Mackewn cited in Blom (2004:24), found that this is often the case when children have learnt that certain personality traits, emotions or behaviours are unacceptable. Projection allows the individual to deny his or her own personal experience (Yontef, 1993:138). In these cases, the individual often tells lies and even denies emotions. The individual has too little ego-strength to take responsibility for his or her actions and therefore needs to blame others for the unpleasant events in his or her life (Blom, 2004:24).

Projections can be used in constructive ways. In therapy, parts of the self are projected in the tasks in an attempt to help the child own his projections so that his awareness and self-identity can be enhanced. In this manner, contact with the environment is promoted in a self-nurturing way.

#### f. Deflection

Deflection is the avoidance of contact, and turning away from it, such as politeness instead of directness. (Yontef, 1993:138). This refers to avoiding direct contact with other people – thus a reduced awareness of the environment, avoiding eye-contact during conversation or changing the subject. The individual does not use his or her energy effectively in order to receive feedback from themselves, others or the environment. They simply attempt to avoid the impact of stimuli from the environment altogether (Blom, 2004:28).

A quick review of the above techniques or tactics can make it easy to see how using them can prevent an individual from healthy contact with self and others, and also affect awareness or lack thereof.

### **3. Gestalt View on the Effects of Adoption on the Child and His Functioning**

#### **3.1 Trauma and Its Effects on the Self**

It is helpful to try to understand the effects of adoption through the lens of trauma. The DSM IV (2003:463) defines an extreme traumatic stressor as involving “actual or threatened death or serious injury, or other threat to one’s physical integrity”. Lifton (1994:48) defines trauma as “an experience that is sudden, unexpected, abnormal. It exceeds the individual’s ability to meet its demands. It disrupts one’s sense of self and identity; it threatens one’s psychological core.” The trauma experienced by the adopted child is not the adoption. It is the events which have preceded the adoption – the loss of both his birth mother and the resulting identity as his birth mother’s child, as well as his sense of belonging in a biological family.

Extensive research has been done to establish the effects of trauma on the brain. Verrier (2003:7-25) gives in-depth discussions of repercussions of the trauma experienced by the

adoptee, ranging from the effects of the changes in chemical balance in the brain to the behavioural after-effects of the traumatic event experienced. Oaklander (2006:6) has described the effects of trauma on the child as causing him to shut down his mind, or anaesthetize his senses. This not only directly affects his ability to stay in contact with the world around him, but affects his ability to be present in the here and now with himself; thereby strongly undermining his sense of self.

Both Yontef (1993:33) and Perls (2003:235) refer to the self as the 'system of contacts', Yontef (1993:33) adds, that the self is also the 'agent of growth'. The means by which the self makes contact with the world (otherwise referred to as the 'field' in gestalt theory) is through the senses. Oaklander's (2006:6) comment on the effects of trauma on the senses, therefore shows directly the effects of trauma on the ability of the individual to interact with the world in which he finds himself. Further, the ability of the individual to grow and progress if he has withdrawn, is delayed or even prevented.

### **3.2 The Loss of Self and Acquisition of an Inauthentic Self**

Lifton (1994:49) refers to the demand placed on the adoptee. The demand refers to the requirement to inhabit both their inner and outer worlds. The inner world is filled with self-doubt and fear, while the outer world requires the adoptee to continue with the business of life, whilst denying the turmoil of his or her inner world. This 'crazy' state of mind that may exist for the adoptee is described by Soll (2005:93). Soll illustrates the concerns of the adoptee by saying that she fears she is crazy because of the thoughts and feelings she has, and is afraid to share her feelings with others, for fear that her fears may be confirmed. The individual feels isolated as a result of what is experienced as unique to his or her inner world.

The adoptee as a result of being abandoned by his birth mother, comes to the conclusion that she is flawed (Eldridge, 1993:117). She therefore assumes a false identity in order to ensure that no one will abandon her again (see Soll, 2005:87). This inauthentic self serves only to further undermine the functioning of the child. As stated in the Paradoxical Theory of Change,

the only way in which to achieve change, is to truly be one's self (see Yontef, 1993:184). The need to be someone else prevents the adopted child from finding the equilibrium and self-regulation within herself which is only possible when one is one's self.

Soll (2005:86) poses the question: "How can she finish forming an identity that was purged from the beginning?" This question refers to developmental implications that the lack of self will have for the adoptee. Perls (2003:235) refers to the self as the 'integrator' and 'synthetic unity...the self plays the crucial role of finding and making the meanings that we grow by.' Viewed in this way, the self may be inclined to create self-destructive meanings for the adoptee to grow by, further entrenching destructive beliefs created as a result of past experience.

From a gestalt perspective, the experience of the adoptee of her outer world can be referred to as 'contact', whereas her connectedness to her inner world can be referred to as 'awareness'. Dissociation from self reduces awareness or cuts it off completely. One then merely inhabits one's body, as opposed to knowing what the body or the being feels. Self-regulation is thus affected - the self being dictated to by the outside world (hence the inauthentic self). Perls (2003:275) describes 'self-regulation as being brighter, stronger, shrewder'. The adoptee is sapped of energy by her loss of contact with herself and her lack of trust in her own ability to regulate herself. She finds herself living out a series of introjections which are ideas 'swallowed whole' (Yontef, 1993:137)

### **3.3 Grief and Loss**

Children have a way of internalizing what has happened to them in such a way, that they feel guilt and blame themselves for what has gone wrong (compare Oaklander 2006:120). As well as feeling the loss of families, belonging, relationships and self, their ability to feel whole is affected by the guilt they carry as they grieve. Oaklander (2006:121) further elaborates, pointing out the fact that the symptoms may appear years after the child has experienced the loss.

From a gestalt perspective another loss alluded to in literature in other terms is the loss of the 'here and now' – not being able to enjoy the present for whatever it holds (compare Oaklander, 1988:270). The adoptee either lives in the past, trying to recapture memories, or fantasies of how it could have been, or looks forward to the future of how it will be when I am united with my family again. One adoptee spends time worrying about family members she no longer remembers, but hopes they're okay.

### **3.4 Anger**

Anger is a natural by-product of adoption for many adoptees. The experience of being abandoned, rejected, losing one's family and self (see Soll, 2005:76) are devastating. Feelings of anger can account for what has been commonly referred to as "adopted child syndrome". Melina (2002:164), describes the syndrome as manifesting symptoms of disrespect towards authorities, anti-social behaviour, lying, stealing, running away, learning disabilities and attachment problems. Anger is a way of feeling strong when emotions such as pain, fear and anxiety arise. Verrier's (2003:448) comment on fear is that it prevents us from growing and keeps us locked in old patterns of behaviour.

Perls (2003:407) states that "emotion is the integrative awareness of a relation between the organism and the environment (It is the foreground figure of various combinations of proprioceptions and perceptions)." He further illustrates his point by using the physical reactions of the body to a situation, for example clenching of jaw and fists, to translate into the emotion of anger for the person. Yontef 1998:92) refers to Perls and he recommends that instead of physical expression, aggression can be expressed verbally.

The adoptee often feels anger, particularly towards his biological mother because she is the one who abandoned him and let him down. He is inclined to aim that anger at his adoptive mother because she is the only mother he has. Anger also can develop into depression, or

depression can mask itself as anger - another common occurrence in adoptees (compare Eldridge, 1999:66).

#### **4 Adulthood as a Developmental Stage and Its Importance for this Research**

Louw (2005:474) has identified tasks of adulthood. Early adulthood tasks to achieve include “to stabilize one’s identity”. Middle adulthood tasks include “to redefine one’s self-concept and identity” and “to reassess one’s values and philosophy of life”. Adolescence, according to Louw (2005:388) includes “development of an own identity” as a developmental task. The progression of the development of an individual’s identity is implicit in the verbs used to describe the process. The verbs are ‘develop’ during adolescence, ‘stabilize’ during early adulthood, and ‘redefine’ during middle adulthood.

The self is the core of one’s being. The more substantial one’s sense of self, the more able one is to achieve developmental tasks in each phase. Perls (2003:235) describes psychological health as follows:

*“The description of psychological health and disease is a simple one. It is a matter of the identifications and alienations of the self: If a man identifies with his forming self, does not inhibit his own creative excitement and reaching toward the coming solution; and conversely, if he alienates what is not organically his own and therefore cannot be vitally interesting, but rather disrupts the figure/background, then he is psychologically healthy, for he is exercising his best power and will do the best he can in the difficult circumstances of the world. But on the contrary, if he alienates himself and because of false identifications tries to conquer his own spontaneity, then he creates his life dull, confused and painful.”*

Given the difficulty of the adoptee to establish the self and be sure of her identity in her own work, her ability to achieve her developmental tasks is that much more difficult.

Soll (2005:86,87) poses the question: "How can she (the adoptee) finish forming an identity that was purged from the beginning?". He then clarifies: "The adoptee has lost her authentic self and is being forced to play varying roles at varying times according to her perception of the wishes of the people around her."..."For the most part an adoptee's search is a search for herself, for completeness, to know her own beginnings."

Given the tasks of adulthood as stated by Louw, and incompleteness as indicated by Soll, it is therefore not surprising that it is invariably during adulthood that the search for birth parents and family are embarked on. Adults have greater resources than children in order to accomplish this long awaited task. They also have the ability to build up sufficient emotional support so that their task is undertaken with help. A self emerges before the search is undertaken which takes the form of an angry, abandoned child. Hopefully, a more whole and complete self may be found in uncovering the roots of one's identity.

## 4.1 The Search

There are differing points of view as to when the best time is for the adoptee to search for her parents. Pam Wilson, Head of Adoptions at Johannesburg has made it clear that their policy is that the adoptee be over the age of twenty-one.

Verrier (2003:284) has pointed out the possible pitfalls of searching as an adult. She identifies the fact that the instant attraction which can occur between biological parent and child who meet after years of no parent-child relationship, can be acted out sexually, further entrenching betrayal and violation of the child. This occurs at times between opposite sex child and parent. Verrier (2003:284) refers to the attraction felt for each other between parent and child as genetic sexual attraction – GSA.

Soll (2005:85) advocates seeking reunion between child and biological parents before adolescence. He feels that the assistance that finding biological roots will provide for identity formation will be most beneficial for the adolescent.

Schooler (2002:112) has specialized in the search often undertaken by adoptees and provides new insight into the constant presence or 'psychological presence' of biological families felt in the homes of adoptees and their families(see Schooler, 2002:18). Some adoptees choose to search for their biological families, some choose not to. Either way, Schooler (2002:113,119) recommends that adoptees admit and come to terms with why they are making the decision to either search, or not to.

Further risks undertaken when embarking on a search are:-

- i. disappointment with the people found.
- ii. rejection or a repeat of the previous abandonment from the birth mother.
- iii. the possibility that birth parents have died.
- iv. negative or fearful responses of adoptive parents towards the search.
- v. adoptees may feel they are being disloyal to adoptive parents.

## **4.2 The Deleterious Effects of Uninformed Therapists**

Verrier (2003:391) refers to some professionals as enablers; because they engage in similar avoidance and denial tactics in which many adopted families engage. In doing so, they deny the needs of the adopted person. She further states that many clinicians when considering reasons why adoptees are at greater risk for pathology, treat adoption as a concept as opposed to an experience. In fact, Verrier (2003:431) takes the misguided perspective of the clinicians further by exploring the differences and similarities between classic characteristics of Borderline Personality Disorder often diagnosed amongst adoptees, and characteristics of the adoptee. Given the foundation of trauma upon which Verrier bases her view of the adoptee, the overlapping features as outlined by Verrier (2003:431) by her comparison between the adoptee and the borderline patient make sense; but the diagnosis of misguided clinicians then exacerbates feelings of trauma, shame, being inherently flawed, and many of the feelings which accompany the experience of adoption.

Verrier (2003:431) argues that the adoptee's presenting symptoms of depression, anger and bad life choices are a natural result of devastating loss and unresolved grief. It then does not make sense, in her opinion to treat these symptoms as one would pathology, when the symptoms are a natural result of life events. In the opinion of the writer, pathologising natural reactions and defence-mechanisms can only serve to be destructive as opposed to assisting with healing.

The same author (2005:430), states categorically that "the main difference between someone who suffers from separation trauma and someone who is truly a borderline personality is that of experience."

## 5 Synthesis

Auto-ethnographic Response:

*The Answer (to an adopted child)*

*Not flesh of my flesh*

*Nor bone of my bone,*

*But still miraculously*

*My own.*

*Never forget*

*For a single minute:*

*You didn't grow under my heart*

*But in it.*

## 6 Summary

Adoption and its implications for the child were discussed by means of an auto-ethnographic reflection and an interpretation from the gestalt perspective.

After a concept analysis was made, the important aspects of the gestalt perspective were discovered. These aspects will reflect in the empirical chapter in order to gain first-hand insight in the research categories for a guideline as a goal.

## **CHAPTER 3**

### **Empirical Results- Research Findings**

#### **1. Introduction**

All applicable concepts for the exploration and description of adoption from a gestalt perspective were explored and described. The literature has indicated that within a gestalt approach, the most important aspects are the process of contact-making and the awareness cycle in order to regain homeostasis. In this chapter, the literature will thus be explored and described within the framework of case-studies. This description of the exploration of new knowledge offers the researcher the necessary support and confidence for successful utilization in practice.

In this chapter, the research focus is on the empirical process that is followed in order to evaluate the results in a scientific way that is appropriate to the research method that is followed for this study. The research was undertaken by making use of case-studies through which empirical data was collected. As described in Chapter 1, the study was undertaken with the qualitative paradigm in order to reach the overall objective of the study. The most important component for this part of the study is that the researcher needs to write the observations, in this case, the participants presenting their experiences with regard to adoption.

A dominant qualitative approach was followed, applied in nature, thus focusing on the functionality, as specific recommendations are described. The emphasis is on evidence, as well as the reflection of the outcome which can be applied immediately.

For the gathering, analyzing and interpretation of the empirical data for this study, use has been made of qualitative research. The utilization of a qualitative strategy is, according to Patton

(2001:190), described as a combination of empirical data, personal involvement and observation of the researcher in the research process and analyzing of the data.

## **2 Selecting the participants**

In qualitative research, *man* is the primary data-collecting instrument. Measurement was taken from case-studies over time (a specific period); in a specific environment. Sampling can be regarded as accidental and availability sampling. The subject was selected in a purposeful way. The individual case is a whole study. The subject plays a role in the interpretations of the results to establish if the reality is reconstructed. The emphasis is on social processes and meanings attached to such social situations by participants. The researcher forms part of the phenomenon.

### **2.1 Strategy and Process for Data-Capture**

By making use of a planned strategy through which data can be collected from case-studies, the researcher attempted to comply with one of the components of qualitative research, namely the completion of research by systematic procedures. The most applicable strategy for the collection of data is to make use of participating observation and analyzing the content.

Data was captured through observation and recording of the interview process. The process of data-capturing through case-studies that were used for this study can be regarded as participants who needed therapy, and therefore these interviews also took the profile of a therapeutic intervention within the gestalt framework.

Every intervention (unstructured, directive or non-directive) that included aspects of adoption was noted meticulously in report form, where text, verbal and non-verbal behaviour, words and gestures by the respondents were analysed in detail in relation to the literature, the goal and the study of the research question.

## 2.2 Trustworthiness and Rigour

In qualitative research, the truth-value is ensured through different sources of data around the same issue. The accounts of different informants in different observations in different settings, using different methods to evaluate data strengthen trustworthiness. Findings from all different sources are synthesized to project a true representation of the process under investigation.

To ensure trustworthiness and rigour in this study, guidelines set out by Lincoln and Guba (1985:290), for a case-study enquiry were followed. Rigour was enhanced through credibility, transferability, consistency and neutrality.

- Credibility

Credibility implies confidence in the truth. In this research, credibility is also enhanced by the fact that behaviour depends on the repetition of the same situations, as components of the phenomenon came to the fore continually. Use was made of triangulation (cross-checking of data) through observations, unstructured interviews and the taking of field notes. The continuous involvement of the researcher in the research process and the gathering of data over a period of two years, increased the value and credibility of this study. A reflective process where the researcher shared her thoughts, ideas, observations and experience of the process with colleagues, social workers, and fellow students was followed. This was also reflected in the auto-ethnographic process in chapter 2. As a result, the process of continued observation and reflection, the credibility is ensured. The use of audiovisual methods, repetitive field entry, triangulation, member-checking, reflexivity and peer evaluation further enhanced credibility.

- Applicability

Findings can be applied to many gestalt therapy contexts. It was pertinent to ensure that the selection criteria accommodated gestalt process as part of the research interviews.

Applicability is also the way in which information from a small sample can be carried over to the broader population (without generalizing), in order to gain knowledge from the concepts that are studied, to be able to transfer it to other situations and to give meaning in other contexts. The goal is not to generalize, but to develop understanding for the adult adoptee. By making use of step-by-step analysis of the research process, the applicability of this research is built on a chain of evidence. The one set of deductions made logically, gave lead to the next.

- Consistency

In order to facilitate consistency, it was necessary that research indicate consistent results and conclusions. Data was checked on a continuous basis in order to determine whether conclusions reflect the true nature of the problem. Strong literature control, and reflective conversations with regard to video-recordings, ensured that a probing quality was incorporated. Video/ DVD recordings is a source of data that is a form of direct observation of the phenomenon to be analyzed by separate analysts and can be repeatedly examined. In addition, the precise methods that were used for data-gathering were written down step-by-step to ensure consistency.

- Neutrality

Establishing personal biases upfront, by rigorously adhering to the methodology and using strategies which easily can be replicated, enhanced the degree of objectivity, which was adhered to during the research process. In addition, consultation with experts in the field of gestalt theory added to neutrality and all-round reflexivity, which were further promoted by field notes.

### 3 Case-studies

The researcher feels that as well as comparing findings to literature, reporting on specifics of certain case-studies is important. The case-studies provided are not the only studies done, they serve the purpose of showing salient themes which emerge.

Comparing two of the case-studies done is useful in identifying the different ways in which adoptees cope with adoption. This comparison, does not cover all possible approaches or all feelings which adoptees may have, but certainly helps to provide perspective, as many books will reflect just one viewpoint, or generalize findings as opposed to considering various adoptees' phenomenological experiences of their worlds.

Due to the fact that the researcher was in a position to get to know some adoptees and their stories better than others, the researcher will provide more detail, allowing an opportunity for comparison. Names have been changed in order to maintain confidentiality and to protect the privacy of participants.

Not all of the details of the case-studies have been included. The reason for this is that not all of the information is of value in identifying the themes which have emerged. Information has also been withheld in order for confidentiality to be maintained. No distortions have occurred or manipulation of information. Participants were asked to "*Tell their adoption story.*"

#### 3.1 Hayley

Hayley is 34 years old. She had been adopted at the age of three. She and her biological brother had been living with their biological parents until the time that they had been removed (when she was three). Her parents were unemployed and abused alcohol. Her earliest memories are not so much of her parents, but of another couple her parents would leave her and her brother with. She remembers feeling afraid of the man of the house, for reasons she

cannot clearly recollect. She and her brother did not enjoy being with these other people during the day.

She had been for therapy during her twenties, and stated her wish to remember what had happened during the first three years of her life. The therapist was unsympathetic and didn't seem to see why this would be important for her. Hayley had approached the researcher with a desire to talk more about her adoption, feeling it may help her in resolving some of the grief she felt due to the recent murder of her biological brother. Losing him had been a great loss to her because of the fact that there were parts of her life and feelings that only he had shared. He had not been placed with her adoptive family at the same time that she had, but because the family he had been placed with, were experiencing problems with him, he had been moved; with the permission of her adoptive parents, to their home. Hayley's adoptive parents had subsequently adopted her brother.

Hayley had an experience which she felt had helped her to understand some of what she had experienced during her earlier childhood years. She had watched a Dr Phil show, which showed a mom who could not cope with her four young children. The mom shouted at them, beat her oldest boy within hearing of the others, and all the little ones would just be crying. In the scene was a child who was about two years old. This little girl stood amidst the emotional and physical chaos around her, blocking her ears with her hands.

Witnessing this scene brought back a feeling of de ja vu. Hayley felt she had been the child blocking her ears, in an attempt to block out the distress and pain of the scene. Hayley also felt that she had witnessed scenes of extreme anger, shouting and violence which had made her identify instinctively with this particular child in the scene. She was not being assaulted or shouted at, but was nevertheless being traumatized by the scene she was witnessing.

Hayley recalls her adoptive mother telling her that soon after she came to their home, her adoptive mother would find her sitting on her bed, saying aloud: "I love nobody, and nobody loves me". Hayley does not remember doing this, or what feelings she had at the time. She also experienced "black-outs", where her senses would shut down completely. She was not

unconscious, but did not respond to her adoptive mother pricking her foot with a pin to see if she could get any response. No medical reason was given for these episodes.

Hayley felt great shame concerning another memory she has of younger years in her life. She remembers that they had puppies at the time. Hayley would pick the puppies up with her fingers around the neck and choke them until their eyes glazed over, at which point she would stop choking them, and they would be able to breathe easily again. She doesn't remember what prompted her to do this. She was aware of a feeling of power, but not what about doing this gave her any good feeling at all. This happened after her adoption.

Hayley had voiced grave concerns about her ability to 'have a normal relationship'. She had been abused by a school master who would beat her (while she was a child at junior school) until she wet her pants. When her adoptive mother became aware of this, she spoke to the headmaster, and the beatings stopped. She was also aware of a fear of abandonment, and feelings of anger. Hayley was conscious of being in a lot of emotional pain due to the loss of her brother, and hoped to be able to break free of it somehow.

Hayley repeatedly mentioned her anger at her mother, saying; "if we were important enough to her, she would have stopped drinking so that she could take care of us". She felt she would never let her own children down in the same way her mother had let her down. Hayley is a mom at home, raising two boys. She has embraced a very strong family-based value system. The value system supports Hayley's beliefs in that she is determined not to let her own children down, and helps her to be a good mother.

Hayley voiced the feeling that putting a child up for adoption is 'the worst thing you can do to a child'. She would like to meet her mother, but is nervous to do so. She still needs to find her. Hayley has fond memories of her biological father who would come and visit her and her brother, and bring them money. She felt that his continued contact showed that he cared. In contrast, her biological mother never saw her and her brother again after the adoption went through. She heard that her biological mother had laughed during the adoption hearing as she

agreed to sign her children off for adoption. Hayley felt this action showed how little her biological mother really cared. It increases her feelings of resentment towards her mother.

When asked about her life with her adopted family, she felt her adoptive parents were caring and loving and took good care of her and her brother. She enjoys her adopted brothers and sisters, and being part of a large family. She feels like part of her adoptive family and is loved by her adopted siblings.

Hayley attended the support group mentioned in chapter one. She said she found it helpful to share her feelings with the others. She also realized that she was not the only person feeling the way she does. One of Hayley's chief concerns and burdens is her feelings she has towards her biological mother. She feels angry towards her for letting her down, and feels that in some way the experiences she and her brother had, led her brother to make some unwise choices which ultimately led to his murder. Hayley has not been able to forgive her biological mother for these things, and hopes one day to be able to do so.

Hayley has times of expressing powerful feelings of rage in her own life, which she realizes are destructive in her own home environment. Hayley does experience problems in her marriage. There seems to be a trend in her marital relationship where boundaries are violated by both partners. There is contention and a lack of ability to work for harmony at this stage.

### **3.2 Tina**

Tina is forty-four years of age. Tina was adopted within the first few months of her life. She knows very little of her birth mother, except that she was a nurse. She was from a well-to-do family, and had conceived Tina out of wed-lock as a young girl. Tina's understanding is that her mother probably was forced to give her up for adoption, and that a lot of secrecy surrounds her existence.

Tina was adopted by a couple, and later on they adopted a little boy. Tina's adoptive parents got divorced, and so she and her adopted brother were raised by their adoptive mother. Their adoptive father seemed to remove himself entirely from them. Tina's adoptive mother had experienced a difficult childhood herself and Tina feels that much of the self-serving behaviour her adoptive mother engaged in, and continues to engage in has much to do with the difficulties she had experienced as a child.

Tina had always felt that at some stage she would need to talk to someone about her adoption. One of her main concerns is her own marriage and boundaries that don't seem to exist in her relationship with her husband. Tina is a successful business woman who has built up her own business. It is not large, but is lucrative enough to support her family, and provide them with a comfortable life-style.

Tina does not harbour any feelings of resentment towards her biological mother. She does feel anger towards her adoptive mother who is dependant and insensitive in her approach towards Tina and her needs. Tina's adoptive mother repeatedly did and still does sacrifice Tina's feelings in order to suit her own ends; for example, when Tina was sixteen, a much older adult male took an interest in her. Her mother proposed that he move in with Tina. Tina's mother enjoyed having this man around and was happy that her daughter fulfill the role of common-law wife to him to sustain his interest. Tina was not comfortable with this arrangement, but felt pressured to fulfill this role to the extent that she was unable to resist these impositions.

Tina has difficulties setting boundaries with other people, and negotiating terms in relationships which ensure that her own needs will be met, instead of her being the one to meet everyone else's needs. Tina has been traumatized by the abuse of others. She went through a stage of alcohol abuse during her young adult years after a particularly traumatic event occurred where a housemate beat her up. Her mother to this day is close friends with this assailant and cannot seem to understand why Tina is not prepared to treat him as a friend of the family.

Tina has gone out of her way during her adult life to read books and attend courses which she felt would help her to develop insights and perspectives on her life which would help her grow.

She is currently married and the mother of two young girls. She has worked hard at her parenting, and was very nurturing of her babies when they were tiny. Tina has concerns about her marriage, because she feels that her relationship with her husband provides a contaminated environment in which her children need to grow.

Tina is matter-of-fact about her status as an adoptee and is open to whatever her biological mother's reasons may have been for giving her up. She is also philosophical about many of the difficulties she experienced as she grew up. She is an intelligent and well-balanced person who spends her days with her girls after school, and then working on her business at night.

#### **4 Emerging Themes: Effects of Adoption on these two Women**

Both women concerned were traumatized in various ways other than the adoption itself. Hayley, clearly has sustained a greater degree of anger due to decisions made by her mother. Boundaries were violated for both women as children and adults. Hayley's pain has created a 'bubble' for her, from which she is unable to break free.

Both express grave concerns about the quality of their relationships with their husbands. They feel that their marital relationships are less than satisfactory. As mothers they are patient and loving with their children and go out of their way to protect their children and stand up for their children's rights. One could argue that some 'projection' has occurred in both women's lives. They may be trying to correct mistakes their mothers made by putting extra effort into being good mothers. They could also be protecting the children they once were in being protective of their children. The researcher feels that it is important to note that the impression given by the participants is that neither of the mothers are so protective that it could result in dysfunction in any way. In fact, in both instances, the children are exposed to the marital discord which exists in their homes.

#### **4.1 Identified Trends Important for Research**

It is not always easy to know which set of circumstances have affected the above-mentioned women most; whether the adoption related experiences caused the problems, or the trauma which was caused by subsequent events. Whatever the case may be, both women have been exposed to a number of events which could have caused trauma, as well as the trauma of the loss of biological family due to the process of adoption. Both women's family lives reflect difficulties in adjustment to marriage relationships. They have expressed feelings of greater comfort and competence in their roles as parents than in their roles as wives.

### **5 Case-studies of Young People Not Yet Twenty**

#### **5.1 Timothy**

Timothy was adopted as an older child at the age of five. He came to his adoptive home with clear memories of his mother who was his primary care-giver. Because of abuse of alcohol, unemployment, and a vagrant life-style, Timothy's older sister persuaded her mother to allow him to stay at a foster home she lived at. When the foster situation did not work out, Timothy's older sister looked hard to find a suitable home for him. The people who were to become his adoptive parents were keen on taking him, but only if adoption took place. Timothy's mother had engaged in her current life-style for decades. He was the youngest of her five children. She had signed off her previous child for adoption, and social workers were convinced that Timothy's mother would be happy to sign him off. She wasn't, but the adoption went through without her consent because the court ruled according to what they perceived to be in the best interests of the child.

Timothy's adoption was an open one. He was allowed contact with his older sister and his grandfather. He still has contact with these family members, and enjoys his relationship with

them. Interestingly, he has never had any desire to meet his biological mother since his removal from her. When offered the opportunity to meet his biological mother by his adoptive mother, he declined the offer saying: "what will I say to her?" He has pictures of her, is aware of much of his history with his mother and is familiar with his adoption story. There is no real mystery to be solved for him in this instance, and perhaps that is why he has not felt the drive to seek out his roots.

Timothy enjoys good relationships with his adoptive parents. His relationship with his adoptive father is particularly important to him. He and his adoptive mother have times of clashing and conflict, but those times are short-lived, and he knows that she loves him. There is a definite bond between the two.

Besides his feelings concerning his biological mother, another event stands out concerning Timothy. He was doing an open projection in a play therapy session. Timothy was about ten years old at the time. He was studiously painting a forest of trees. (He is very creative – a gift which runs strongly in his biological family). When asked what feeling these trees evoked for him, he answered 'confusion'. When asked whether these feelings reminded him of anything in his life, he answered "my family. I don't know where I belong". An interesting finding when open adoption comes so highly recommended. As a child, Timothy clearly experienced difficulty initially in integrating all of these people into his life. All of the people refer to both his adoptive and biological family. Today, he has adapted, and enjoys the extent of his family ties.

Another experience Timothy had which aroused great fear and trepidation in his life. As a young teenager, he dreamt that his adoptive parents had put him up for adoption. No threats of this nature had been made. His younger sister was acting out and causing difficulties at home, and may have aroused some of those possibilities in his mind. The dream was sufficient to cause him to become more difficult. When his adoptive father approached him and asked if anything was wrong, he recounted the dream. This seems to indicate that despite what seemed to be security and happiness, fears lurked under the surface for him, with the power to unsettle him. His adoptive parents both took pains to express their love for him, and his status as their son in their lives. No danger of such a possibility even existed.

## **5.2 Gina**

Gina is a beautiful, young girl who was adopted as a baby by loving parents. Her parents got divorced when she was about ten years old. Gina is intelligent and a good student. She lives with her adoptive mother. She seems to have come to terms with the fact that her adoptive father is gay and has chosen a gay life-style. He lives with his partner. Gina is an angry young girl who has become involved in Satanism. She has been known to abuse drugs. Despite the fact that she is a good student, she seems to be sacrificing her ability and future to self-destructive choices. The depth of Gina's anger became apparent when she tried to attack her adoptive father with a knife screaming "why did you do this to me?"

Gina's adoptive parents are trying to help her to come to terms with her adoption, and the subsequent gaps she has in her life. It is difficult to know how much of her anger has to do with her adoption, and how much has to do with the separation of her adoptive parents and the life she is now forced to live.

## **5.3 Rebecca**

Rebecca experienced a particularly traumatized past. Her biological mother was unable to care for her because her own life-style was one which exposed her children to the realities of abuse and neglect. Rebecca has no real recollection of her biological mother. In fact, she often confused her foster parents with her biological parents. Her foster parents were cruel in their treatment of her. They withheld food from her by way of punishment. No dental care had been taken with her. She had dark rings under her eyes, and would have regular nightmares at a certain time of night. She does not remember the content of the nightmares, but they were clearly very disturbing, as observed by her adoptive parents. Soon after moving in with her

soon to be adoptive parents, Rebecca informed her adoptive father that he was not to enter the bathroom while she was in the bath, and was not to enter her bedroom at night, while she was asleep.

At the age of about eight, Rebecca began play therapy. She repeatedly enacted a scene which entailed her adoptive family packing up in the night and leaving her. In her play, she would wake up in the morning to find that she was alone. She later related this fear to her adoptive mother, and her fear of abandonment was something she experienced on a conscious level.

Rebecca later acted out, and as part of this behaviour, 'ran away from home' about five times, all within the same afternoon. Each time, she would return demanding a change of rules or boundaries. Eventually, her adoptive mother stopped the charade, and assured her repeatedly that she was wanted and loved, but that the rules that were in place in her home were good for her. She stopped, and after that, for years continually asked for reassurance. She still struggles with strong feelings of inadequacy, which affect her scholastically. Her high anxiety levels make her nervous of public speaking. She is convinced that she is 'not clever'.

Relationships with friends are stormy and fraught with conflict. Relationships with authority figures often go well. She has developed the ability to negotiate relationships with those in authority. Her insecurities seem to surface when dealing with her peers, and her trust of others is very low.

#### **5.4 Shirley**

Shirley was conceived out of wed-lock. Her biological mother was a young-adult at the time of her conception and was working. Despite the fact that the relationship between Shirley's biological parents was difficult, and her father left the country, pursuing his own dreams, Shirley's biological mother decided to keep her.

Shirley grew up being the centre of her mother's world for a few years. At the age of about three, Shirley's mother met and married a man who then adopted Shirley as his own. Shirley knew her biological father as a 'friend of the family'. She had a pet name for him and enjoyed his company, all the while not knowing his real connection to her. At the age of about four, Shirley's mother disclosed to her the identity of her biological father. Shirley became angry at him, and didn't want too much to do with him. She asserted herself quite strongly and chose only to have contact with him on her terms. Her dealings with him reflected hostility in an otherwise calm and well-behaved child.

Shirley's relationship with her adoptive father was the one which reflected the most turmoil. She would say things like: "I don't love you, and I'll never be good enough anyway." She became visibly upset (unlike her younger sisters) when her adoptive father had to go on business trips – something which happened often. She voiced her unhappiness at him having to leave, but of course, nothing could be done about it.

Shirley has trouble integrating her biological father into her life. She calls her biological father her 'father', and her adoptive father her 'dad'.

## **6 Identified Trends Important for Research**

Both Timothy and Gina's behaviour is evidence of animosity or hostility towards opposite sex parents, in these particular instances. One of the concerns mentioned by Pam Wilson at Johannesburg Child Welfare, is the alarming tendency for adolescent males to beat up their adoptive parents, burn their homes down, and show their anger in other antisocial ways. Gina's behaviour indicates that this trend does not necessarily confine itself to young men. The researcher is aware of a young adopted girl who, from a young age (two or three) began to physically abuse her adoptive mother.

In U.S.A. a post-adoption support program exists which encourages parents to put alarms on the bedroom doors of the adoptees and those of parents at night to prevent any violence from being carried out at night.

Rebecca's is an unusually clear case of one who fears abandonment constantly, and her fears play themselves out in her relationships with her peers. Her feelings of inadequacy set her back all the time.

Shirley has only one adoptive parent, and yet all of the themes and feelings which accompany adoption seem to play themselves out in her relationship with her biological and adoptive fathers. These feelings are fear of abandonment, rejection, and anger at the betrayal of being left or relinquished. In the experience of the researcher, children who are victims of divorce also exhibit similar feelings and experiences to those of adoptees. This can be useful information when assisting them in therapy if the therapist has a sound knowledge of adoption.

## **7 Case-studies of Those Who Have Embarked on a Search for Biological Family**

### **7.1 Dennis**

Dennis is about forty-six years of age. He was adopted as a young boy. He had been made available for adoption due to difficult circumstances in his mother's life. Dennis had had bad experiences with foster parents, but was finally adopted. Dennis found that his relationship with his adoptive mother was a particularly hurtful one. He felt that she had rejected and abused him.

Dennis went on to study extensively and is well qualified in post-graduate studies. In the year prior to his participation in this research, he had managed to trace and meet his biological mother. He wept when he described the event. This was meaningful for him. He finally felt loved and accepted, despite the long road he had come to reach this point.

Dennis has and still does go for therapy, to help him deal with his feelings concerning his adoption. He is not married, and would like to find the right person for him. He has admitted to experiencing difficulties in relationships, although has long-standing friendships with fellow students from when he was at university.

## **7.2 Arthur**

Arthur is a man who is in his mid-thirties. He was adopted as a baby. He was aware of experiencing feelings that were different from the feelings people around him expressed. He had feelings of not belonging, and not knowing who he was. He found it helpful to go for therapy during his adult years to help him understand himself and where some of these feelings came from.

With the help of a therapist he understood that many of the feelings he experienced stemmed from the fact that he was adopted. Arthur was adopted by parents who loved him a great deal and took good care of him. He made it clear that his need to search for his birth family had nothing to do with his adoptive family in any way. He just felt very different.

As part of his own healing process, Arthur sought out his birth mother. His birth parents had split up and his birth mother still felt strong feelings of antagonism towards his birth father. The moment he met his birth mother, he could tell that in some way, she was disappointed with him. (He looks a lot like his birth father). She was hostile in her treatment of him. He was disappointed, and has decided to distance himself from his birth mother for now. His birth father on the other hand, has rejoiced in being reunited with his son. He is accepted as part of his father's family (his father remarried and has children from his current marriage). Arthur

enjoys relationships with siblings and a father who look more like him. This was his observation.

Arthur experiences problems in his relationships with women. Despite the fact that he seems to have a pleasant disposition, and is attractive, things just don't work out. He would like to be married and have children. He hopes that he can heal sufficiently to make this a reality in his life.

### **7.3 Aden**

Aden is thirty-five years of age. He has a relaxed, friendly easy-going way about him. Aden was adopted as a baby. His biological mother had conceived him out of wed-lock. She felt that by giving him up for adoption, she was giving him opportunities which she wouldn't be able to give him. Aden felt loved and enjoyed a good life as an adoptee. He just says that he always felt that something was missing. His one regret is that he grew up as an only child. He had always wanted siblings.

Aden's adoptive mother was open about his adoption, and he was able to talk about it to her. She told him that when he felt the need, she would support him if he decided to look for his biological family. Aden discovered that his adoptive father had burnt all of the records they had on his biological family.

Aden felt that when he married, the hole in his soul would be healed. He married and it didn't heal. He thought that when he had children, he would feel whole. That didn't happen. Finally Aden decided to embark on a search for his biological parents. He found his mother who was distant, although seemed to be pleased to be found by him. She didn't have any other children. Aden decided to find his biological father whom he discovered had married and had other children. Aden was saddened by the fact that his biological father had died a year before he found him. All through this search, it was his adoptive father who was most supportive. He had felt bad about burning the records, and it had burdened him, so watching Aden move forward

despite this, helped his adoptive father to feel free of guilt. Aden's mother became nervous. She didn't oppose the search.

When Aden met his biological father's wife and children, he was received with open arms. He had been placed with a family of a very similar social status, and therefore fitted in perfectly. They all said how much like his biological father he looks. He is included in family gatherings, and his adoptive parents have been taken in as part of the family as well. This has helped Aden to feel that he doesn't have to choose between his large extended biological family and his adoptive parents, but can spend time with everyone all at once. He is happily married, and enjoys his life.

#### **7.4 Leon**

Leon is forty-five years old. Leon spent years in an institution, and was only adopted at the age of about five. He feels that his adoptive parents should not have adopted anyone. His adoptive father turned out to be gay, and so moved away, and had very little to do with him. He also felt that he could never relate to his adoptive father. His adoptive mother only agreed to adoption to please her husband, and so Leon landed up being sent to boarding school from the age of about ten. As a young child he had to have heart surgery, and this really made him feel like a 'freak'. The other children avoided him.

Leon went looking for his biological parents, and found his mother. She didn't really want to have anything to do with him, and told him that his biological father is dead. There is no record of his name, so he is reliant on her to provide him with this information.

Leon said that he has found relationships to be difficult throughout his life. When his first girlfriend dumped him, she broke his heart. When his second girlfriend dumped him, he felt rejected and abandoned all over again. He is now married, but not happily so. He and his wife couldn't have children, and so they landed up having to adopt. He says how he hated being adopted and now he did it to two other children (two boys).

During his teenage years and young adulthood, Leon medicated his pain with drugs. He landed up having to go to drug rehab. He realizes it was stupid, but is philosophical about the choices he made. He carries his pain and awkwardness like a banner. It is easy to see and feel.

He feels that it is inevitable that his marriage will break up, but he feels he can walk away from this one with no problem. His one son died, and the other one is a nice kid, but won't go out and earn a living. Mom is indulgent and Leon wants to tighten up. The boy is twenty-three. Leon feels that one needs to be honest and face things. He has found that to be a good approach in his life. He also feels that there is always positive to be found. He gives the impression of one who is disappointed with life, but 'it's okay'. He is a plumber, and runs a successful business.

Leon is determined to find his father with or without his mother's help.

## **7.5 Brian**

Brian is a man of sixty-six years. He was adopted as a baby. He doesn't know the full circumstances of his adoption. He was actually adopted in Europe. A few years back, he responded to a need he had felt for some time, to find his birth parents. The system in the country in question is such that he was required to go for counseling prior to embarking on this search. After completing the required counseling, he was permitted to delve more into his background. He approached the organization where he understood the records of his birth parents were kept, only to discover that the place had been bombed during the war, and records had been destroyed. He seems to have hit a wall. He feels angry and short-changed that he is unable to find his biological family.

Brian is a lecturer. He is married to a wife who declares herself to be emotionally scarred by her own childhood trauma. They have children who are now grown up. Brian's relationship with

his wife is unusual. Jokes are made at his spouse's expense, and yet they cling together. Brian has a feeling of being lost and incomplete about him.

## **7.6 Julie**

Julie is a very strong-minded woman who is in her late thirties. She was adopted as a baby. Her mother was unable to care for her. Julie feels that she gave her adoptive parents a hard time because of her inner strength. She is happily married to a man she sees as very tolerant of her foibles and insecurities. About a year ago, Julie decided to put her mind to working hard at finding her biological mother. Her biological father wasn't around any more. When she met her mother, she was overwhelmed by how similar she is to her mother. She could see the same kind of characteristics which she has in her mother. However, despite this, her mother is living in indigent circumstances because Julie's brother has made bad life choices leading him to drug abuse and crime. He has been ruthless in taking all that his mother has to serve his own purposes. Julie feels that finding her mother helped her to heal and understand herself. She feels sad for her biological mother because only once she stands up to her son, can she be helped.

## **8 Themes and Trends Important for Research**

Successful completion of the search for biological family seems to result in feeling more settled and complete. Brian's extreme discomfort and outrage at not being able to successfully complete his search leaves him feeling helpless in dealing with unfinished business as regards his biological family and his own identity.

Aden feels he has found where he belongs. Leon is still busy doing so.

## **9 Summary: Recurring Themes Throughout all of the Case-studies**

The most important recurring themes throughout all the case-studies are pain, and/or the sense of loss. Even Aden has referred to a sense of something being missing. He has since stated that his greatest sense of loss, is that he has lost the years of relationship building and maintaining amongst his siblings. They have accepted him as if he has been there all along. Their knowledge of him may constitute that sense. He didn't know of their existence and so he feels like the 'new boy on the block' instead of a long established member of the family.

## **CHAPTER 4**

### **Literature Control**

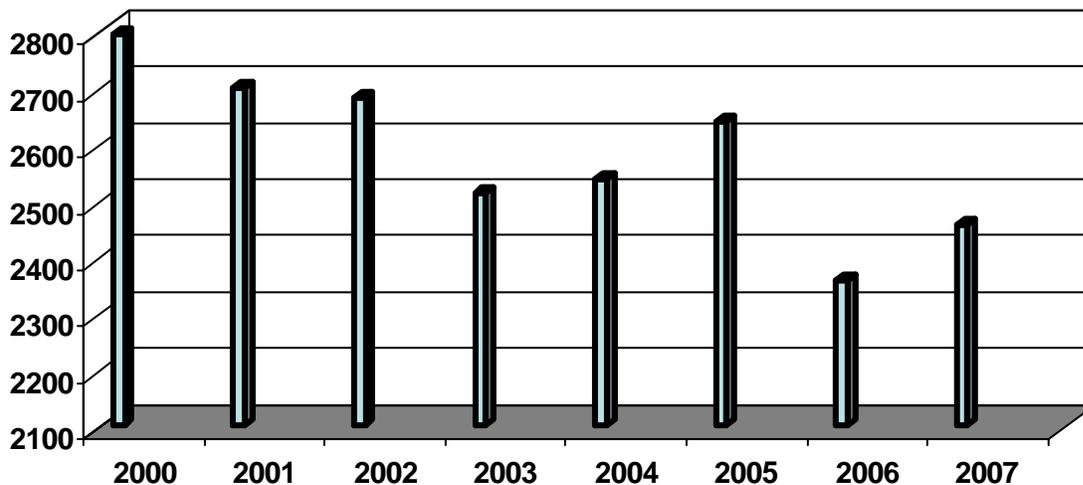
#### **1. Introduction**

In this chapter, aspects from the empirical study to be triangulated with literature will be addressed. In chapter 2, specific theoretical assumptions were stated. The usability of this knowledge in terms of the common goal of the research as well as the data gathered from the empirical study, form an integral part of the value of this research, and need to be controlled with reality and practice before it can be represented as part of the knowledge base of play therapy. New insights that need to be subjected to literary control includes:

- Adoption Statistics in South Africa
- Identified Characteristics of Adoptees and Their Implications from a Gestalt Perspective

## 2 Adoption Statistics in South Africa

As part of the literature control for this dissertation, the Registrar of Adoptions was contacted. Numbers of children being adopted per year in South Africa in the last few years had been recorded. The numbers are as follows:



2000=2794	2004=2537
2001=2700	2005=2640
2002=2680	2006=2358
2003=2512	2007=2456

### Number of Adoptions Registered in South Africa from 2000 to 2007

Figure 1.

The decrease in adoptions presents a startling contrast to the increase in children available for adoption. Within the year of 2007 alone, Mrs Wilson (of Johannesburg Child Welfare) said that at the beginning of 2007, only 5 children were awaiting adoption, whereas by the end of the year, 43 children were awaiting adoption. The rise in demand makes the need for attention to adoption in all its facets an increasingly important need.

When asked if current trends continue and no change in support or infrastructure changes whether a crisis could arise, she felt sure it would. “The government does step in at times to advertise and persuade the public that adopting a child is a good thing, but support is inconsistent and insufficient” Wilson commented.

Wilson says that there is an ‘Adoption Coalition’ which exists in Johannesburg; all organizations dealing with adoption, including private agencies meet in order to co-ordinate the needs and numbers between children available for adoption and suitable prospective adoptive parents.

Wilson also referred to the post-adoption support given by social workers in the system. She said that all social workers involved with adoption do give post-adoption support in that adoptive parents phone them. She admits to the inadequacies of the system as it now stands and therefore is applying for a social worker to be working full-time on adoptions. In the opinion of the researcher, having experienced the system in the form described by Wilson, social workers in the current system are unable to fulfill the needs of adoption support for the following reasons:-

- a. Social workers are very busy, usually have a heavy case load and are unable to be available on demand.
- b. There is not always continuity between workers on a case, and social workers may not be in possession of all of the facts about a child’s past. These facts become important when parenting.
- c. Social workers do not have specialized training in parenting adopted children or assisting adopted children in adjusting to a new home.

Besides the above problems experienced, even if a social worker is assigned to deal with adoptions and post-adoption support, it is the opinion of the researcher that the social worker will still be overloaded. Consider the figures of 43 children available for adoption. If all of the children are placed and only the families for that year are in need of help, it would be very taxing for the social worker. The researcher’s recommendation is that other secondary health-care workers be used as resources such as play therapists, family therapists, psychologists, and others who might be of use. This idea goes hand in hand with Hart’s (2004:171) recommendation of a “community of practice”

The researcher's reason for including the above information in this section of the study is to help the reader understand the severity of the problem of lack of adoption support, and the likelihood of it becoming worse. The above case studies reflect but a few of the people and problems. The opinion of the researcher is that this research only represents the 'tip of the iceberg'.

### **3 Identified Characteristics of Adoptees and Their Implications from a Gestalt Perspective**

#### **a. Uniqueness**

A common characteristic of which the researcher has become aware in viewing her findings is the unique way in which participants have viewed their lives and occurrences in their lives. Similar experiences may have occurred to some participants, and yet their interpretation of these events, and feelings about them are unique to each individual.

The researcher has also realized that books written on adoption are subjective in their interpretation of things which can create the impression that all adoptees feel the same way about everything, or about their adopted status. The researcher has therefore learned that while existing writings and information are useful and informative, they do not apply to all of the people all of the time. This conclusion is helpful to the clinician in accepting the fact that the individual is the expert on himself, even if he is not the expert on a given subject. It is important to find out the meaning of events for the individuals themselves and how they feel about them in retrospect.

Given the above comment, it is important to note that even though one participant feels a certain way about particular events, there is no implication that everybody else feels the same way. It may be more accurate to state that every individual is likely to have a range of feelings concerning events in their lives, and these feelings may even conflict with each other.

## b. Anger and Rage

Hayley's anger that she feels towards her biological mother, besides the pain at the loss of her brother, is the most predominant emotion she exhibits. Hayley's anger is evident in her statement; "If we were important enough to her, she would have stopped drinking so that she could take care of us". Irene Zeelie (see Kahn 2006:123) refers to this same kind of anger in her own story, even after having met her mother. The anger Irene expresses is for similar reasons: "Yet still I'm pissed off with her! A part of me sympathises with her and another part screams: 'Why didn't you try harder to keep me? You could have made a plan! What kind of woman abandons her child?'"

Verrier (2003:77) argues that "anger is a sign of attachment and connection. People rarely feel angry with people who are of no consequence to them. The people we get the most mad at are our family members. Many times for adoptees this is a way to connect to parents without risking the vulnerability of love. It is intense and safe – at least safer than love." Soll (2005:99) couples rage and sadness, and also connects the two to fear. He relates the anger felt by adoptees to the avoidance of love.

From a gestalt point of view, this anger which results in the avoidance of love can be seen as a disturbance of the contact boundary. The adoptee, as in the cases of both Hayley and Irene, are 'introjecting' the idea of how little they were valued by their mothers' behaviour. The poor choices made by their biological mothers, and the subsequent relinquishment of the child for placement with other parents amounts to an implicit message of "you aren't worth the sacrifices it will take to rehabilitate myself. I don't want you badly enough". Blom (2004:23) states that "introjection implies that children take in aspects from the environment without considering the positive and negative aspects, as is the case with assimilation."

Soll (2005:134) comments on the damaging effects of unexpressed anger. He argues that bottled up, "anger will most likely cause one to sabotage relationships, push other people away, cause psychosomatic illnesses, do bad things to one's body or any combination of the above." Soll (2005:134) suggests positive and constructive outlets for anger – hard work, exercise, dancing,

housework - in fact channeling the energy into any physical activity. "Sedentary activities just won't cut it."

c. Confusion of Identity and Belonging

Timothy's experience of confusion concerning his belonging is also reflected in Zeelie's story (see Kahn 2006:124). Zeelie makes the following observation concerning her feelings even after meeting her biological mother:

*"Ironically, in finding where I come from, I found where I don't belong. Do I still feel like an imposter? No, I know who I am and where I belong. But have I discovered a singular identity? I don't think so. Maybe somewhere between the two identities is where you'll find me. I don't fully understand it, but that's simply the way it is right now. I no longer fight the contradiction within myself. I embrace it as being a part of what makes me me."*

This passage indicates that fragmentation which initially existed for Zeelie and which currently exists for Timothy. Zeelie's final statement reflects the integration which has occurred since meeting her biological mother and identifying and dealing with the emotions which she felt as a result of her meeting and added knowledge concerning her mother.

d. Fear of Abandonment and Rejection

Rebecca's sessions in play-therapy are a powerful example of projection, in that she is projecting her expectations or fear of what may occur onto the current situation. Rebecca's past with her biological family, their unwillingness to currently have contact with her, and her experience with her foster family, reflect experience with rejection and abandonment. Rebecca was loved and valued, and yet projected her fears onto her situation. Verrier (2003:81) refers to 'distorted thinking' which occurs due to trauma. 'Distorted thinking' is the inclination to view events based on

past experience. This is clearly what Rebecca was doing. Within the category of 'distorted thinking' Verrier (2003:81) identifies a bias towards negative interpretations of what may be innocuous situations. Verrier (2003:81) adds that "people who overgeneralize cannot seem to see the situation, but see their whole existence as being challenged." Rebecca's lack of trust of peers could reflect this inherent fear of threat, or what appears to be a certainty of threat from others in innocuous situations. Situations which were cited were ones where peers asked Rebecca her name, or wanted to know her adopted brother's name. She was upset and rude. She was afraid they would take her brother away.

Timothy's dream reflects his covert fears of abandonment and rejection. Eldridge (1999:8) refers to the adoptee's inclination to view life through a 'lens of rejection'.

#### e. Boundaries

Rebecca's defensive stance in life indicates a possible boundary problem. Her boundaries may be too permeable, allowing her to feel vulnerable when innocuous questions are asked. She then firms them up in an attempt to protect herself. The boundary then becomes so impermeable that potentially constructive relationships are not developed. In this way, Rebecca isolates herself and reduces her ability to learn to trust peers and develop a support system amongst them. Real (2002:237) differentiates between internal and external boundaries. He refers to the external boundary as one which 'both protects and allows us to connect physically'. Real (2002:237) asserts that 'an internal boundary protects us and allows us to connect emotionally.' He refers to one's internal boundary as a "receptivity regulator"; meaning that 'it modulates the extremes of over and underreactivity.' Rebecca indicates an immaturity in the regulation of her boundaries or her ability to be discerning in social situations.

#### f. Feelings of Self-Worth

Eldridge (1999:116) identifies the feelings of low self-worth in the following way: "I am afraid I was given away by my birth mother because I was a bad baby". Along with this statement, Eldridge

voices the need of the adoptee to be assisted in dumping her 'toxic shame'. Shirley voiced this sentiment in her observation of 'anyway, I'll never be good enough'. She states it in such a way that it seems to the researcher that she is projecting an introject.

Shirley seems to have interpreted her biological father's abandonment of her as a direct reflection of her worth as a person. She has introjected this message as "I am not good enough". In flinging this comment at her biological father, whom she may feel abandons her every time he goes away on business, Shirley is accusing him of feeling that way about her. There is some finality in her words and hopelessness in ever being able to change what she perceives to be the 'truth'.

Shirley's shame is conscious and clear. She feels unlovable and undeserving. The toxicity of such feelings in other relationships represent a clear and present danger to her and those she becomes involved with.

#### g. Differences in Adoptive Family Dynamics

Hart (2004:33) argues that adoptive family life is "often uncertain and ambiguous" and its "fraught and contested nature needs recognition." If the difference experienced in adoptive family life is recognized by professionals, they (the professionals) may be in a better position to help all members of the adoptive family.

The above case-studies help to illustrate or represent some of these differences. Fears of abandonment and hostility are not always part of the family where adoption has occurred. The uncertainty of parents' feelings concerning their own standing with their children is not usually part of family life experience. In fact, adoption and the lack of the blood ties which allow people to take for granted their relationships with each other, (the firmness of their blood bonds can provide all parties with a sense of how unconditional those family ties are), do not exist in adoptive families and can cause emotional uncertainty and chaos. Rebecca's experience of fear of abandonment illustrate this.

Hart (2004:52) provides a different and practical perspective on adoption; arguing the need to see adoption as a 'continuous process' which is to be supported as opposed to a 'set of placement and post-placement tasks' requiring completion. Hart (2004:53) adds to this perspective as she refers to where the support for adoption should come from. She says that 'adoption support should inhabit the school, the surgery and the local park too.' In short adoption support should inhabit those places which the members of adoptive families inhabit or frequent. Hart (2004:53) states clearly and objectively the needs of adopted children. "Adopted children usually need people additional to their parents who can look out and speak up for them in that wider childhood world, to help make sure they find their place and eventually make their own way with confidence. Adults need to be advocates for children as well as care-givers, educators and the like.' Hart's views requires parents and all other adults in an adopted child's life to contribute to the care and nurturing, as well as the empowerment of adoptees in their worlds. In effect, Hart (2004:53) argues that the integration of the psycho-social and socio-cultural dynamics of family life need to take place.

Hart (2004:52) provides a framework within which the above conditions can occur. The same author approaches the phenomenon of adoption from a broader base than most. She takes into account the social system (including laws and social service practices). She therefore provides a unique viewpoint which seems to have greater objectivity because she does not make personal experience her only point of departure. Hart's recommended framework is as follows:

1. Hart (2004:52) begins with the adoptee and his family. She posits that 'conditions must be provided for the establishment of an organized, and preferably secure attachment by the child to at least one adoptive parent.' Her reasons for this are that Hart is of the opinion that secure attachment results in a 'more certain self', providing a context for more settled behaviour. Hart(2004:52) also refers to the challenge which adoptive parents face of containing and managing 'dysregulated behaviour'
2. The second aspect of Hart's (2004:53) framework, includes the reorganization of the relationships in the 'wider kinship network' created by adoption. The wider kinship network referred to includes biological family, its history, attachments and contacts.

Hart (2004:53) points out the fact that this reorganization involves the 'revision of pre-adoptive relationships and the roles they embody, a resettlement of attachments and obligations within the shifting boundaries of an adoptive kinship system'. Hart's (2004:53) objective is clearly stated: - "A sufficiently reassuring account of adoptive childhood identity has to be constructed in the process." The same author (2004:53) shows unusual insight in pointing out the fact that all parties involved need to make sense of their separate pasts and construct a story which helps them makes sense of their joint present and future.

3. Thirdly, Hart(2004:53) puts adoption support into a community context. She points out that community in this sense refers to 'a community of (adoptive) practice' as well as the families involved who represent the 'community of interest'. Hart (2004:53) identifies the objectives of the adoption support community as being two-fold:
  - a. Providing a collaborative culture of joint working in order to 'enable adoptive parents' to feel understood and supported'.
  - b. Ensuring that children get the life benefits which 'flow not only from the safety and stability of the adoptive family life but also from opportunities for good health, education and social relationships that are expected to follow.'

## **4 Conclusion**

This literature control assisted the researcher to evaluate the meaning and verification of the research done. It also assisted the researcher to compare the findings from the study with the information found in the literature. By doing a literature control, the researcher could clearly evaluate for significance and meaning. Literature from the paradigmatic perspective that contained information on the subject studied was consulted.

In Chapter 5, the final chapter, the conclusions, limitations, and recommendations of the research for future implementation in a gestalt therapeutic setting will be discussed. This chapter will highlight the unique contribution of this study.

## **CHAPTER 5**

### **Guidelines and Recommendations for Post-Adoption Support and Therapy**

#### **1. Introduction**

The aim of this chapter is to summarize, come to conclusions, and to make recommendations as a result of the research for future implementation in a Gestalt therapeutic setting. The outcomes of the study regarding the aim and objectives of the research and the research question will also be evaluated, as well as providing recommendations for future implementation in a Gestalt therapeutic setting.

#### **2. Summary of Research Process as Stated in Chapter 1**

Chapter one served as an introductory orientation with reference to the rationale and the broad views on the problem being investigated, which led to the formulation of the aim and objectives of the study and the research procedure that was followed. Although the research study developed out of the researcher's curiosity for knowledge on a self-identified need in practice, the researcher still had to plan the research process according to ethical and reliable standards based on accepted research methodology. Chapter one explained the researcher's motivation for the topic of the study and formulated the problem according to the research question. Further, the researcher's paradigmatic perspectives in which the research was grounded, the research methodology, research approach and work procedure which were implemented during the execution of this qualitative research project were detailed. This chapter was concluded with the description of ethical requirements with which the study complied and with definitions on key concepts that were used throughout the research report.

Case-studies were used to successfully design a qualitative research strategy. Purposive sampling was an effective method to select the participants which facilitated the researcher and accelerated the research process. Although the sample was small, it was not an end in itself, but a means for helping the researcher to explain some facet of the population, therefore the use of a system bounded by time, place and activity.

The researcher gained first-hand knowledge and insight into the phenomena by conducting unstructured interviews, asking the participants to tell their adoption stories. Methods such as observation and unstructured interviewing were employed.

### **3.Recommended Guidelines for Post-Adoption Support**

#### **3.1 Post-Adoption Support Starts before the Adoption Occurs**

Hayley has referred to the embarrassment associated with admitting to a doctor, or health practitioner, that she is not aware of the medical history that exists in her biological family because she is adopted. Prior to the adoption, a comprehensive medical family history should be on record. This history should include medical conditions and psychological disorders within the blood-line of the child if any exist as well as behavioural problems that may have existed, for example tendencies towards addictions, violence, etc.

a Full names of both biological parents should be recorded, as well as photographs, and where possible some family history (see Eldridge 1999:107). By family history, the researcher means family stories handed down from generation to generation concerning family members who have left a valued heritage. Talents and special abilities of family members should also be included (particularly same sex forbears). This assists with identity development, as well as the development of sexual identity which Soll (2005:85,86) has indicated can be affected in adoptees.

b. As full a record as possible should be obtained of the child's history and reason for the child being put up for adoption. Where older children are concerned, adoptive parents are often not informed concerning sexual abuse, Fetal Alcohol Syndrome, and other factors which could affect the well-being and adjustment of the child (compare Eldridge 1999:181).

c. Research done in questioning Pam Wilson (Head of Adoptions of Johannesburg Child Welfare), yields interesting results. Her perception is that pre-adoption support occurs. Pam considers the in-depth screening of potential adoptive parents to be part of pre-adoption support. She mentioned an Orientation Meeting for prospective adoptive parents as well.

The only orientation received by the researcher was a meeting attended at the Pretoria Child Welfare. The purpose of the meeting was to ensure that couples interested in adoption had made peace with their infertility and that they felt they could love 'someone else's child. The objective seemed to be a very clear message that 'bad genes will out'- in other words expect trouble from your adopted child. He most likely comes from a place where his parents were troubled.

### **3.2 Support During the Process of Adoption or Post-Adoption**

Due to the high demands placed on social workers, often there is not time to offer substantial post-adoption support. A list of specially trained therapists should be kept on hand to be handed to adoptive parents who can assist the child and family throughout this process.

Soll (2005:107) argues the need for the adoptee to have what he calls regular 'checkups'. He recommends that the checkups be done after specified time periods. He also identifies what should be checked.

## Checkups - Time Period After Adoption and Specific Developmental Stages:

Within the first month

One Year

One and a half years

Two years

After age of discovery (of the adoption)

Middle and end of Oedipal stage (2-5)

At age of cognition (approximately 6 – 8 years of age)

A few sessions at this point , allowing the child to talk about her thoughts and feelings at this point – minimizing what is likely to be suppressed.

If adoption was closed it is now time to open it.

It is confusing having two mothers, but less so than fantasizing about one because she is absent.

Search will minimize the effects of the missing self

At first sign of Pubescence search should be initiated with the child's permission.

For the most part, the more contact a child is allowed with her birth family and the more she engages in conversation about the adoption and her feelings, the more likely she is to be a happier adoptee.

### Focus of the Checkups

- i. Pay attention to the attachment process and see how it is proceeding.
- ii. Explore thoughts and fantasies of the adoptee
- iii. Observe interactions between parents and child

Soll (2005:89) highly recommends the use of adoptee support groups. He feels that they serve a number of purposes:-

- a. A support group helps the adoptee know that he or she is not isolated. There are others who feel this way. This knowledge and experience gives the adoptee a safe place to discuss the feelings only other adoptees can understand.
- b. Soll (2005:89) argues that attending a support group provides the adoptee an opportunity to 'develop an independent identity' and 'establish a true sense of self'.

c. After searching and finding her biological family, Soll (2005:89) asserts that the adoptee can 'take back authentic parts of self' with the help of continued support group meetings, reading and counseling.

The researcher recommends Play-Therapy for the child which includes feedback and recommendations to parents, as well as education on the effects of adoption on the child. (An idea of the internal world of the adopted child and what his particular thoughts and concerns may be is vital for the adoptive parent/s). It is important to remember that adoption is a complex experience for both adoptees and their parents. It is easy for all parties to feel lost when the going gets tough. Appropriate empowerment is an important part of this process.

### **3.3 Reasonable Expectations for Therapy and Support**

Families should be able to expect to feel respected and cared for in therapy. Hart (2004:11) also states that the family should be left feeling skillfully and efficiently advised and supported. From the point of view of therapy provided, Hart (2004:11) feels that therapists should be flexible in their approach and that therapeutic strategies should be tailor made for the family being assisted. She also reinforces the need for therapists to be aware of the dynamics of adoption.

It is evident from the research that adoption works best when adoptive parents have the 'emotional capacity to empathize with the trauma and grief of the abused and neglected children placed with them. Verrier (2003:38) shows her support of Hart's view in the following statement: "What I have found to be the glue of the adoptive family bond is understanding and validation". In the opinion of the researcher working at assisting adoptive parents in developing this empathy if it does not already exist then is a worthy therapeutic goal. Hart (2004:13) adds that a 'skilful and collaborative approach' is necessary for success.

## **4 Recommendations for Therapy**

### **4.1 Finding the Right Therapist**

Soll (2005:112) strongly recommends that the therapist be interviewed and be required to state his credentials:-

- When and from where he graduated,
- The nature of his training.
- What experience he has with adoption – life experience, as well as therapeutic

### **4.2 Crucial Issues Requiring Attention or Awareness on the Part of the Therapist**

- Age at which child is notified of his adopted status – during the ages of six to eight (see Soll 2005:26). The reason Soll gives for telling the child at this stage is because he believes that it is at this stage that the child first starts thinking logically about relationships. Eldridge (1999:18) recommends that adoption be acknowledged from day one. She advises adoptive parents to discuss adoption and invite the child to share her feelings about being adopted throughout her life.
- What to tell the child about her adoption and her birth parents. Eldridge (1999:114,115) recommends that the adoptive parents trust the instincts of the child, and always tell the truth. She asserts that being adopted is a life-long journey. If there is a shroud of secrecy, it further entrenches the child's sense of loss or even violation as in the above-mentioned case of Leon. Paradoxically then, the adoptive parents are doing more damage to the child by trying to protect him from the truth of his past. In telling the truth, it is important to be respectful of biological family. The child is offended when his family is criticized.
- Along with the truth about biological parents, certain pitfalls may be pointed out to the child when he is old enough to understand. An example may be a biological parent who

abused alcohol. It is fair to warn a teenager of the impending danger this may be for him. Genetic predispositions are important in considering problems the child may encounter. Creating an awareness for the child can assist him in making more informed choices in his life.

- Assisting the child to integrate both his biological and adoptive families into his identity, and find a way in which his unique status can make sense to him. O'Malley (2005:7) has witnessed the 'powerful normalizing effect' which Lifebooks can have. She recommends Lifebooks which consist of a collection of stories, memorabilia, pictures, photos, etc. and can assist the child in integrating the complex nature of his life and relationships. The researcher has found scrap booking to be effective in assisting girls in integrating birth family with adoptive family.
- How the family 'lives' with adoption, or talks about it is an important part of giving the child space to express his feelings about his adoptive status. Schooler (2002:7) refers to the secrecy that often accompanies the experience of adoption in a family. Schooler identifies the possibility that the adoptee may assume that if information needs to be kept a secret, the information must contain something bad. She also indicates what she refers to as the 'recursive relationship between stigma and secrecy. " A stigmatised person is protected by secrecy but secrecy promotes stigmatization"(Schooler 2002:7). Secrecy thus can contaminate the relationship between the adoptee and his adoptive parents. Leon feels he cannot trust his biological mother because she is withholding his biological father's identity from him. He is not experiencing her secrecy as protection of him, but rather as protection of herself, and indicative of her selfishness.
- Age at which the search, and or contact between the child and biological family occurs – differing view-points. Wilson (Johannesburg Child Welfare) argues that the adoptee should not commence the search for biological family until the age of twenty one. Her reasons are that she feels that a child is unable to face the difficulty of the search. She also says that the search is risky as rejection can recur if the biological family is not prepared to acknowledge the adoptee. The adoptee may also be disappointed with what he finds when he does locate his biological family, and if still a child, may not have the resources to cope with his disappointment.

- Have the parents healed from the adoption? Or infertility? Leon's experience seems to indicate that his adoptive mother didn't want to adopt, but merely yielded to the pressure of her husband. This experience of being adopted by a mother who didn't want him, has reinforced his own feelings of abandonment. It would also have made parenting all the more difficult for his adoptive mother. This phenomenon between adoptive parent and child can affect the ability of both parties to attach to one another. Secrecy is often used as a tool to try to forget the past, or pretend that certain issues don't exist. Schooler (2002:11) identifies the effects of secrecy on the family. It diminishes the probability of mutual caring, understanding and honesty. Leon feels that he cannot trust his biological mother, because she refuses to disclose the identity of his biological father. Schooler (2002:13) also points out the fact that adoptees are inclined to feel that where secrecy is necessary, it is indicative that something is wrong with the adoptee, or something 'bad' is being withheld.
- Attachment problems are often associated with adoption. Eldridge (1999:55-57) lists symptoms of attachment problems which occur during different stages of development. Eldridge (1999:54) asserts that allowing a child to grieve his losses first will assist him in his ability to attach to his adoptive parents. She refers to the grief which adoptees feel at their multiple losses, and the fact that they are prevented from grieving as "aborted mourning". Kubler-Ross (2005:222) refers to this same phenomenon as "disenfranchised grief". Kubler-Ross identifies "disenfranchised grief" as grief which is 'unacknowledged and unvalued'.
- Dealing with the 'psychological presence' or 'ghosts' of biological family. Schooler (2002:18) identifies the meaning of 'psychological presence' as someone being in a family member's heart or mind. The above case-studies show that it is not uncommon for biological family members to inhabit the hearts and minds of adoptees and/or their parents. Schooler (2003:18) describes the effect of this phenomenon as affecting the thoughts, emotions, behaviour, identity, or unity of the remaining family members. The effect on the family as a whole is explored by Schooler (2002:18,19) when she identifies the fact that the 'psychological presence' of others needs to be acknowledged and psychological space needs to be made for these persons or it will affect the boundaries of the family; which she sees as being family loyalty, inclusion,

and exclusion. A way of making psychological space for birth family is by obtaining photographs where possible and displaying them. It is the contention of the researcher that the unborn children of the infertile adoptive parents can also be felt to be psychologically present in the adoptive family.

### **4.3 The Challenges of Therapeutic Interventions for Adoptees**

It is evident from the research that providing therapy for adoptees is not only very difficult work, but also challenges the 'rigidity of traditional therapy'. It is strongly recommended that therapists be specifically trained to assist adoptees. Soll(2005:111) has recommended that the therapist be trained in dealing with 'post-traumatic stress disorder, early mother-child separation, and grief work'. He also recommends inner-child work as a form of therapy for adoptees, which helps the adoptee to be aware of the hurt child within and encourages acknowledging, comforting, and nurturing that child. Soll's (2005) primary approach to therapy is one of dealing with the hurt inner child and providing constant assurance that everything is okay. He quotes (2005:127)"Three things are striking about inner child work: the speed with which people change when they do this work; the depth of that change; and the power and creativity that result when wounds from the past are healed."

Verrier (2003:427) proposes a practical and humanistic approach to the treatment of adoptees. Despite her clinical training, she sees the downfall of a system that is too busy diagnosing by means of symptomatology and could be recommending the completely wrong treatment. Bottom line, Verrier (2003:427) recommends – leave the DSM-IV and consider etiology. Verrier (2003:453) agrees with the need to address issues of trauma. She recommends some alternative treatments. Some of the treatments she recommends are Eye Movement Desensitization and Reprocessing (EMDR); Traumatic Incident Reduction (TIR); Visual Kinesthetic Dissociation (VKD) and Thought Field Therapy (TFT). Verrier(2003:453) also comments on the nature of the therapist. She argues that the "therapist is more important than his methods. The important thing is to truly tune in to the patient and not just the false self."

Schooler (2002:200) recommends what she refers to as “explaining therapy”. She finds that giving as much information as is important to the adoptee is very valuable and has highly beneficial effects.

From the research, it is evident that:-

Firstly, when deciding on a form of therapy to use with your client, be flexible and bear the ‘process’ of the client in mind. Some forms of therapy will have powerful effects for some, while that same form of therapy does not appeal to the process of another client who will not only be resistant to the work, but find it inane and of no value. Therefore, use a form of therapy which you believe will be of most benefit to your client.

Secondly, what may benefit a particular client at a certain time may not produce good results another time. Be open to all sorts of good ideas which other therapists use, and which can be implemented to assist with therapy as your client grows and her needs change.

Thirdly, at times, doing adoption work becomes too painful for the client, and they must be allowed to ‘take a break’ from reviewing their pain from adoption and perhaps look at some more topical issues in their lives which she feels a need to address. She will shift focus, and the therapist needs to be aware of this. Remember, whatever the issues are, they’re not going any where, they can be left and the person allowed to come back to work on their adoption issues when they feel strong enough and inclined to come back to it. This is another way of respecting the client’s boundaries and needs.

Fourth, it is helpful to teach your client techniques which will enable relaxation and assist in reducing psychic pain when it becomes unbearable. Working on adoption issues has the power to unearth phenomenal pain. Inner-child work, and teaching your client to learn how to comfort and reassure the very angry and hurt inner child, can be useful. Identifying other supports in the environment of the adoptee can also be helpful in empowering them when the going gets tough. While it is important to support the need to learn self support, a

therapist may find he needs to be available as the adoptee learns to grow stronger and how to support herself.

Fifth, normalizing the feelings of the adoptee and helping the adoptee to understand that her feelings or experiences are common amongst adoptees. This has the effect of allowing the adoptee to learn a degree of self acceptance, which is vital to the healing process. Virginia Satir's (1988:126) insight into the feelings of clients is important. She says, 'it's not the way we feel that's the problem, it's the way we feel about the way we feel.'

The above points are all perfectly in line with a gestalt approach towards therapy in that not only is respect shown for the client at all times, but she is empowered to take control of the therapeutic process as it is her own growth and process. Violet Oaklander (2006:31) finds the change from the therapist being in control to the child taking control in therapy, an exciting one. She says that this is a sign of progress and growth, and indicative of empowerment of the child.

#### **4.4 Broader Based Perspectives**

Hart (2004:11) makes the point that "adoption depends on dialogue and collaboration across the professional and family divide". She points out that after doing research and comparing findings with organizations and individuals with a great deal of experience in the field of adoption support, and drawing from experience, her recommendation is a 'community of adoptive practice' (see Hart 2004:167). The same author (2004:171) explains that communities of practice are created when different people with different expertise work together on common tasks and learn from each other in so doing. A comment from the research process with regard to this idea is that the social health services in South Africa seem to lack infrastructure. In the opinion of the researcher more attention is paid to demographics when people are accepted into certain fields of study, than to what is need by the community and how professionals can work together to meet those needs. Infrastructure could also assist professionals in finding ways of working together. Competition will never be done away with, but strengths of different

schools of thought or professionals as individuals, once pooled, can provide a stronger possibility of success.

#### **4.4 Shortfalls in the System**

From the research, it is evident that the system has a shortfall, in that children are expected to be put up for adoption by their parents. Even when parents have failed to get their lives on track so that they will not be able to get their children back, the system is inclined to see the children as not adoptable. South African law makes provision for adoptions to be approved or granted by the court without parental consent.

### **5 Reaching the Objectives and Answering the Research Question**

The aim of the study was to explore and describe the phenomenology of the adult adoptee in order to add to the body of knowledge concerning the feelings of the adopted adult as an adoptee. This aim was reached through the use of explorative, descriptive research which gave insight into the experience of the adult adoptee.

The following objectives were met in order to reach the aim:-

- A literature review on the theoretical aspects of adoption, and gestalt therapy within the context of adoption was conducted in chapter two
- Knowledge was gained by collecting and interpreting data through observation and interviewing in order to explore and describe the effect/outcome of the adoption process as perceived by adult adoptees (chapter three)
- Recommendations and conclusions were made in providing therapeutic support for adult adoptees, and in order to assist professionals in understanding the adult adoptee and providing post-adoption support and effective therapy (chapter four).

## **6. Limitations of the Study**

This study is limited in that it explored only the experience of participants of adoption. Some commented on how adoption has affected their lives and relationships, others were unable to express much insight in this regard. One comment made by Hayley is that 'not everything is because of adoption'. This is a valid statement. Individuals with other life-experiences manifest similar problems to those experienced by adoptees. It is therefore difficult to know whether adoption has caused some or all of their problems. One limitation therefore is that in this study, adoptees were not compared to non-adoptees.

Another limitation is the fact that therapeutic recommendations made by authors referred to, have not been tested and that this specific research project did not focus on these aspects. The researcher has found that 'talking therapy' works to a point. After a while constant opening up of old wounds becomes too painful, and clients need to be taught how to reduce the levels of psychic pain they feel. Clients might be encouraged to take a break from their therapy in order to re-group and marshal inner resources. There is no danger in this as, when the adoptee is ready for more work, she will return to therapy.

## **7. Conclusions and Recommendations for Future Research**

Conclusions of this study are that all adoptees experience and process their adoption experience differently. Age can affect perspective, but similar themes of abandonment, anger and fear of rejection recur. Hart(2006:49), Eldridge (1999:40), and Schooler (2002:25) have made the observation that the openness and supportive nature of adoptive parents assists adoptees greatly in their adjustment. Hart (2006:107) refers to the quest for 'good enough parenting' through the use of therapeutic interventions and or community support. This approach may be a good place to start.

The researcher recommends that greater emphasis and energy be applied to the effectiveness of certain therapeutic interventions, and the value of the recommendations made by Hart

(2006:49) in terms of a supportive community of family and friends as well as a collaboration of professional expertise. If adoptive parents are well-informed, they can be instrumental in assisting to create such a supportive community for their children.

## **8. Final Remarks**

During this research, the researcher, through her study of the literature and through performing case-studies, developed a clear understanding of the plight of adult adoptees. This has brought about a professional, and deep concern for the emotional and psychological well-being of these individuals. The lack of guidelines which exist in counselling, supporting, and preparing children for adoption were addressed by means of findings from an empirical research process.

The researcher truly believes that these guidelines will give direction and support to parents, children, adult adoptees, social workers, and gestalt play therapists and other professionals dealing with the difficulties of adoption and post-adoption processes.

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## **Appendix 1**

### **Consent to Participate in an Adoption Study**

1. Hereby indicate that I am participating in this study of my own free will and choice.
2. I am aware that details of my life will be used in this study.
3. I am aware that the purpose of this study is to reflect the effects of adoption on the lives of people and their families.
4. I know that the information I share will be regarded as confidential, which implies the following:
  - a. only the researcher (Janet Wrench) will know my identity and that of my child/children and spouse.
  - b. only the researcher (Janet Wrench) will have direct contact with me and my family.
  - c. our identities will be protected by changes of names and place.
  - d. If there is certain information I do not want included in this study, I am at liberty to withhold it, or stipulate that it be left out of reports or publications.
  - e. Myself, my family, and the details of our lives will be treated with great respect.
5. If at any stage, I feel a need to withdraw from the process, I am at liberty to do so, for whatever reason I deem necessary.
6. If I find that answering the questions, and considering the issues under discussion difficult, I will say so, in order to obtain the necessary emotional support to which I am entitled, by way of participation in this study.
7. If any debriefing or therapeutic intervention is required as a result of participation in this research, it will be provided by the researcher (Janet Wrench) or she can refer me to someone else.

8. There will be no remuneration of any form for participation in this research.
9. The content of this agreement has been discussed with me and I understand the conditions of participation in this research.

Signature of Participant:

Signature of Researcher: Janet Wrench

## Appendix 2

### **Interview with Kaye Ferno**

#### Kaye's Background

She is a qualified Social Worker. She is currently 80 years of age and continues to work with adult adoptees. She runs an Adoption Support Group which is held quarterly. She also assists adoptees in finding their families. This she does for a nominal fee. During this time she has read many books on adoption and has also attended conferences run by Joe Soll in the United States, and attended his support groups. She has also attended an adoption conference in Edinburgh.

Kaye has also provided counseling to adult adoptees when required.

Kaye never did adoption placements, but did assist in step-parent adoptions. She has been involved in working with adoptees since 1976, and continues to work with them today, giving her in excess of thirty years of experience with adoption. For Kaye, a landmark in time stands out in 1987 when the Origins program was opened up. This program allowed adoptees over 21, access to the minutes of the court proceedings during which their adoptions were concluded. These minutes provide adoptees with the names of their birth mothers and sometimes their birth fathers. With this information, the adoptees could then continue to search for their birth families.

#### What Effect Kaye Feels Adoption Has Had on the Adoptees She Has Worked With

1. Some adoptees are highly competitive. They tend to be perfectionists and high achievers. Kaye feels the reason for adoptees assuming these characteristics is to prove to themselves, birth parents, and adoptive parents that they are people of worth. Kaye feels that these feelings of adoptees have of low self-worth or lack of intrinsic worth come from the fact that their perceptions are that their mothers gave them away. They therefore feel that there is something wrong with them. Many have basic feelings of inferiority in some way. They feel discarded

2. Adult adoptees find it difficult to make commitments and form lasting relationships e.g. marriage. They are terrified of rejection. In fact their expectation is that they will be rejected again and in order to overcome that fear, they sabotage the relationship, and test others, acting out until they manage to drive their partners away; thereby the self-fulfilling prophecy occurs.
3. A lot of adoptive parents come back to the children's home asking for help because they experience behavioural problems with their adopted children, particularly during adolescence.
4. Adult adoptees describe themselves as experiencing a restlessness, as if something's missing. Kaye says psychologists say that this is because they are searching for their missing birth mothers.
5. Joe Soll has asked in his workshops how many of the adoptees in attendance are in the helping professions. He finds that many are. His theory is that, because adoptees know pain from the inside, they want to help others.
6. In Kaye's experience, many adoptees have suffered from low-grade depression since adolescence and have felt a need to find their birth parents.
7. Some feel very insecure, and don't like going away on holiday – away from their adoptive families. They fear abandonment. They are afraid that when they come back, their families may no longer be there.
8. Many adoptees are good children and they don't dare do anything to upset their adoptive parents, in case their adoptive parents reject them. They live up to what they perceive their adoptive parents' expectations to be.

9. In Kaye's experience, some step-parent adoptions are done to prevent incest from taking place. Where incest is likely to happen, adoption seldom stops it. She also says that there are overt and covert reasons for doing step-parent adoptions, so that the parents may not even be aware of their own underlying agenda.
10. Adoptees always feel branded as a child, even well into adulthood. Everyone else makes decisions on their behalf. (These decisions can manifest themselves in people in the system deciding that they cannot start searching for their birth families, that they are not old enough to do so, or that they are not allowed access to their own records because they are adoptees). Feelings of being disempowered and victimized are often familiar. Adoptees feel that they are always children and often are not given a voice. Adoptees also feel very sensitive about other people making decisions for them.
11. Adoptees tend to feel loss very deeply, because it goes back to the original loss of their birth mother. These losses can be relatively small, such as the loss of a pet.

**Because the Search for Biological Family Tends to be a Strong Feature of the Adult Adoptee's Life, and Kaye has Extensive Experience in this area, I asked her about this.**

1. Kaye said that the search is invariably about looking for the birth mother.

2. Questions adoptees need to answer are as follows:

Where do I come from?

What characteristics have I inherited?

One girl said: "I don't know how much is my genetic self or how much is because I've been adopted". Kaye translated this into meaning 'what would she have been like if she'd been brought up by her birth mom?' In other words: "What is truly me?" What is learned and what is genetic?

3. Adoptees are obsessed with finding similarities between themselves and their biological families. They will mimic their adoptive families, but want to see how much like their biological families they are.
4. Some adoptees say: “I feel nothing” or “I’ve come home now. I’m at peace”, when they have found their biological families. Betty Jean Lifton says that ‘they feel grounded in the human condition.’ One adoptee, after seeing his original birth certificate, felt that he had actually been born, and not just come from nowhere. This shows that these feelings cannot be rationalized.
5. An essential value of the search is replacing fantasy with fact – facts you can deal with and move on.
6. They don’t all search
7. Often the search is delayed due to loyalty towards adoptive parents.
8. There is a trigger to the search – often a significant emotion/life event such as the birth of one’s own baby, the death of the adoptive parents, or marriage or engagement.
9. Some authors and adoptees say that the search begins at the beginning of their lives.
10. In South Africa, you can really only legally search after the age of 21, or 18 if both adoptive parents give permission.

### **I asked about trans-racial adoption**

Kaye said that adoptees involved in trans-racial adoption have deeper issue.

She also quoted Joe Soll as being a strong proponent for putting children with families of similar cultures. By 'culture', he was referring to more than race. He referred to class and economic background as well as value systems. Kaye referred to a lower middle-class family adopting a child from a family of intellectuals. It is likely that the intellectual child will feel like a misfit in his adoptive family.